SAFEGUARDING THE COUNSELOR HEART: EXPLORING THE RELATIONSHIP BETWEEN BURNOUT, RESILIENCE AND GRATITUDE IN CLINICAL COUNSELORS

by

Emily Teague Palmieri, MS, EdS, LPC, NCC

A dissertation submitted to the faculty of
The University of North Carolina at Charlotte
in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in
Counselor Education and Supervision

Charlotte

2017

Approved by:

_____
Dr. Pamela Lassiter

_____
Dr. Daniel Gutierrez

_____
Dr. Rich Lambert

_____
Dr. Jack Culbreth

_____
Dr. Charles Wood

ABSTRACT

EMILY TEAGUE PALMIERI, MS, EdS, LPC, NCC. Safeguarding the counselor heart: The relationship between burnout, resilience and gratitude in mental health counselors. (Under the direction of DR. PAMELA S. LASSITER)

Burnout in mental healthcare professionals has been well-documented as an occupational hazard, marked with symptoms similar to clinical depression and anxiety that causes not only harm to the counselor, but poses a risk to client care. Most evidence-based research promotes counselor self-care as best practice and emphasizes the need for counselor resilience; however, most strategies offered indicate activities that may simply distract the counselor temporarily or rely on physical abilities (such as sleep and exercise) when cognitive and emotional processing may be needed for long-term healing and resilience. Dispositional gratitude and gratitude practices have been shown to increase the recognition of resources available, prosocial behaviors, other authentic positive emotions, and a host of physical benefits in general samples, clinical samples, trauma survivors, and healthcare workers.

The purpose of this study was to explore the relationships between burnout, resilience, dispositional gratitude, and gratitude practices in licensed clinical counselors. In addition, this study examined the differences between a multitude of work-specific characteristics, such as weekly hours of direct client care, average acuity level of clients, presenting concerns, payer sources, setting, supervision, work support and other characteristics that have been linked to burnout in literature. A total of 498 licensed counselors completed this online survey which included the Counselor Burnout Inventory (CBI), the 10-item Connor-Davidson Resiliency Scale (CD-RISC), the Gratitude

Questionnaire (GQ-6), the Gratitude Practice Questionnaire (GPQ), as well as a work-specific characteristics questionnaire and demographics form.

An exploratory factor analysis (EFA) was conducted for the newly constructed GPQ. Structural equation modeling (SEM) was used to assess the relationships between burnout, resilience, dispositional gratitude and gratitude practices with results confirming the strong inverse relationship between burnout and resilience, the positive correlation between dispositional gratitude and resilience, and the covarying relationship between dispositional gratitude and gratitude practices. The hypothesis that gratitude practices would be inversely correlated with burnout was not supported in directionality. A series of analyses of variances (ANOVAs) were used to determine differences between work-specific characteristics and each variable in the study. The findings of this study highlight the need for further research regarding gratitude practice in licensed counselors and support the role that gratitude practices may play in boosting resilience by way of dispositional gratitude and preventing burnout from increasing in severity. The findings of this study do strongly support the need for licensed counselors to have a strong clinical referral network, a supportive work environment and home life, and ways to recognize the good that remains in the world. Implications for clinical practice, counselor self-care, counselor education, and clinical supervision are discussed.

ACKNOWLEDGMENTS

"When drinking from the stream, remember the spring" -Chinese proverb

In writing this dissertation, I continuously looked forward to writing this section of gratitude as I honestly have so many amazing people in my life to whom to attribute the completion of this immense project. This dissertation, as well as this doctoral program, have taken a village, and I have an amazing village. I thank God for bringing these people into my life as well as the privilege of higher education that not many on this planet are fortunate enough to experience. I attribute my ability to finish this dissertation to a higher power, the people identified in this acknowledgement section that privilege me in so many ways, and many others who will not be specifically named here as this acknowledgment would be longer than the dissertation itself.

I first thank my incredible parents, Walt and Patti, for their constant support. Mom and Dad, never once have I questioned your love for me and your belief in me to do anything. Your support of me through helping take such excellent care of Ava has been phenomenal. You taught me to be stubbornly persistent and compassionate, both qualities I found helpful in this chapter of my life's journey. Thank you. Thank you also to my brave and brilliant sister, Natalie, for always challenging me to think critically and making me laugh during the most needed moments. A special thank you is needed to my grandmother, Joycelyn. Grandmother, your legacy of unconditional positive regard towards others, optimism against all odds, intense resilience, curiosity, and supreme love rival sainthood and have gotten me through some of my toughest hurdles without your knowledge. Thank you for always being there for our family. Thank you as well to my Aunt Linda and Uncle Jon for being a second set of parents to me growing up to ensure I

threw a ball well, ate adventurously and developed a love of music- you helped me to resist societal molds and trust the process of life with gusto. Thank you to Maw-Maw and Pop-Pop for being such a major part of my upbringing on the farm, teaching me to appreciate the wide-open spaces of nature and animals, instilling a sense of being a steward of this planet in my heart. During my doctoral program, I often thought back to my early childhood days with you covered in biscuit flour, dirt and silage and was reminded to breathe deeply and giggle. Thank you as well to my extended family for checking in on the doctoral process of this 30-something working mom without judgment anytime we saw each other. I love you all so much and am so incredibly fortunate to have been born into this loving family. Thank you also to my mother-in-law, Mary, for helping so much with Ava, especially in the early months of her life. Thank you to you and to Frank both for continuing to love me through the journey of joining together as family. I am certainly a lucky woman.

Thank you to my committee, Dr. Pam Lassiter, Dr. Daniel Gutierrez, Dr. Rich Lambert, and Dr. Jack Culbreth. It has been a long two years since the dissertation journey began and I truly appreciate your willingness to see me through this process to completion. Thank you also to Dr. Charles Wood for being willing to join us in the final stage of the process as the university faculty representative. To my chair, Pam, I was moved many times throughout my doctoral program by your therapeutic insight and encouragement. Thank you so much for serving as my chair throughout this journey, for empowering me to lead Mu Tau Beta, and helping me own my voice. I have greatly appreciated your patience with me, the authenticity our relationship allows for, and your guidance through this process. Thank you for always believing in me. To Daniel, when

you joined the faculty at UNCC my second year, I felt a new sense of belonging in our program. I learned so much from teaching with you, leading MTB with you, and writing with you. Thank you for sharing resources and insight to help me be a better quantitative researcher. I will always carry your high challenge matched with high support. To both Pam and Daniel, thank you for being my people and allowing me to fall apart while I came together along this journey. To Jack, thank you for helping me set realistic expectations for myself inside and outside of the classroom, as well as for your valuable support in enriching my sampling process of this dissertation. To Rich, thank you for taking the time to help me through the methods and results analyses of this dissertation. I never anticipated such interest and dedication from someone outside of my department and know without you this process would have been extended much more. I greatly appreciate your energy, compassion, and lack of judgment for this new researcher. Thank you also to Dr. Patrick Mullen for valuable consultation regarding survey methodology. A special thank you as well to the other beautiful souls of the UNCC counselor education faculty and staff whom I have truly enjoyed getting to know, learning from, and teaching with throughout my time at UNCC, including Dr. Phyllis Post, Dr. Ed Weirzalis, Dr. Lyndon Abrams, Dr. Susan Furr, Dr. Sejal Foxx, Dr. Valerie Balog, Dr. Hank Harris and the administrative staff Ms. Annie Dagons and Ms. Julissa Bonds. Thank you all for your support, and for helping me grow as a human, as a counselor, as an educator, as a researcher, and as a supervisor.

I was fortunate to be heavily involved in several parts of UNCC during my doctoral program and each of these programs contributed to keep my lens open to all of the resources available to nourish multiple parts of my identity, making this dissertation

possible. Thank you to the Mu Tau Beta chapter of Chi Sigma Iota who helped me break out of my shell and step into the empowering discomfort of leadership. A very big thank you to the Venture Outdoor Leadership department for having me for two years, and for adapting my role through pregnancy and new motherhood. To Dave Sperry, thank you for letting this outsider into your world and patiently training me to help facilitate challenge courses, for engaging in thoughtful conversations about the merging of our fields, and for advocating for me. Thank you to you and to Brian Holcomb for caring genuinely about me along with all of the students and staff you work with. My life opened tremendously through my time with you on the courses, on the trails, in the office, and in Bolivia in ways I will never be able to repay. Thank you so much. Thank you as well to Coren O'Hare and my Center for Graduate Life Fellow peers. Your energy, excitement, and drive were contagious, and I am fortunate to have had the experience with you. Thank you also to Chi Sigma Iota International for including me as a Fellow and helping to sustain my professional identity through committee service that was life-giving over the past two years. A special thank you is also given to The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) for awarding the Outstanding Research Award and funding to this dissertation.

Thank you to my amazing cohort including Lindsay, Leigh, Dana, Jake, and Corrine, for your support and encouragement throughout our journey. Thank you also to other Doctoral students and graduates whom I became close with through this journey and to whom I attribute getting through some days with, especially Elvita, Adam, Ryan, Allura, and Jim. I am so lucky to know each of you! A special thank you to Lindsay for helping take care of a newborn Ava several times with loving open arms during the first

months when I was stubbornly commuting for UNCC obligations and writing. Thank you also to the 2016 UNCG summer writing group members who helped get me back into writing after a year off and the 2017 Wake Forest University Women's Center staff writing group members who helped provide additional lenses and empowerment to finish.

Thank you to my dear friends outside of the doctoral world who have been patient with me during the past years of periodic "ghosting" and not always putting our friendships firsts. To Kim and Brie, I continue to be grateful for our amazing friendship that has spanned nearly 15 years across space and time. Thank you for "getting me" and loving me. Thank you to Lauren, Erin, and Amy for watching Ava during writing hours, helping me celebrate the good times, and becoming new moms together.

I was fortunate to join the most amazing group I've ever had the pleasure of working with in 2016. Thank you to my amazing work family at Wake Forest University Counseling Center, who truly grew my heart five times…and still do. To my director, Dr. James Raper, never in a million years could I have imagined having a more supportive boss who enthusiastically volunteered to help edit a literature review that originated in shambles, let alone lovingly made it bleed and signed up to do the same with later drafts and chapters. You are an honorary member of my committee. Thank you to you and to Dr. Denisha Champion for helping prioritize my degree completion by allowing work time to attend committee meetings and including research time into my benchmarks. Thank you to the entire WFU Counseling Center and Learning Assistance Center staff for excitedly participating in my presentations on the topics in my dissertation, for helping me think through the process, and for periodically checking in on the doctoral candidate

part of my identity. Your generosity and devotion to me as a team-member still catch me off-guard at times. Thank you from the bottom of my heart.

Lastly, and perhaps mostly, thank you to my sweet family. To my beautiful husband Evan, our marriage has never excluded the student identity over the past four and a half years and balancing our relationship, family, school, work, rest and fun has been a constant moving target. Thank you so much for loving me through every bit of it. I could not have gotten through this without your devotion to me, to our daughter, and to the completion of this degree. Thank you for loving our daughter so much and for keeping her connected, fed, and happy during times I had to hunker down in the office. Thank you for tolerating my exhaustion and neuroticism in the thickest moments. I love you. To Ava, thank you for continuing to love mommy so openly and for being such a curious, fun child. You have no idea how amazing, delightful, and resilient you already are. I am so lucky to be your mom. Mommy loves you.

DEDICATION

For Ava Joycelyn. You light up our world and help me to know that anything is possible…and so worth anything we've got to give it. To any future additions to our family, this process has shown me that life has so much to give, give to, and to be with. This is for you as well.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

CHAPTER 1: INTRODUCTION

Rogers (1959) posed that counselors' most effective clinical tool is the therapeutic relationship, marked by the core conditions of empathy, unconditional positive regard for the clients they work with, and the counselor is congruent in the relationship. The therapeutic relationship requires the witnessing of human suffering and the joining of emotional space with those undergoing significant life difficulties (Osborn, 2004; Skovholt, Grier, & Hanson, 2001), putting counselors practicing the core conditions of the therapeutic relationship in close proximity with painful experiences without much personal detachment (Thompson, Amatea, & Thompson, 2014). As such, clinical counselors, much like other helping professionals such as nurses and social workers, report a high risk for burnout (Lee, Baker, Cho, Heckathorn, Holland, Newgent, Ogle & Yu, 2007; Osborn, 2004; Skovholt, Grier, & Hanson, 2001; Thompson, et al., 2014), so much so that accredited counseling training programs require the teaching of wellness practices (CACREP, 2016). However, most self-care and wellness literature in counseling does not specifically include strategies to increase motivation for recommended self-care practices (Fredrickson, 2001; Young & Hutchinson, 2012). The current literature does suggest that gratitude-evoking practices can be used to increase wellness practices linked with improved resilience and reduced symptomology consistent with burnout (Chan, 2011; Dwardinani, Hill, Bolliger, Marks, Steele, Doolin, Wood, Hook, & Davis, 2014) in clinical populations (Emmons & Stern, 2013; Li, Zhang, Li, Li, & Ye, 2012; Kerr, et al., 2010), general populations (Emmons & McCullough, 2003), and in mental health professionals (Cheng, Tsui, & Lam, 2015; Lanham, Rye, Rimsky &

Weil, 2012). However, gratitude has yet to be sufficiently explored through evidence-based research to address burnout in the counseling profession (Young & Hutchinson, 2012). This study will explore the relationship between burnout, resilience, dispositional gratitude and gratitude practices. In addition, this study will explore work-specific characteristics to provide further depth and context to results.

Burnout in the Context of Clinical Counselors

Burnout has been defined as the "process of physical and emotional depletion resulting from conditions at work" (Osborn, 2004 p. 319) and includes symptoms such as emotional exhaustion, depersonalization, the reduced sense of accomplishment, devaluing clients, professional incompetence, negative work environment, and the deterioration of personal life (Lee, et al., 2007; Maslach & Jackson, 1981). Various terms, such as compassion fatigue, secondary traumatic stress, and vicarious traumatic exposure are closely related to burnout and for that reason are described in the definition of terms section at the end of chapter one. Counselors are at a high risk for burnout due to vicarious traumatic exposure and compassion fatigue (Figley, 1995; Lee, et al., 2007; Manning-Jones, Terte, & Stephens, 2017; Osborn, 2004; Stamm & Figley, 2002). In addition, counselors who experience burnout pose a high risk for sacrificing client care due to their diminished capacity to care for self and others (Figley, 2002; Osborne, 2004). One of the main tenets that differentiates counseling from other helping professions is the strengths-based approach to client-care, focusing on the resources and abilities of the client rather than clinical deficits (Young & Hutchinson, 2012). As such, embracing and exploring the positive that can grow out of the pain and suffering, as well as finding satisfaction in the process (Manning-Jones, et al., 2017; Stamm & Figley, 2002) is

important to draw attention to the positive resources and prevention possible in treating the problem of burnout (Osborne, 2004).

Research on mental health professional burnout and related negative emotional reactions in helping others, such as compassion fatigue (Figley, 1995) and secondary traumatic stress (Manning-Jones, et al., 2017) has emphasized the posttraumatic growth and compassion satisfaction that can be experienced in response to the deep empathetic work of helping others during times of immense suffering (Manning-Jones, et al., 2017; Stamm & Figley, 2002). As such, posttraumatic growth (the learning and personal growth that comes from surviving a traumatic experience) and compassion satisfaction (defined in definition of terms section) are examples of the potential experiences that may help keep clinical counselors resilient to some degree and reflect gratitude. Put in short, it feels good to help others. In addition, surviving tough times in life and helping others allows for a greater sense of meaning and purpose in life (Frankl, 1985). Positive emotions such as gratitude, hope, and joy are typically end goals of therapeutic treatment and an important untapped resource in the change process (Russel & Fosha, 2008). Russel & Fosha (2008) noted that "relieving suffering through transforming the negative effects associated with it is essential but not sufficient. To maximize effectiveness, the therapeutic enterprise must also deal, with equal rigor, with the positive effects associated with experiences of transformation, growth, and connection" (p. 168).

It is important for counselors to be able to maintain resilience in the face of burnout. Recognizing and honoring positive affective experiences such as gratitude, hope and joy is a crucial component to remaining resilient (Russel & Fosha, 2008). In considering how to prevent and treat counselor burnout, most if not all literature suggests

abstract resilience-oriented self-care practices in the spirit of "whatever works" with some offering creative ideas that are only theory-based (Bradley, Whisenhunt, Adamson, & Kress, 2013). Some literature offers more specific behavioral strategies such as routine sleep, exercise, appropriate dietary intake, maintaining social supports, and engaging in pleasurable activities (Cummins, Massey, & Jones, 2007; Eckstein, 2001). However, as many people experiencing burnout report sleep disturbances, fatigue, irritability, withdrawal from friends and other symptoms consistent with depression or anxiety (American Psychiatric Association, 2013; Figley, 1995), motivation to engage in these resiliency-boosting wellness practices may likely be low. In addition, those struggling with burnout symptomology consistent with depression may need to build positive emotional resources to engage in the recommended behavioral tasks for wellness. In addition, specific evidence-based strategies for attending to the negative symptoms of burnout are needed beyond behavior practices that rely on physical ability (such as sleep and exercise) or other activities (such as pleasure reading or having dinner with a friend) that may simply provide distraction.

The broaden-and-build model of positive emotion (Fredrickson, 2004) suggests that engaging in practices that elicit positive emotions, such as writing gratitude lists, jumpstarts the upward spiral of wellness practices that promote and support resilience, while preventing the downward spiral of negative coping strategies, such as substance abuse, that accompany the negative emotions associated with burnout (Young & Hutchinson, 2012). Gratitude practices have been shown to promote well-being, relational satisfaction, stress reduction, improved quality of sleep, less physical pain, and overall resilience in individuals (Emmons & McCullough, 2003; Emmons & Stern, 2013;

Murray & Hazelwood, 2011; Wood et al., 2010). Several articles reported not only the posttraumatic growth of survivors of unspeakably traumatic events (Adams et al., 2008; Creamer & Liddle, 2005; Kerr, O'Donovan & Pepping, 2015), but also their grateful reflections. For instance, counselors working with survivors of the terrorist attacks of September 11, 2001 reported survivors' (as well as their own) profound thankfulness to be alive and for loved ones who remain alive and together (Creamer & Liddle, 2005). Research findings reveal that those who report feelings of gratitude or who engage in gratitude practices experience optimism and hope in the world, which then allows them to feel a greater sense of trust and connection with others (Kerr et al., 2015; Wood, Froh, & Geraghty, 2010). Hope, as well as the trust in and connection with others, is essential to embody the necessary core conditions of counseling practice (Rogers, 1959) and allows for the recognition of social supports and resources (Fredrickson, 2004) needed in treating burnout (Osborn, 2004). Gratitude can be operationalized as a practice, a temporary emotional state and as a long-term dispositional trait (McCullough, Emmons & Tsang, 2002; McCullough, Tsang & Emmons, 2004; Wood et al., 2010). It has the strong potential to be a helpful concept to practicing counselors at risk of burnout (Young & Hutchinson, 2012).

Statement of the Problem

The need to address counselor burnout through wellness practices that promote resilience has been well researched and documented as a counseling best practice (Carney, 2007; Lawson & Myers, 2011; Skovholt, Grier, & Hanson, 2001). Clinical counselor burnout poses a risk to client care if left unattended (Lee, et al., 2007). While several studies have examined symptoms and causal factors of burnout in counseling

professionals, those studies have mainly focused on counseling students (Myers & Sweeney, 2004; Smith, Robinson & Young, 2007), and counselor educators (Myers, Mobley & Booth, 2003) with limited research that addresses the practicing licensed clinical counselor population (Lawson & Myers, 2011).

In 2015, there were approximately 128,200 mental health counselors practicing in the United States, differentiated from other mental health professions such as clinical social workers, psychiatrists, and psychologists (U.S. Department of Labor, Bureau of Labor Statistics, 2015). While the number of clinical counselors practicing in the United States is substantial, most people (including many in the mental health field) do not understand the unique identity of counseling or what clinical counselors do (MacLeod, McMullen, Teague-Palmieri, & Veach, 2016). This manifests in the struggle that clinical counselors as mental health practitioners continue to face when attempting to be recognized by insurance panels and hiring organizations, creating stress unique to this helping profession (Kennedy, 2006; MacLeod, et al., 2016). Because the counseling profession is unique from other mental health professions (Kaplan, Tarvyadas, & Gladding, 2014; MacLeod et al., 2016), it is inaccurate to uniformly apply research with other non-counseling mental health professional populations to counselors. Relevant to the focus of this study, this leaves many practitioners without specific research focused on positive emotion-cultivating, resilience-enhancing, burnout-preventing strategies, such as gratitude practices (Young & Hutchinson, 2012). As gratitude practice has been increasingly found in the literature to promote a positive sense of well-being, connectedness with others, and resilience, it is reasonable to pose that clinical counselors may benefit from practicing gratitude to maintain long-term best clinical practice (Young

& Hutchinson, 2012). As wellness research with counseling professionals has not focused on gratitude, there is a need to examine how the practice of gratitude relates to resilience and burnout in mental health counselors.

Purpose and Significance of Study

The purpose of this study is to examine the relationship between clinical counselors' burnout, resilience, dispositional gratitude and gratitude practices. Additionally, this study will include an inquiry into work-specific components that may influence participants' report of resilience and burnout. This study expands the breadth of counseling literature in the field of positive emotion. In addition, this study provides a more nuanced understanding of gratitude practices in licensed counselors as a positive emotion eliciting wellness practice that boosts dispositional gratitude and can likely enhance licensed counselor resilience and help counselors through burnout.

Operational Definitions of Variables in Research Questions

The variables of burnout, resilience, dispositional gratitude, and gratitude practices are the focus of this study with clinical counselors. As such, the following operational definitions provide meaning and measurement for the purposes of this study.

Burnout

Burnout has been defined by various researchers overall as the negative emotional and behavioral responses to working in the helping profession (Lee, et al., 2007; Maslach & Jackson, 1981; Pines & Maslach, 1978; Osborn, 2004). Lee and colleagues (2007) defined burnout specifically to the counseling profession as the experiences of mental and physical exhaustion, devaluing clients, professional incompetence, perceived/ perpetuated negative work environment, and the deterioration of counselor's personal life. Research

has found that burnout is the source of many somatic experiences, such as physical exhaustion, lowered immune system, as well as emotional experiences, such as feeling emotionally drained and irritability (Harris, 1984; Lattanzi,1981; Skovholt, 2001). For the purposes of this study, burnout will be operationally defined by the five factors of burnout used in the Counselor Burnout Inventory (CBI; Lee, et al., 2007): a) exhaustion, b) incompetence, c) negative work environment, d) devaluing clients, and e) deterioration of personal life. In addition, burnout will be measured using the CBI. The CBI was selected due to the instrument's development specific to counselors to capture their personal as well as environmental factors contributing to burnout, especially as the CBI is one of the only burnout inventories that accounts for work-environment stressors. The CBI is a 20-item survey using a five-point Likert scale from "never" to "every day." A full description and evaluation of the psychometric properties of the CBI is provided in chapter three.

Resilience

"Resilience is the process of negotiating, managing and adapting to significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity. Across the life course, the experience of resilience will vary" (Windle, Bennett & Noyse, 2011, p. 10). Briefly stated, resilience is an individual's ability to "bounce back" from difficult life events (Richardson, 2002). Connor and Davidson (2003) viewed resilience as a measure of stress coping ability and have researched implications of resilience in the treatment of anxiety, depression and stress reactions. For the purposes of this study, resilience will be measured using the abbreviated ten-item version of the

Connor-Davidson Resiliency Scale (CD-RISC; Campbell-Sills & Stein, 2007; Connor & Davidson, 2003). The CD-RISC was originally formulated as a 25 item self-report survey that measures on a five-point Likert scale ranging from zero to four with higher scores indicating higher resilience. The original analysis of the CD-RISC yielded five factors of resilience, including 1) personal competence, high standards and tenacity; 2) trust in one's instincts, tolerance of negative affect, and strengthening effects of stress; 3) positive acceptance of change and secure relationships; 4) control; and 5) spiritual influences. However, the factor structure of the original CD-RISC has not been stable and therefore a revised and abridged version was created that loads into a stable unimodal instrument (Campbell-Sills & Stein, 2007). This 10-item version of the CD-RISC will be used to measure resilience in this study. A full description and evaluation of the psychometric properties of the CD-RISC is provided in chapter three.

Dispositional Gratitude

Dispositional gratitude is an individual's proneness to experience the emotion of gratitude (McCullough, Tsang, & Emmons, 2004). McCullough and colleagues (2002) found that "the grateful disposition creates reduced threshold for recognizing and responding with gratitude to the role of other people's benevolence in one's positive outcomes" (p. 113). Those who have a grateful disposition and a grateful outlook on life are more likely to notice and react positively to the events in daily life, regardless of life's difficulties. For the purposes of this study, dispositional gratitude will be measured by the Gratitude Questionnaire (GQ-6; McCullough, Emmons & Tsang, 2002). The GQ-6 is a six-item questionnaire that assesses dispositional gratitude by exploring participants' proneness to experience gratitude on a seven-point Likert scale of agreement. A full

description and evaluation of the psychometric properties of the GQ-6 is provided in chapter three.

Gratitude Practices

Gratitude practices are behaviors intentionally engaged in to elicit or express feeling grateful (McCullough, Tsang, & Emmons, 2004). Gratitude practices could be brief interventions, such as keeping a gratitude journal or listing five things one is grateful for every day (Emmons & McCullough, 2003; Wood et al., 2010) or gratitude practices could be part of a reflective contemplative experience or spiritual practice, such as prayer or meditation (Lambert, Fincham, Braithwaite, Graham, & Beach, 2009; Lambert, Graham, & Fincham, 2009). As no existing gratitude practice inventory has been validated, a brief questionnaire was developed by this researcher for use in this study based on gratitude practices identified in the literature. Gratitude practices found in the literature will be reviewed in detail in chapter two. The gratitude practice questionnaire (GPQ) is an 18-item inventory of six categories of gratitude practice and assesses frequency, intensity and duration of gratitude practices using a five-point Likert scale. A full description and the measurement development process is provided in chapter three.

Research Questions

This study is comprised of multiple research questions. The primary research question evaluates the overall theoretical structural model: Do licensed clinical counselors' gratitude practices (as measured by the GPQ) contribute to their levels of resilience (as measured by the 10-item CD-RISC), levels of burnout (as measured by the

CBI), and dispositional gratitude (as measured by the GQ-6)? Does this remain true when dispositional gratitude is accounted for?

As this study is also exploring work-specific and personal demographic variables that may influence data, the following series of questions will also be explored in testing the theoretical model:

1. Is there a statistically significant relationship between professional mental health counselors' burnout (as measured by the total score on the Counselor Burnout Inventory [CBI; Lee et al., 2012]) and their reported work-specific characteristics (e.g. setting, hours worked, years of practice, acuity of clients)?
2. Is there a statistically significant relationship between professional mental health counselors' resilience (as measured by the factor scores of the Connor-Davidson Resiliency Scale [CD-RISC-10; Campbell-Sills & Stein, 2007]) and their reported work-specific characteristics (e.g. setting, hours worked, years of practice, acuity of clients)?
3. Is there a statistically significant relationship between professional mental health counselors' dispositional gratitude (as measured by the Gratitude Questionnaire [GQ-6;]) and their reported work-specific demographic variables (e.g. setting, hours worked, years of practice, acuity of clients)?
4. Is there a statistically significant relationship between professional mental health counselors' gratitude practices (as measured by the factor scores of the Gratitude Practice Questionnaire [GPQ; Palmieri, 2017]) and their reported work-specific demographic variables (e.g. setting, hours worked, years of practice, acuity of clients)?

Design of the Present Study

The present study is a correlational design that uses structural equation modeling to test the theoretical model of the directional relationships between gratitude practice, dispositional gratitude, resilience and burnout. Work-specific characteristics were examined in relation to the constructs of interest using a series of analysis of variances (ANOVAs), presenting some insight into work-specific characteristics of participants may present. Participants of this study included licensed clinical counselors in the United States. Lists of counselors were obtained from state licensing boards and randomly selected counselors were contacted via email with a request to participate in the online survey study (Dillman et al., 2014).

In order to be included in the study, participants were required to hold a counseling degree at either the masters or doctoral level, licensed in their state of practice, and currently maintaining an active counseling practice at least twenty hours per week seeing at least eight clients per week (Thompson, et al., 2014). In addition, the counseling practice could be in any mental health setting (i.e., community setting, private practice, in-patient hospital, university, etc.), however contact with clients must be face-to-face to control for the differences online counseling present. This study required a minimum of 200 participants based on the number of factors under investigation in the structural model to be tested (Jackson, 2003; Kline, 2011); however more participants were recruited to strengthen the findings. Participants were given the option to participate in a drawing for one of five $25 Visa gift cards with the information of nearby spas and yoga studios attached as a suggested self-care component.

Definition of Terms

Counselor- A helping mental health professional with a graduate degree in counseling.

Licensed Clinical Counselor- Any licensed mental health professional who holds an earned graduate or doctoral degree specifically in counseling and primarily works with a clinical population providing direct care. This may be a Licensed Professional Counselor, a Licensed Mental Health Counselor, a Licensed Clinical Addictions Specialist, or other relevant licenses as long as the primary identity and earned graduate degree is in Counseling. This does not include those with graduate degrees primarily from the field of clinical/ counseling psychology or clinical social work.

Provisionally Licensed Clinical Counselor- A mental health professional who has recently completed their graduate coursework in the counseling field and is currently in the initial stage of licensed practice under the mandated supervision of an approved clinical supervisor.

Counseling Student- A person currently enrolled in a counseling graduate training program with the intention of becoming a licensed mental health counselor.

Clinical Supervisor- A licensed clinical counselor with the experience and training to be an approved supervisor for the level of training needed for the student or provisionally licensed clinical counselor.

Supervision- Clinical skill-focused meetings between a student or graduate-degree holding clinical counselor and supervisor. Supervision may include consultation regarding specific clinical cases, teaching relevant clinical information and supporting the well-being of the student/ clinical counselor as a person reacting to client case issues (Bernard & Goodyear, 2012).

Counselor Training Program- A graduate degree- awarding masters or doctoral level experience specifically in the field of counseling that includes clinical internship with direct client care in addition to classroom training. This may or may not be an accredited program, however must meet the requirements to allow the graduate to obtain relevant clinical counseling license.

Clinical Population- Persons who are currently receiving clinical care at any level (outpatient, intensive outpatient, residential, inpatient, etc) from a licensed mental health professional (clinical counselor, clinical social worker, clinical psychologist, psychiatrist, psychiatric nurse practitioner, etc).

General Population- Persons whose identifying information in research is not clinical and the focus of their recruiting was not for clinical care information. Members of the general population may include members of the clinical population, student or clinician, however this is by mere happenstance.

Wellness- Indivisible physical, mental, emotional, relational, and spiritual health marked by meaning-making, creativity, identity and coping ability in all areas of life that may be built, supported or enhanced through a wide range of self-care practices and support the sense of well-being (Myers & Sweeney, 2004).

Compassion Fatigue- Caregiver's reduced capacity to be empathic or "bear the suffering of clients" (Figley, 1995, p. 7) resulting from knowing about a traumatizing event experienced by a client (Adams, Figley, & Boscarino, 2008). This is sometimes referred to as secondary traumatic stress (Figley, 1995), however secondary stress is a slightly separate concept.

Compassion Satisfaction- The positive feelings caregivers may experience through empathizing with helping clients experiencing or recovering from distress (Stamm & Figley, 2002).

Secondary Traumatic Stress- The negative psychological response to vicarious traumatic exposure with potential symptoms consistent with post-traumatic stress disorder (Figley, 1995). Secondary traumatic stress is often used interchangeably with compassion fatigue in literature (Adams, Figley, & Boscarino, 2002; Figley, 1995), however it has some unique qualities that are not always included in compassion fatigue (Manning-Jones, Tarte, & Stephens, 2017).

Vicarious Traumatic Exposure- The experience of indirect traumatic exposure from witnessing or hearing about a traumatic event experienced by someone else (Manning-Jones, et al., 2017).

State Gratitude- The temporary emotional experience of gratitude. Individuals may be more naturally prone to experience this emotion and gratitude practices are likely to elicit this emotional response (McCullough, Emmons, & Tsang, 2002; Wood, 2010).

Summary

In the present study, gratitude is operationalized as an emotion and dispositional trait that can be cultivated and enhanced through practices that draw attention to the greater good in the world in a spirit of being thankful. Gratitude-evoking practices are hypothesized to build counselor resilience and reduce professional burnout regardless of any work-specific characteristics. In the next chapter, gratitude, resilience, burnout, and counselor best practices are discussed and explored through a review of evidence-based literature grounded in constructivist counseling theory and the broaden-and-build model

of positive emotion (Fredrickson, 2001). Chapter three describes the methods used in this study and chapter four includes the results of the collected data. Chapter five discusses the study's findings, implications for clinical counseling, counselor self-care, counselor education, and supervision, as well as suggestions for future research.

CHAPTER 2: LITERATURE REVIEW

This chapter examines the current literature on the topics of mental health counselor burnout, resilience and gratitude. The indicators of professional counselor burnout, contributing factors to counselor burnout, the relationship between burnout and resilience, as well as resilience practices and research are discussed. In addition, this chapter defines gratitude in the forms of gratitude practice, the emotion of gratitude, and dispositional gratitude while examining current research that supports the exploration of gratitude as a form of resilience in mental health counselors to address burnout. The next section begins with a review of burnout in mental health counselors.

Burnout and Counselors

Burnout has been identified and researched in many fields, with the healthcare and social service professions at the forefront (Caldwell, 1984; Lee, Baker, Cho, Heckathorn, Holland, Newgent, Ogle, Powell, Quinn, Wallace, & Yu, 2007; Thompson, Amatea & Thompson, 2014). Mental health providers and counselors specifically have been the focus of much research related to burnout (Lawson, Venart, Hazler, & Kottler, 2007; Lee, et al., 2007). Pines and Maslach (1978) defined burnout as emotional exhaustion, depersonalization and a reduced sense of accomplishment. In the counseling field, burnout has been described as the "process of physical and emotional depletion resulting from conditions at work" (Osborn, 2004 p. 319) as well as "density of exhaustion on account of having disappointments in achieving one's ambitions, having excessive demand and feelings of failure, losing energy and objectivity in profession, forming indifference and listlessness in relationships among people and also in the profession, and emotional exhaustion emerging out of overloaded work" (Tanrikulu,

2012 p. 632). Gentry, Baggerly and Baranowsky (2004) described burnout as the chronic condition of perceived demands outweighing perceived resources. Lee and colleagues (2007) defined burnout specifically to the counseling profession to expand the descriptors of burnout posed by Pines and Maslach (1978) of the experiences of exhaustion into devaluing clients, professional incompetence, negative work environment, and the deterioration of personal life. Lattanzi (1981) found that many somatic experiences of physical exhaustion, lowered the immune system and that feeling emotionally drained can be attributed to burnout. This finding was supported by Harris's (1984) reports of the emotional and physical manifestations of burnout. While the personal experiences of burnout have been linked to being helpers who observe human suffering, through decades of research burnout has found to be additionally and specifically linked to work environment factors (Maslach, 2003; Thompson, et al., 2014).

The concept of burnout has been linked and sometimes used interchangeably with the terms vicarious traumatization, secondary traumatic stress, and compassion fatigue (Figley,1995; Stamm & Figley, 2002) which are defined in chapter one. However, it is important to note that these concepts are related, yet distinctly separate from one another. Whitebird and colleagues (2013) describe this difference as burnout being specifically related to job stress with indicators of a range of emotional experiences and symptoms, such as compassion fatigue, stress and secondary trauma, whereas Merriman (2015) defined burnout as a condition predicting the experience of compassion fatigue. Thompson and colleagues (2014) found through their research confirmation that burnout includes not only the experiences of compassion fatigue but also includes factors related to work environment. These work environment factors could be related to organizational

structure, perceived colleague support, paid time off, and appropriate compensation for work done, to name a few. While these articles attempt to provide clarification on the distinction between the concepts of burnout, vicarious traumatization, secondary traumatic stress and compassion fatigue, many evidence-based articles overlap the meaning of the terms and have contradicting definitions. The one consensus throughout the literature is that these terms are strongly related. Therefore, studies that discuss the terms related to burnout will be included in the review of the literature.

Mental health professionals are at a high risk for experiencing burnout due to vicarious traumatic exposure and potentially associated secondary traumatic stress and compassion fatigue (Figley, 1995; Stamm & Figley, 2002; Lee, et al., 2007; Manning-Jones, Terte, & Stephens, 2017; Osborn, 2004). Research has shown that counselors specifically are at risk of burnout because they see human suffering and absorb clients' pain, experience personal isolation in keeping the contents of the work day confidential, witness ambiguous successes, and experience the emotional drain of remaining empathetic (Gentry, et al., 2004; Ruysschaert, 2009). Skovholt (2003) referred to the emotional drain of remaining empathetic as the *The Caring Cyle*; a "continual series of professional attachments and separations within the one-way helping relationship" (p. 83) in the "high- touch work" (Naisbitt, 1984) of counseling. Skovholt claimed that "it is the counselor's ability to establish helping relationships, over and over again, with individuals who often have a version of attachment distress that is the professional challenge" (2003, p 84). In addition to the ripe challenges of the counseling relationship and the content of the counseling sessions, professional identity and advocacy has been a bureaucratic stressor unique to counseling with the associated difficulty of third-party

payer and hiring organization recognition and approval (Kennedy, 2006). Burnout can be a barrier to quality care for clients as burnout has been linked with a range of physical and mental health risks for counselors themselves, limiting their ability to be well enough to work well with clients (Cummins, Massey, & Jones, 2007; Harris, 1984; Lee, et al., 2007; Myers & Sweeney, 2008; Osborne, 2004; Skovholt, 2001; Skovholt, Grier, & Hanson, 2001; Tanrikulu, 2012).

While it is impossible to track how many of those practicing clinical counselors have or are currently experiencing burnout, the American Counseling Association (ACA) formed a task force on wellness, which included a study on counselor impairment (which included burnout) in 2004. In this study, 63.5% of counselor members of ACA who participated in the survey reported knowledge of at least one colleague they would consider impaired. While this study was conducted eleven years prior to the 2015 census data of mental health counselors in the US, and not all licensed practicing counselors are ACA members and not all ACA members participated in the study, this study does speak to the high prevalence of burnout in the profession, which is likely underreported, much like mental health concerns in general.

A significant portion of counselors are thought to have experienced symptoms of burnout during their professional practice, which is marked by a lack of empathy for clients, and is a significant problem for not only counselors themselves, but also for the clients who receive counseling services (Merriman, 2015; Tanrikulu, 2012; Thompson, et al., 2014). Counselors and counseling interns in the beginning of their training have reported burnout symptoms of secondary traumatic stress similar to that of post-traumatic stress disorder, including the following: difficulty sleeping, increased startle responses,

avoiding places or things that are reminders of client material, obtrusive thoughts and images about client material, difficulty separating their work and personal lives, diminished capacity for intimacy, listening, and communication, and the loss of the sense of purpose of their career (Figley, 1995). In discussing compassion fatigue, a concept closely related to counselor burnout, "additional symptoms include the following: a loss of confidence, ineffective self-soothing behaviors, a lowered ability to function, and the loss of hope. Interns may also experience lowered frustration tolerance, disruption of their frames of reference, anxious or depressed mood, or dread of working with certain clients." (Merriman, 2015, p 371-372). Skovholt (2001) discussed warning signs of insufficient self-care that could be indicative of burnout, including early signs of forgetfulness and inattention, as well as more serious signs such as irritability, emotional exhaustion, chronic fatigue, loneliness/isolation, anxiety and depression. Merriman (2015) stated that compassion fatigue, a symptom associated with burnout marked by loss of empathy, is a documented occupational hazard in counseling that can lead to premature exit from the profession, boundary violations, ethical violations, inability to make sound clinical decisions, and other undesirable outcomes if left unattended. Because of the potential severity of burnout symptoms and the risks they pose, counselors are encouraged to form self-care wellness plans that are inherently tied to resilience and help raise awareness to early indicators of burnout (Myers & Sweeney, 2008).

As much of the literature in burnout, resilience and gratitude (the constructs of interest in this study) research studies have used clinical samples and general population samples, it is important to bring awareness to the similarity of the descriptors of burnout symptoms to the criteria for diagnosable mental illnesses as indicated by the DSM-5

(American Psychiatric Association, 2013). The aforementioned symptoms of hopelessness, lowered ability to function, ineffective self-soothing behaviors (interpreted as either an inability to experience joy in previously pleasurable activities or ruminating thoughts), feeling anxious or depressed in general, personal isolation (and potentially social withdrawal), difficulty sleeping, intrusive thoughts, increased startle responses, irritability, and emotional numbness, among other symptoms, would meet criteria of a depressive or anxiety disorder (American Psychiatric Association, 2013). In seeking support through counseling themselves, counselor burnout could be mistaken for major depressive disorder, or an anxiety disorder such as post-traumatic stress disorder (Figley, 1995) when an adjustment disorder or no mental health diagnosis at all may be more appropriate. As counselors are first and foremost individual members of the general population, it is important to acknowledge their human susceptibility to emotional suffering. As burnout symptomology overlaps with some forms of mental illness, this literature review includes research inclusive of clinical populations, mental health professionals, and the general population.

Factors Contributing to Counselor Burnout

Burnout in the field of counseling and other helping professions, such as nursing, is not a new concept as it has been seen as one of the main risks of working with others who are undergoing life difficulties (Harris, 1984; Osborn, 2004; Skovholt, Grier & Hanson, 2001; Watkins, 1983). While much literature reflects the experience of burnout in counselors and helping professionals, it remains unclear exactly how many counselors experience burnout and what personal and work factors contribute to burnout (Thompson, et al., 2014). This is likely due to an inability to track how many professional counselors

experience or leave the field due to burnout and lack of causal relationships in the research-based literature. One of the original publications regarding burnout indicated that length of time in the helping field was positively correlated with compassion fatigue, dislike of patient care, perceived ineffectiveness and lack of a humanistic perspective towards mental health (Pines & Maslach, 1978). Length of time in the field has yielded conflicting results in the literature regarding the relationship to burnout.

Merriman's (2015) report contradicts Pines and Maslach's (1978) conclusions regarding burnout and length of time in the field, finding counseling interns and new counselors particularly susceptible to burnout. As many state boards discourage counselors in training from working in private practice, and the years of provisional licensure require close supervision, which can be costly to the individual counselor, new counselors typically find employment within high-acuity settings. This could likely contribute to a sense of overwhelm and insecurity for many, with the only safeguard being mandatory clinical supervision which can vary drastically in quality. At times, counselors have needed to shift employment positions or even change careers in order to feel relief from burnout (Figley, 2002; Lawson & Myers, 2011).

Thompson, Amatea and Thompson (2014) conducted what may be the most direct and sound recent study on exploring the contributions of a variety of personal and contextual predictors of compassion fatigue and burnout in mental health counselors. This national study surveyed 213 mental health counselors using a transactional stress and coping lens to explore the impact of gender, length of time in the field, appraisal of working conditions and the five personal resources of: a) compassion satisfaction, general mindfulness attitudes, c) problem-focused coping strategy, d) emotion-focused coping

strategy, and e) maladaptive coping strategy on compassion fatigue and burnout. In this study, *appraisal of working conditions* assessed perceptions of fairness in administrative decision-making, adequate financial compensation, flexibility of hours worked, quality of supervision, co-worker support, clinical skill fit to caseload, nature of job tasks, and overall organizational climate. *Coping strategies* such as planning, emotional support, humor, religious beliefs, self-distraction, denial and substance use was collected using the brief COPE Inventory (Carver, 1997). The Mindful Attention Awareness Scale (Brown & Ryan, 2003) measured *mindfulness attitudes*. Compassion satisfaction, compassion fatigue and burnout were all measured by the subscales of the Professional Quality of Life Scale (ProQOL; Stamm, 2010). The findings of this study showed significant inverse relationships between perception of work conditions and burnout as well as compassion fatigue; however, the relationship between work conditions and burnout was much stronger than the relationship between work conditions and compassion fatigue. This difference in strength of association supports the notion that burnout specifically reflects the work environment stressors in addition to the therapeutic stressors of client care, whereas compassion fatigue does not cast as wide a scope. In addition to the perception of work environment, mindfulness attitudes and certain types of coping strategies were significantly negatively correlated with compassion fatigue and burnout. This study did not find an overall significant relationship with gender or length of time working in the field as predictors of compassion fatigue or burnout. Initial results showed a significant inverse relationship between years of experiences and burnout, however the significant relationship did not remain after perceptions of working conditions were added. Thompson and colleagues posed that this may be due to counselors with more experience

moving up the organization structure to more positive working conditions and therefore experiencing less work environment stress.

Lawson and Myers (2011) conducted a study with 506 professional counselors who were members of the American Counseling Association to examine their professional quality of life, career-sustaining behaviors and wellness. Professional quality of life was measured with the Professional Quality of Life Scale (ProQOL; Stamm, 2005). Career-sustaining behaviors (CSBs) were assessed using the Career Sustaining Behaviors Questionnaire (CSBQ; Kramen-Kahn & Hansen, 1998). The 5F-Wel based on the Indivisible Self Model of Wellness (IS-Wel; Myers, Sweeney, & Witmer, 2000) was used to measure wellness. The results of this study showed that counselors in private practice scored higher on the 5F-Wel than counselors in community mental health and school settings. Professional quality of life was related in some ways to caseload variables, with counselors with a large number of acute cases (such as trauma survivors) at a higher risk of burnout and reported less work satisfaction. From this study, counselors in private practice with a low-acuity caseload would be less at risk than those working in community mental health settings with high percentages of high-acuity clients. While this is logical, many facets of clinical practice and counselor development were left out as years of experience could be an important factor (Merriman, 2015; Pines & Maslach, 1978), as well as the current engagement in clinical supervision (Skovholdt, 2001).

Tanrikulu (2012) conducted a study with Turkish psychological counselors to investigate the relationships between burnout, participants' efforts toward professional development and positive perception of themselves when comparing themselves with

others. 121 counselors participated in the study, which analyzed the desire to select the profession again, specialization in a field in the profession, the title used for professional identity (e.g. psychological counselor versus counseling teacher) and whether professional burnout differed regarding gender. Emotional exhaustion and cynicism, previously referenced as symptoms of burnout, were significant findings that differed only with regard to gender, with female counselors experiencing higher levels of professional burnout. Counselors reporting a clinical specialty reported significantly less burnout in the dimension of personal efficacy as compared with counselors who did not claim a clinical specialty. In addition, counselors who regularly pursue professional development had lower levels of burnout in the personal efficacy dimension.

Sprang and Colleagues (2007) also found that female counselors were at a higher risk for burnout in addition to compassion fatigue. Thompson and colleagues' (2014) study contradicted Tanrikulu (2012) and Sprang and colleagues' (2007) regarding gender being a significant predictor for burnout, finding that females were slightly significantly more prone to compassion fatigue but not burnout, results that did not remain consistent when work conditions were accounted for. While Tanrikulu (2012) found that professional recognition and having a clinical specialty may make a counselor less vulnerable to burnout, Galek, Flanelly, Greene and Kudler (2011) noted the impact that secondary traumatic stress (or vicarious trauma) and social supports have on professional caregivers' levels of burnout. In their study of 331 chaplains using multiple regressions to analyze survey results, Galek and colleagues (2011) found that the number of years working in the same employment position was positively correlated with burnout but not secondary traumatic stress; that number of direct hours counseling a traumatized patient

was positively correlated with secondary traumatic stress but not burnout; and that social support is negatively correlated with secondary traumatic stress ad burnout. These findings indicate that social supports serve as a buffer against burnout. These findings support the notion that identifying positive social resources is a helpful practice of resilience in the field of counseling, a need that gratitude practices have been shown to help (Emmons & McCullough, 2003; McCullough, Tsang, & Emmons, 2004; Wood, et al., 2010).

Another factor identified as a contributor to burnout is the lack of uniform recognition of the counseling profession, which has been a barrier to advocacy efforts to be recognized by insurance panels and other sources of funding to assist clients and support counselors' livelihood (Kaplan, Tarvyadas & Gladding, 2014; Reiner, Dobmeier, & Hernandez, 2013). The American Counseling Association formed a task force to address the future of the counseling profession and needs for professional advocacy in their 20/20 vision, prompting a decade of research and revision for professional unity (Kennedy, 2006). Prior to the results of this task force, there was no uniform concise definition of "counseling" in the profession, making lobbying efforts for professional recognition extremely difficult. The lobbying efforts have been essential in opening the doors for professional counselors to be accepted on insurance panels as a way to serve client financial needs while still surviving in practice, and for many major employer groups to hire counselors (Kaplan et al., 2014). Licensure requirements continue to lack national uniformity, limiting license portability and preventing ease of transitions of moving across state lines more financially and emotionally stressful than necessary.

It has been suggested that lack of mental health support from payer and hiring sources, the need to work long hours, caseload acuity, the demand for shorter and fewer counseling sessions with expectations for change by insurance companies and acute-care hospitals, and counselor accountability for client change outcomes all contribute to the high risk for counselor burnout and counselors potentially leaving the field (Osborne, 2004). Counselors who have been able to maintain a level of resilience to the stresses of everyday practice are far more likely to have long, fulfilling careers in counseling. It is imperative that counselors have access to as many evidence-based tools, practices, and perspectives to build resilience in their counseling practice for ethical professional longevity.

Much research has been published in the counseling literature related to wellness practices in burnout prevention, however the large majority of these studies use counselor educators in academia or counseling students in their internship experiences as study participants (Myers, Mobley, & Booth, 2003; Smith, Robinson III, &Young, 2007; Wester, Trepal & Myers, 2009; Wolf, Thompson & Smith-Adcock, 2012). While counselor educators and counseling students are appropriate for some studies of counselor burnout, the findings cannot be extended to professional counselors practicing in the non-academic setting as they are different populations. The limited research using mental health professional counselor practitioners that have yielded inconsistent results specifically highlights the need to conduct further research on factors that contribute to burnout in this population. In addition, the numerous work-related variables found throughout the literature presented on counselor burnout support the items included in the work-specific demographics questionnaire used in this study that will be discussed in

detail in chapter three. As this study will specifically investigate burnout in counselors, it is important to carefully consider the definition and measurement of burnout in this population.

Measuring Burnout

The three original dimensions of emotional exhaustion (inability to continue caring), depersonalization (cynicism/ cold view of work responsibilities/ life in general) and reduced sense of personal accomplishment (from a real or perceived professional ineffectiveness in work) in burnout have been consistently found in research originally posed by Pines and Maslach in 1978 (Lawson, et al., 2007; Maslach & Jackson, 1981; Skovholt, 2001). While these personal experiences of burnout are valid, the decades of research in burnout have revealed the important component of work environment conditions on burnout (Lee, et al., 2007; Maslach, 2003; Thompson, et al., 2007). In addition, as counselors have stressors unique to their profession, it is important to specifically use a measurement tool that was formed with the counselor in mind. For those reasons, the Counselor Burnout Inventory (CBI; Lee, et al., 2007) was selected for use in this study to measure counselor burnout. The CBI defines and measures burnout on a Likert scale on the factors of exhaustion, devaluing clients, professional incompetence, negative work environment, and the deterioration of personal life.

Coping with Burnout

Many research-based suggestions abound to cope with burnout symptoms, mostly regarding self-care through seeking supervision, balancing work and personal life, and a multitude of relaxation and stress management activities (Lambert & Lawson, 2013; Skovholt et al, 2001). Skovholt and colleagues (2001) provided self-care and burnout

prevention strategies for counselor resilience; however, like most other suggestions to address burnout, the strategies are largely behavioral and run the risk of bypassing the cognitive restructuring therapeutic work needed to broaden counselor perspectives to include hope, joy, gratitude or any other positive emotion (Russel & Fosha, 2008). In this section, empirically studied strategies to prevent and address counselor burnout are presented.

Supervision.

Supervision that attends to clinical caseload needs in addition to administrative and personal issues that are associated with client care has been suggested to prevent the emotional exhaustion component of burnout (Knudsen, Roman & Abraham, 2013). Merriman (2015) recommends supervision specifically to help address compassion fatigue in counseling interns at varying stages of development. Supervisors are urged to help counselors through structured supervision with an emphasis on self-care; consulting, debriefing, peer support and appropriate boundaries; practices of self-reflection to increase self-awareness; and practices of compassion satisfaction (Merriman, 2015). Based on the effects of positive-emotion cultivating practices such as gratitude on the negative symptoms of burnout (Emmons & Stern, 2013), as well as the simplicity of many gratitude interventions (Young & Hutchinson, 2012), it may be appropriate for supervisors to encourage the counselors they work with to engage in some form of gratitude for self-care and wellness.

Individual Practices of Self-Care.

Burnout prevention and counselor self-care through wellness practices seem to be correlated in the literature. Wellness has been defined as "a way of life oriented toward

optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community" (Myers, Sweeney, & Witmer, 2000, p. 252). In consideration of the ethics of counselor self-care practices, Myers and Sweeney (2008) assert that a counselor who neglects his or her own wellness may experience difficulty in fostering wellness in clients. For the purposes of this study, wellness is any form of self-care or action that relieves stress in a healthy manner.

Myers and Sweeney (2008) developed a Wheel of Wellness to organize wellness principles based on the five life tasks identified by Adler (1938): spirituality, self-direction (including subtasks such as self-worth), love, friendship, and work. This model of wellness has been used to inform counselor self-care to prevent burnout (Myers, Mobley & Booth, 2003; Myers & Sweeney, 2008). Neswald-Potter, Blackburn, and Noel (2013) also found in their qualitative inquiry that counselors experience personal wellness through: (a) health (physical, emotional, spiritual, and mental), (b) relationships, and (c) fun.

Supervision and counselor self-care practices of wellness have been presented to address burnout. These strategies have also strongly been used to promote resilience in counselors. The resilient counselor will be less prone to burnout, however attention needs to be paid to how resilience can be built and fostered in counselors. Rather than hoping resilience will be a personality trait embodied in the counselor naturally, it can be cultivated. The next section will discuss resilience from an overall understanding of the concept, linking resilience and burnout, and building resilience in counselors through gratitude practices.

Resilience

Resilience is a concept rapidly growing in preparation programs in universities and schools, as well as in workplace settings because of the individuals' need to cope with unavoidable challenging issues. Connor and Davidson (2003) viewed resilience as a measure of stress coping ability and have researched implications of resilience in the treatment of anxiety, depression and stress reactions. In this section, resilience will be defined and measurements of resilience will be explored, as well as literature pertaining to research on what predicts resilience in humans. In addition, resilience in counselors and how gratitude relates to building resilience will be addressed according to the literature.

Definition of Resilience

Resilience has been defined in many ways and a uniform definition has been needed as research has drastically increased to reflect the desire to move away from deficit- models of client and patient care (Windle, Bennett & Noyse, 2011). Resilience has been defined as the ability to withstand, recover, and grow in the face of stressors and changing demand (Skovholt, et al., 2001), marked by an ability to look at positive outcomes despite high-risk status, show competence in the face of stress (Cummins, Massey & Jones, 2007). Resilience has also specifically been defined as an adaptation to trauma and use life's challenges for growth in order to make future hardships more manageable (Manning-Jones, et al., 2012; Windle, et al., 2011). Resilient individuals have been shown to be adaptable, flexible, cope positively, successfully engage in self-regulation, maintain social support, and demonstrate the ability to solve problems (Skovholt, et al., 2001; Thompson, Arnkoff & Glass, 2011). One model of resilience

assumes individuals will always attempt to maintain biopsychosocial spiritual homeostasis and resilience is revealed when in the face of internal and external stressors, the individual is able to reestablish that sense of homeostasis (Richardson, 2002). Windle and colleagues (2011) were part of a United Kingdom taskforce to develop a uniform, consistent and comprehensive definition of resilience to meet the need for researchers. From their extensive review of the literature and a concept analysis of resilience research, they formed the following definition: "Resilience is the process of negotiating, managing and adapting to significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity. Across the life course, the experience of resilience will vary" (p. 10). Resilience has been linked with mental hardiness, which in studies of trauma and post-traumatic stress disorder have been seen as a protective factor to trauma symptoms (Figley, 2002; Skovholt, et al., 2001).

All of these interpretations of resilience include natural abilities characteristic of a resilient personality with action-oriented tendencies that can be adapted to build resilience (Thompson et al., 2011). Some individuals may in fact be more naturally resilient. However, in keeping with the strengths-based approach characteristic of counseling, resilience can be enhanced and cultivated. In the following section, evidence-based strategies for cultivating resilience in counselors will be reviewed.

Cultivating Resilience in Counselors

Cummins and colleagues (2007) inferred the necessity of resilience in counselors when they stated that "the essence of counseling is to consistently summon the energy to engage with another human's emotions while at the same time balancing our own

personal experiences and challenges outside of the job" (p. 35). Figley (2002) suggested that counselor personality hardiness is an important factor in mediating work related and personal stress that can impact the ability to do good work. Figley (2002) noted that those lacking in hardiness are at risk for developing a skewed worldview or negatively reacting to stressful events. Gratitude interventions have been proven to provide a worldview beyond negatively skewed perspectives of life to help restore a broadened and balanced awareness of the world and situations (Fredrickson, 2001; Young & Hutchinson, 2012). It is imperative that counselors are able to embody resilience and build resilience through nourishing practices when necessary, which with evidence could include gratitude interventions.

The concept of wellness in promoting resilience is introduced and re-enforced in masters-level counseling programs and seen as part of counselor best practices (Venart, Vassos, and Pitcher-Heft 2007). The 2016 Council for Accreditation of Counseling and Related Education Programs (CACREP) standards uphold and emphasize the requirement for Counselor Education programs to include teaching methods of self-care in course curricula to ensure ethical practice in professional counselors (Section II.F.1,2,3). While it has been established that counselor self-care is important and linked with counselor wellness and therefore counselor resilience, it is less clear what specific strategies for counselor self-care and resilience are supported by evidence-based research. As with the burnout literature, additional evidence is needed from research to explore about how wellness practices vary among counselors at various stages of career development. This may be important to consider in this study as years of experience has been debatably connected with burnout (Pines & Maslach, 1978; Thompson, 2007;

Mattingly, 2015). Regardless, the wealth of wellness research indicates that wellness practices promote resilience and gratitude may be the key to cultivating resilience in counselors (Emmons & McCullough, 2003; Wood, Froh & Geraghty, 2010; Young & Hutchinson, 2012).

Edward (2005) conducted a phenomenological study in which six crisis care mental health clinicians were interviewed using this central question to explore resilience: "How do you experience personal management of the stresses**,** complexities and demands of your role as a crisis care mental health clinician?" 191 significant statements were identified using Colaizzi's (1978) phenomenological approach to qualitative inquiry, coded into eight theme clusters which emerged four themes of resilience in mental health clinicians: sense of self (personally and clinically), faith and hope (identifying strengths and feeling sense of clinical contribution), having insight (through feedback, introspection and continuing education), and looking after yourself (practicing wellness). Gratitude aligns well with all four of these themes.

Skovholt (2012) developed a resiliency inventory, using results to comprise a list of ten resiliency tasks specifically for counselors:

1. Accept the severity of the challenge of developing resiliency and self-care skills to prevent the erosion of meaning burnout and caring burnout
2. Develop abundant sources of positive energy
3. Relish the joy and meaning of counseling work as a positive energy source
4. Search for empathy balance
5. Develop sustaining measures of success and satisfaction
6. Create a "greenhouse" at work that provides a healthy environment

7. Build supportive professional relationships
8. Limit the amount of one-way caring relationships in one's personal life (and with those kept, considering them an honor and privilege).
9. Nourish one's own health as a source for positive energy
10. Maintain a long-term continual focus on the development of the self.

Each of these ten resiliency tasks align with a grateful way of being and gratitude practices, which will be explored in the next section.

Osborn (2004) formulated a seven-item salutary suggestion for career self-care and resilience based on a review of counseling literature, termed "STAMINA". STAMINA is a mnemonic reminder to be *selective* in clinical specialty, clientele, and role; be accountable by maintaining *temporal awareness* for time allotted with clients; maintain an internal locus of control through using evidence-based *approaches*; *measure and manage* counselor time, talent and energy on and off the job; remain *inquisitive* with clients and experiences; *negotiate* by being flexible without giving in, and *acknowledge agency*, or the impact for the good in clients and the work being done. While these case management strategies are fantastic for career self-care, they are not specifically tested and do not address the counselor as a whole person (Hanson, 2001), likely limiting the reach of its effectiveness. The concepts offered in this article do speak to counselor's sense of self-awareness in addition to most of the *Big Five Personality Traits* consistent with resilience of openness, agreeableness and associated flexibility (Costa & McRae, 1992). These personality traits have also been correlated with the grateful disposition (McCullough, Emmons & Tsang, 2002) and could suggest that a grateful counselor may be more likely to engage in the STAMINA career self-care strategies.

Venart and colleagues (2007) noted that counselors' commitment to self-awareness not only serves as role-models to the clients they see, but also enhances personal wellness in order to tune in to the early signs of impairment/ burnout, and adjust levels of self-care accordingly (Venart et al, 2007). Cummins and colleagues (2007) also assert the importance of self-reflection and self-awareness, as they found that personal therapy with a goal of self-reflection and improved insight will ultimately improve counselor resiliency.

Neswald-Potter, Blackburn and Noel (2010) conducted an action research design in which post-graduate licensed counselors in the southwestern United States were surveyed to learn about their wellness. The qualitative results ground a central concept of *balance* in personal, professional and overall wellness. Participants described a personal wellness approach that incorporated health (physical, emotional, spiritual, and mental), relationships and fun. Alternately, professional wellness resulted in categories of self-preservation, and established professional self-concept, supportive work-relationships and integration of personal and professional values. In describing the self-care practices associated with the above themes, participants noted practicing yoga, indulging in occasional spa treatments, exercising, socializing, volunteering, cooking, journaling, creating art, and many other activities. The themes that emerged from Neswald-Potter and colleagues' (2010) study supported the life tasks included in the Adlerian-based Wheel of Wellness Model (Witmer & Sweeney, 1992) that was updated into the Indivisible Model of Wellness (Myers, Sweeney & Witmer, 2000). The indivisible model of wellness included spirituality, self-direction, work and leisure, friendship and love (Myers, Sweeney & Witmer, 2000). Skovholt, Grier and Hanson (2001) reinforced the

idea that personal self-care should address the counselor as a whole person, including the physical, spiritual, emotional and social aspects of the person. As the self-care practices found in Neswald-Potter and colleagues' (2010) study do not specifically address the positive emotions of counselors and in how they process the content of their client sessions, it is important to identify other strategies that may speak to the emotional and spiritual dimension of counselor wellness (Hanson, 2001; Myers, et al., 2000). Gratitude practices may be such a strategy.

Lawson (2007) explored the career-sustaining behaviors of counselors in a national sample and found that maintaining a sense of humor, spending time with partner/family, maintaining balance between professional and personal lives, self-awareness and a sense of control over work responsibility were the top five strategies endorsed by practitioners. Lawson and Myers's (2011) study of 506 professional counselor members of the ACA examining professional quality of life, career sustaining behaviors and wellness reported career sustaining behaviors (CSBs) including maintaining self-awareness, reflecting on positive experiences, engaging in quite leisure activities, maintaining objectivity about clients, and turning to spiritual beliefs. Those who reported turning to spiritual beliefs scored high on the wellness inventory, and counselors who reported more CSBs also scored higher in wellness. The CSBs reported in Lawons and Myers's (2011) study align with Osborne's (2004) STAMINA model previously discussed. Lawson and Myers's (2011) study began addressing the deeper emotional wellness practices that seem to have been left out of Neswald-Potter and colleagues' (2010) results. The literature-based findings of Osborne (2004) and the research-based findings of Lawson (2007) and Lawson and Myers (2011) support the

likelihood that gratitude practices will boost resilience by not only improving the positive emotions and personal self-care of the counselor, but also improving CSB. In turn, gratitude may prove to be an untapped method of wellness as gratitude practices can directly reflect on positive experiences, help in maintaining objectivity, touch spiritual beliefs, and aide in self-awareness (Emmons & McCullough, 2003; Wood, Froh, & Geraghty, 2010).

Of the studies presented on counselor wellness and resiliency, none are in contradiction of one another. In fact, most of these studies seem to be well aligned in the suggestions for maintaining and sustaining counselor personal and professional wellness to build resiliency and prevent burnout. While none of these studies directly prescribe gratitude as a practice of resilience for counselors, gratitude does fit into the suggestions of acknowledging the work done, compassion satisfaction, self-awareness/self-reflection, nourishing relationships, engaging in positive health practices, turning to spirituality, and other career-sustaining behaviors and wellness practices.

Measuring Resilience

Several resilience assessment tools exist, ranging from assessing psychological hardiness to measuring ego resilience. Windle, Bennett and Noyse (2011) conducted a methodological review of nineteen measures of resilience. From their findings, the Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003), The Resilience Scale for Adults (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003), and the Brief Resilience Scale (Smith, Dalen, Wiggens, Tooley, Christopher, & Bernard, 2008) maintained the best psychometric properties. For the purposes of this study, resilience will be measured by the10-item version of the CD-RISC (Campbell-Sills &

Stein, 2007), as it was specifically developed for clinical practice as a measure of stress coping ability. The 10-item CD-RISC measures resilience on a five point Likert scale with items that converge into one unimodal stable observed variable as opposed to the unstable five factor structure identified in the original 25-item version that included, 1) personal competence, 2) trust/tolerance/strengthening effects of stress, 3) the acceptance of change and secure relationships, 4) control, and 5) spiritual influences.

Predictors of Resilience

In forming the CD-RISC (2003), Connor and Davidson drew upon a few sources on personal hardiness and other traits to formulate a list of characteristics of a resilient person. These characteristics were then put into questionnaire form and tested on clinical samples as well as general samples (Connor & Davidson, 2003). Based on data gathered, the characteristics of a resilient person provided information on the predictors of resilience. These include a) viewing change or stress as a challenge or opportunity, b) commitment to working through the struggle, c) the recognition of limits to control regarding self, others, and events, d) engaging the support of others, e) close secure attachments to others, f) personal and collective goals, g) self-efficacy, h) allowing stress to have a strengthening effect, i) recognizing past successes, j) a realistic sense of control and k) seeing choices. In addition, Connor and Davidson (2003) conceptualize resilient people as having a sense of humor, an action oriented approach to challenges and tasks, patience, tolerance of negative affect, adaptability to change, optimism and faith. As the predictors of resilience may correlate with the characteristics of a grateful disposition, it is important to examine the possible relationship between resilience and gratitude according to the literature.

Resilience and Gratitude

Wood and colleagues (2010) discuss the potential for gratitude to serve as a buffer, or a resilience factor, for negative emotions in life. Gratitude has served as a buffer for those in the wake of traumatic events (Fredrickson, Tugade, Waugh, & Larkin, 2003), with some survivors reporting post-traumatic growth with a gratitude theme that occurred after living through extreme hardship (Cryder, Kilmer, Tedeschi, & Calhoun, 2006; Ruini & Vescovelli, 2013). Gratitude has also been shown as a buffer for suicidality (Kleiman, Adams, Kashdan, & Riskind, 2013). This resulted in a deeper appreciation for life and for loved ones. In clinical samples studying gratitude found from an extensive review of the literature, resilience is not directly addressed. However, based on the burnout and resilience literature, a sound hypothesis is that a positive correlation exists between gratitude and resilience in mental health professionals, and that gratitude and resilience are negatively correlated with counselor burnout. In the following section, gratitude is defined and explored through the literature.

Gratitude

Emmons (2010) conceptualizes gratitude as having two components: First, an affirmation of goodness and second, figuring out where that goodness comes from. In conceptualizing gratitude, life is in no way seen as perfect and burdens and struggles are not to be minimized; however, it does serve to expand one's view of life beyond life's darkness and beyond the immediate self to recognize the part others play in the good, the light, that has happened in life. In this way, gratitude is not only functioning as a way to broaden the scope of reality, but also increases awareness of the interdependence of life. According to Fredrickson, gratitude is a form of positivity that "opens your heart and

carries the urge to give back- to do something good in return, either for the person who has helped you or for someone else" (2009, p. 41).

There has been a recent emergence of counseling research aimed towards positive emotions such as gratitude. Young and Hutchinson (2012) called to the appropriateness of studying gratitude in the field of counseling, stating that gratitude, as well as other positive well-being concepts that have been focused on more recently in the positive psychology field, align with the humanistic heart of counseling. The wellness and strengths based approach to human distress (Rogers, 1959) has separated counseling from other healing professions that have traditionally worked from a medical model. Young and Hutchinson (2012) called upon counselors to research and integrate positive interventions, such as gratitude and forgiveness, into practice with clients and with themselves. These positive interventions, while gaining momentum and consideration under the relatively new area of positive psychology, are "natural extensions of (counselor) practice" (p. 100). It has been suggested that gratitude is linked to resilience in the general population (Wood et al, 2010), which leads to the potential to link gratitude to resilience in counselors in order to prevent professional burnout. In this section of the literature review, the origins of the concept of gratitude are reviewed. Types of gratitude according to the literature are introduced and an overview of gratitude research guide how gratitude is considered in the context of this study related to the concepts of burnout and resilience in professional counselors.

Origins of Gratitude

Gratitude is a practice and emotion with roots found historically across every culture and religion in the world spanning thousands of years, suggesting that gratitude is

a multiculturally sound concept. Many religions (i.e., Jewish, Christian, Muslim, Buddhist, Hindu) practice gratitude through forms of prayer, ritualistic practices and sacrifices (Carman & Streng, 1989; Wood, et al., 2010; Young & Hutchinson, 2013). In the Christian and Jewish faith traditions, prayers offering thanks and reflecting the heart of gratitude can be found throughout the Old Testament. Buddhist followers practice meditations of gratitude while Muslims demonstrate gratitude in their daily prayers (Carmen & Streng, 1989; Emmons & Hill, 2001). Regardless of religious or spiritual background, gratitude's history is long with "experiences and expressions of gratitude…treated as both basic and desirable aspects of human personality and social life" (Emmons & McCullough, 2003, p377).

In society, gratitude may be seen through the acts of showing appreciation for acts of kindness and service to others through offering a "thank you" in various forms of social norms. More recently, many choose to keep a gratitude log or journal to enhance the feeling of gratitude as a practice of mental wellness (Emmons & McCullough, 2003; McCullough, Emmons & Tsang, 2002; McCullough, Kilpatrick, Emmons, & Larson, 2001; McCullough, Tsang & Emmons, 2004; Young & Hutchinson, 2012). While these acts of gratitude practice (i.e. prayer/ meditation, gratitude journals) are recognizable in many contexts, the goal of these practices can vary. Gratitude practices may serve as an action tendency, the initiating event that sparks other positive actions (Emmons & McCullough, 2003; Fredrickson, 2001). The goal of the practice can also be to experience a sense of self-expansion, broadening one's scope of life, informing the way an individual feels in response to life events, which can be short term or a longer-term abstract state of gratitude. Gratitude has been positively linked with acceptance of

negative experiences, self-compassion, well-being, life satisfaction, spiritual well-being, and compassion satisfaction (the positive feeling that comes from helping someone) while it is negatively linked to depression, anger, loneliness, and burnout (Breen, Kashdan, Lenser, & Fincham, 2010; Dwiwardani, Hill, Bollinger, Marks, Steele, Doolin, Wood, Hook, & Davis 2014; Seligman, 2004).

Several researchers and writers have attributed the impact of gratitude on positive affect, prosocial behaviors, sleep quality, and overall wellness practices to Fredrickson's (1998, 2001, 2004) *Broaden-and-Build* theory of positive emotions (Emmons & McCullough, 2003; Wood et al., 2010; Young & Hutchinson, 2012). The *Broaden and Build* theory (Fredrickson, 2001, 2004) poses that actions that elicit positive emotion jumpstart the upward spiral of positive experiences of life instead of the downward spiral of negative coping strategies prompted by negative emotions. For instance, the positive feeling associated with engaging in prosocial behavior will encourage more acts of kindness towards self and others. Within this theory "gratitude, like other positive emotions, broadens the scope of cognition and enables flexibility and creative thinking, (and) facilitates coping with stress and adversity" (Emmons & McCullough, 2003, p 388). In her 2009 book reviewing her career's research on positivity, Fredrickson discussed gratitude as a positive emotion as well as a practice that can jumpstart other positive emotions and behaviors. As gratitude can be conceptualized as an emotion, a dispositional trait or a practice, it is important to explore the various definitions and conceptualizations of gratitude according to the literature as well as the evidence-based research in each conceptualization.

Defining Gratitude: Types of Gratitude

Gratitude can be conceptualized as an emotion, attitude, moral virtue, habit, personality trait, or coping response (Dwiwardani et al., 2014; Emmons & McCullough, 2003). "Although a variety of life experiences can elicit feelings of gratitude, prototypically gratitude stems from the perception of a positive personal outcome, not necessarily deserved or earned, that is due to the actions of another person" (Emmons & McCullough, 2003, p. 377). While gratitude stemming from recognizing the kind actions from another person can contribute to a feeling of indebtedness, which is not typically experienced as a positive emotional experience, gratitude can also be linked with social connectedness and prosocial behaviors due to the inherent ties with others (Emmons & McCullough, 2003; Wood et al, 2010).

Gratitude has been seen as either a long-term dispositional proneness, a momentary state of emotional gratitude, or as a practice (McCullough, Emmons & Tsang, 2002; McCullough, Tsang & Emmons, 2004; Wood et al., 2010). McCullough and colleagues (2004) used Rosenberg's (1998) hierarchical model of emotions to operationally define the differences between gratitude emotions, moods and traits. In this process, McCullough and colleagues conceptualized the gratitude trait, or disposition, as a personality characteristic whereas the grateful mood may wax and wane over days, while the emotion of gratitude is short-lived and linked to specific event. For the purposes of this research study, dispositional gratitude (also known as trait gratitude or gratitude potential) as well as the emotion of gratitude (or state gratitude) elicited through gratitude practices will be the gratitude operational definitions of interest.

Dispositional Gratitude

Dispositional gratitude describes the potential and proneness of a person to experience the feeling of gratitude. In other words, gratitude can be seen as the ability to see the good in the world (Wood et al., 2010). As opposed to state gratitude (or the short-term emotion of gratitude resulting from an action tendency), the grateful disposition is conceptualized as an affective trait (Emmons & McCullough, 2003; Young & Hutchinson, 2012). McCullough and colleagues (2002) found that "the grateful disposition creates reduced threshold for recognizing and responding with gratitude to the role of other people's benevolence in one's positive outcomes" (p. 113). Those who have a grateful disposition and a grateful outlook on life are more likely to notice and react positively to the events in daily life, regardless of life's difficulties.

Dispositional gratitude is related to, but distinct from, trait measures of positive affect, vitality, optimism, envy, depression, and anxiety (McCullough et al, 2002). It has been positively correlated with the *Big Five* traits (Costa & McCrae, 1992) aligned with flexibility and negatively correlated with neuroticism (Emmons & McCullough, 2003; Wood et al, 2010; Young & Hutchinson, 2012). Because of the action tendency related to gratitude (i.e. acknowledging the good that others have contributed that prompts the recipient to do good in return, connecting individuals through prosocial behaviors), gratitude has been seen as a relational virtue (Dwiwardani et al, 2014; McCullough et al, 2002; Emmons & McCullough, 2003; Wood et al, 2010; Young & Hutchinson, 2012).

McCullough and colleagues (2002) investigated reports of dispositional gratitude while constructing the Gratitude Questionnnaire and further operationalized facets of dispositional gratitude to include the intensity, frequency, span and density of the grateful

emotion experienced. They found that those categorized as having a grateful disposition a) felt more intensely grateful for a single event (intensity), b) felt grateful for the single event more often (frequency), c) felt grateful for a multitude of events and life circumstances at any given time (span), d) and felt grateful for more people regarding a single positive outcome (density). As the GQ-6 is an assessment to be used in this current study, the facets of the Gratitude Questionnaire (McCullough et al., 2002) will be described in more detail in chapter three.

Dwiwardani and colleagues (2014) hypothesized that the relational virtues of humility, gratitude and forgiveness are predicted by attachment style and ego resilience, using the rationale that secure attachment allows individuals to have a positive view of self and others. To test their hypothesis, three three-step hierarchical multiple regression analyses were conducted, one for each of the three virtues under investigation (humility, gratitude, and forgiveness) with community sample of 245 participants. Ego resilience was measured using the 14-item Ego-Resiliency Scale (ER89; Block & Kremen, 1996) while Gratitude was assessed with the 6-item self-report measure of gratitude (GQ-6; McCullough, Emmons, & Tsang, 2002). They found that ego resilience was a positive predictor for these relational virtues and attachment style mostly predicted these virtues as well, with secure attachment style positively correlated while anxious and avoidant attachment styles were negative predictors. These findings remained true even when controlling for religiosity.

While a grateful disposition may mean that an individual is more likely to experience the beauty of life or be grateful for what life brings day to day, someone who is not prone to gratitude may still be able to experience the feeling of gratitude. Since

dispositional gratitude is a long-term experience and worldview, it cannot easily be changed. However, the emotion of gratitude, or state gratitude, is a short-term reactive emotional experience, which can be influenced and changed through interventions and practices. As with many cognitive behavioral interventions, with enough time and practice, one could potentially develop dispositional gratitude through cultivating state (or emotional) gratitude using gratitude practices.

State Gratitude: The Emotion of Gratitude

State gratitude, the positive emotion of gratitude, is a short-term experience in response to a positive event. Layous, Chancellor & Lyumbirsky (2014) state that "positive emotions- the hallmark of well-being- can serve as antidotes to negative emotions like sadness and anxiety…stimulating people to act and approach (rather than avoid) rewards and opportunities in their lives" (p.3). "Researchers, writers, and practitioners have all speculated that gratitude possesses happiness-bestowing properties…and typically has a positive valence" with research linking gratitude with "contentment, happiness, pride and hope" (Emmons & McCullough, 2003, p. 378). However, claims of gratitude's effect on peace of mind, happiness, physical health, and other positive outcomes continue to need additional empirical evidence (Emmons & McCullough, 2003). In addition, gratitude's impact on positive affect (such as happiness), while logical, is not obvious because each person's baseline of happiness is different and not easy to change, according to the theory (Deiner & Deiner, 1996). To examine the impact of gratitude interventions on positive affect, Emmons & McCullough (2003) conducted a series of three studies that explored the effect of a grateful outlook on psychological and physical well-being. In all three studies, the gratitude-outlook groups

exhibited heightened well-being across several, though not all, of the outcome measures relative to the comparison groups, with effect on positive affect appearing to be the most robust finding. Those who engaged in the gratitude activity also reported fewer physical complaints, spending more time exercising, improved sleep, prosocial behaviors (such as offering someone emotional support), and social connectedness, with the most powerful facilitation of gratitude coming from daily reflection.

Layous and colleagues (2014) state that "positive emotions- the hallmark of well-being- can serve as antidotes to negative emotions like sadness and anxiety…. and stimulate people to act and approach (rather than avoid) rewards and opportunities in their lives" (p 3). The regular practice of gratitude activities (e.g. letters of gratitude, counting one's blessings) which elicit the feeling of gratitude (state gratitude) may contribute to increased gratitude potential (Emmons & Mcullough, 2003; Layous et.al., 2014; McCullough et.al., 2002; McCullough et.al., 2004; Young & Hutchinson, 2012). Over time, one may become more prone to the experience of gratitude, which sinks into a long-term dispositional shift in worldview towards the positive.

Positive activities, such as practicing gratitude, may account for the reason that people with similar dispositions and risk factors, when faced with similar stressors or trauma, have differing emotional responses and behavioral actions (Fredrickson, 2001; Layous, et al., 2014). Those who do not engage in positive activities may experience a downward spiral of maladaptive coping strategies or negatively biased beliefs, while those who do engage in positive activities tend to remain resilient to psychopathology (Fredrickson, 2001; Wood et al., 2010; Young & Hutchinson, 2012). Gratitude practices, such as writing letters of gratitude, counting one's blessings, or meditating on positive

feelings toward self and others, are meant "to induce gratitude and to jumpstart a routine of taking note or capitalizing on the positive aspects of one's life as opposed to focusing on negatives" (Layous et. al., 2014, p, 5). Gratitude practices, as with other positive activities, increase neuroplasticity of emotional circuitry, which counteracts the fear-based and anhedonic characteristics of depression and anxiety, while encouraging other positive behaviors that are unrelated to the prescribed positive activity (Garland, Fredrickson, Kring, Johnson, Meyer & Penn, 2010; Kok & Fredrickson, 2010). For instance, those who engage in gratitude practices have reported an increase in motivation to partake in other positive activities of wellness consistent with resiliency practices, such as exercising, getting more regular sleep and engaging in positive social activities (Emmons & McCullough, 2003). In contrast, those who do not engage in any form of positive activity tend to experience a downward spiral of negative coping behaviors, such as disordered eating, losing sleep or engaging in substance abuse (Fredrickson, 2004; Layous et al., 2014; Young & Hutchinson, 2012), all of which have been linked with burnout (Lee, et al., 2007; Skovholdt, 2001).

Gratitude Practices

Many gratitude practices abound through the literature, with some directly researched through intervention studies and some left less examined through experimental designs due to the potential long-term, abstract or personal nature of some gratitude practices that are not easily assigned by a researcher for study. While it is important to specifically examine the evidence-based literature on gratitude interventions, it is also important to consider other less- researched gratitude practices, which may not specifically be assignable as interventions but rather supported in other ways.

Gratitude practices are positive activities meant to induce a state of gratitude or cultivate feelings of gratitude (McCullough, Tsang, & Emmons, 2004; Young & Hutchinson, 2012). Gratitude practices, such as keeping a gratitude journal, listing one's blessings, prayers/meditations of thanks, benefit finding, as well as many others, are not new or groundbreaking concepts. In fact, popular books claiming to change one's life through thankfulness or gratitude are plentiful. However, without empirical evidence or appropriate application in practice, it is unreasonable to recommend gratitude practices for counselors to use as a practice of resilience to address burnout. Several gratitude interventions and practices have been noted in the literature and show promise. In this section of the literature review, a few approaches to practicing gratitude are explored that include specific prescribed interventions as well as practices that are more abstract: gratitude lists and writing, Naikan therapy, and meditations/ prayers of gratitude. The literature reviewed in these sections will include research with general and clinical populations in addition to counselor populations for three reasons: a) Each counselor is a whole person and fits into the general population category; b) as reviewed in the burnout section, professional burnout carries clinical symptomology and concerns; c) and there is a dearth of literature specific to counselors regarding gratitude. While these categories of gratitude practices have been reviewed in peer-reviewed literature, they are in no way meant to exclude other paths to gratitude cultivation that individuals may experience.

Written gratitude interventions: lists, journals, and letters of thanks.

Two of the most popular interventions of gratitude practice have come in the form of gratitude journaling and writing lists of things one is grateful for, with some studies using expressing thanks through letters. How one goes about gratitude journaling can

vary widely from free-writing on positive events in life, to writing letters of thanks and appreciation. Davis and colleagues (2016) conducted a meta-analysis on gratitude interventions found in the literature and reported that studies have by far used gratitude listing most, followed by gratitude journals as a brief intervention for study in clinical and general populations of all ages in the western and non-western world with promising results on the effects gratitude listing has on positive emotions and behaviors.

To examine the impact of gratitude interventions on positive affect, Emmons & McCullough (2003) conducted a series of three studies of counting one's blessings (gratitude listing) to investigate the grateful outlook on psychological and physical well-being. The first study was a ten-week intervention with undergraduate psychology students who were randomly assigned to one of three experimental conditions: 1) listing hassles/ struggles of the day (n=67), 2) listing up to five things the person is grateful for per day (n=65), or 3) listing neutral life events (n=64). During the intervention period, students recorded weekly reflections of moods, coping behaviors, health behaviors, physical symptoms and overall life appraisals. In the nine-week composite, results for participants in the gratitude intervention showed an increase in overall gratitude, hours spent exercising, overall life satisfaction, expected life satisfaction in the upcoming week, and positive affect., while decreases were found in headaches and negative affect. In the second study, undergraduate psychology students were randomly assigned to one of three experimental conditions again, including the gratitude listing condition (n=52) and hassles/ struggles listing control (n=49); however, the neutral life events condition was replaced with a downward social comparison condition of participants comparing their lot in life with others (n=56). Participants were instructed to keep daily record for two

weeks. Results again indicated increases in overall life satisfaction, positive affect and expected life satisfaction in the upcoming week, as well as significant decreases in headaches, negative affect for those in the gratitude listing condition. The third study replicated study two comparing the gratitude condition (n=33) with a no-treatment control (n=32) in adults with neuromuscular disease to broaden the generalizability of the study. In this population, the gratitude condition continued to yield positive outcomes with participants consistent with the findings from the first two studies with undergraduate psychology students.

Watkins, Woodward, Stone, & Kolts (2003) also conducted two studies in which participants were asked to complete a gratitude intervention. The first study was a five-minute intervention in which participants (n=104) were asked to either list things done over the summer that they felt grateful for (gratitude condition) or to list things they wanted to do over the summer but were unable to do. Consistent with the three studies conducted by Emmons and McCullough (2003), results showed a significant decrease in negative affect in the gratitude condition. In Watkins and colleagues' (2003) second study, participants were asked to either think about someone they were grateful for (n=37), think about someone living for whom they were grateful (n=37), or write a gratitude letter and give it to researchers to mail (n=42), with a control condition group assigned to write about the layout of their living room (n=42). All three gratitude interventions in this study led to increases in positive affect and decreases in negative affect, with no significant differences found between the various gratitude interventions. The findings of this study support the notion that there are many paths, or in this case gratitude interventions, to the positive state of gratitude and perhaps no one best path.

Lyubomirsky, Tkach, and Sheldon (2004) conducted a six-week intervention in which college students were asked to think about things they are grateful for once a week and found that participants reported increases in their overall sense of well-being. However, because the study included no treatment control, it is difficult to form a causal relationship and the effect sizes of the reported well-being increases are unknown. Seligman, Steen, Park and Peterson (2005) conducted a one-week intervention with middle-aged adults with the goal of increasing happiness through either listing three good things that went well and their causes (n=59) or by writing a gratitude letter to a living person and delivering it in person (n=80), with a control group writing about early memories (n=70). The group that listed three good things and their causes as well as the gratitude letter group both saw an increase in happiness at the one-month, three-month and six-month follow-ups as well as decreases in depression at all three follow-ups. This also supports the notion of multiple worthy paths to gratitude and indicates that the positive benefits of practicing gratitude are not short-lived.

Sheldon and Lyubomirsky (2006) conducted a four-week intervention in which college students were either asked to write about the many things for which they are grateful (n=21) or to write about a typical day (n=23), resulting in slight but non-significant increases in positive affect and slight but non-significant decreases in negative affect. While these results were non-significant, they do support the directionality of relationships between gratitude interventions and positive outcomes found in other studies. Froh, Sefick and Emmons (2008) replicated Emmons & McCullough's 2003 study and conducted a two-week gratitude diary intervention with adolescents in a school setting in which participants were asked to either list up to five things for which to be

grateful (n=76), list up to five hassles/ struggles (n=80), or were part of the no-treatment control group (n=65). The adolescents in the grateful condition group showed significant increases in positive affect compared with the hassles and no-treatment groups. Froh, Kashdan, Ozimkowski and Miller (2009) went on to conduct another study with school age children and adolescents in which participants spent 10-15 minutes every other day for two weeks and either wrote a gratitude letter and delivered it in person (n=44) or wrote about things they did and how they felt about doing them (n=45). Results again showed increases in the feeling of gratitude at immediate post-test and increases in positive affect at a two- month follow-up.

Geraghty, Wood and Hyland (2010a) conducted a two-week internet based gratitude diary with a community sample targeting body dissatisfaction in which participants were asked to either list up to 6 things for which to be grateful (n=40), or to complete an automatic thoughts record (n=22), while other participants were part of a "waitlist" control group (n=120). The gratitude intervention group showed a significant decrease in body dissatisfaction compared with the control group, which did not show a significant decrease in body dissatisfaction. Geraghty, Wood and Hyland (2010b) conducted another internet-administered gratitude diary with a community sample, this time targeting worry, in which participants were again asked to list up to six things to be grateful for (n=52) or to complete a worry diary (n=28). In this study a waitlist control was again used (n=56). The gratitude listing intervention again showed significant effects of decreasing worry.

Consistently through all of the studies reviewed experimenting with gratitude interventions of journals, lists and letters of thanks, results are uniform in the positive

correlation of gratitude interventions and positive emotions and well-being, even over time. This supports the long-term positive effect gratitude interventions as practices can have on individuals. While specific gratitude interventions such as those used in the experimental research studies reviewed are incredibly important, it is equally important to consider other paths to gratitude such as meditation and prayer that are more abstract and may not be as specifically prescribed, therefore less prone to experimental research designs. It is also important to consider gratitude practices that while contemplative in nature remain structured.

Contemplative practices of gratitude.

Gratitude has been conceptualized as one of the "sisters of mindfulness" associated with Buddhism that also includes forgiveness, loving-kindness, compassion, acceptance, and best-self visualization (Rosenzweig, 2013). In meditations of gratitude, individuals are encouraged to focus on the blessings in life and meditate on the good. Meditating on the blessings in life is closely related to counting one's blessings in gratitude journals and gratitude lists discussed in a previous section. However, in gratitude meditations and prayers the mind reflects and the soul rests on these blessings in life and focuses on incorporating the awareness of gifts and blessings into the body and spirit (Rosenzweig, 2013). These practices acknowledge that gifts/ blessings came about from a source beyond the individuals' control and may result in being more conscious of the present moment (Young & Hutchinson, 2012).

While the concept of prayer is abstract, Lambert, Graham and Fincham (2009) found that "thanking" was the second most frequently mentioned attribute of prayer (out of 219 characteristics found), second only to "God" when participants were asked to list

characteristics or attributes that come to mind in prayer. Most, if not all, major world religions include prayers that are grateful in content and tone (Carmen & Streng, 1989; Emmons & Hill, 2001). While several studies have shown a relationship between gratitude and religiosity (Adler & Fagley, 2005; McCullough, Emmons, & Tsang, 2002; Watkins et al., 2003), Lambert, Fincham, Braithwaite, Graham and Breach (2009) conducted a series of studies with results that concluded that prayer increases gratitude, even when controlling for religiosity. In these studies, Lambert and colleagues (2009) conducted four studies to examine the relationship between gratitude and prayer in undergraduate college students in the Southeastern United States using a series of linear regressions, ultimately finding that increased prayer increased dispositional gratitude over time, again controlling for religiosity. In addition, the multiple studies that explore the direction of the relationship between prayer and gratitude, revealed that prayer does in fact result in increased gratitude. As McCollough and Larson (1999) found that approximately 90% of Americans pray at least occasionally, it is important to acknowledge the likelihood that prayer is an accessible and realistic practice to increase gratitude when culturally appropriate. It may be important to consider the general population's understanding of the concepts of prayer versus meditation as many may view prayer as a form of meditation and vice versa.

Another contemplative gratitude practice with some research as an intervention is Naikan therapy (Emmons & McCullough, 2003; Young & Hutchinson, 2012).Yoshimoto Ishin, a devout Jodo Shinsu Buddhist, originally formed Naikan therapy with the intent to simplify and structure the acetic and intense practice of mishirabe (an ancient reflection practice with roots in the Buddhist tradition, which was isolating and took place over

weeks at a time in harsh conditions) to be more accessible to others outside of the Buddhist tradition and in more westernized populations (Ozawa-de Silva, 2007). Naikan, translated to mean "look within", is meant to broaden one's view of reality (consistent with Fredrickson's 2004 model) and is now used in mental health settings, addiction centers, schools, prisons and other treatment facilities with over 40 centers in Japan, and an increasing presence in Europe and the Western world. In this method of daily self-reflection, an individual meditates on three questions: a) What have I received from others? b) What have I given to others? c) What troubles have I caused to others? These three questions provide a structured mirror on the self, allowing individuals to reflect on the gifts in life and the connections and responsibilities they hold with others in daily life. For instance, one could think of the ingredients of a meal, recognizing the many hands it took to raise the crops used to create the prepared food. This not only evokes a sense of gratitude towards a greater community, but allows for a sense of connection and hopefully a call to the individual to give to others (Emmons & McCullough, 2003; Young & Hutchinson, 2012). As one of the suggestions to prevent and detect early signs of burnout is for counselors to engage in practices that increase self-awareness (Osborne, 2004; Skovholdt, 2001), Naikan could be a helpful practice for counselors.

In an ethnographic study of Japanese and Austrian adult community-samples, the "secularized" practice of Naikan demonstrated the ability to effect subjective cognitive thoughts in content similar to those sought in Buddhist practice, even with the religious practice and language removed (Ozawa- de Silva & Ozawa- de Silva, 2010). Naikan differs from other forms of gratitude interventions because it is primarily attempting to

target moral relationships with others (Bono & McCullough, 2006). Hong-Xin, Zao-Huo, and Hong-Xiang (2006) conducted a study revealing the effectiveness of treating anxiety with Naikan therapy. While Naikan has been reported to offer increased reflective insight and prosocial behavior in Japanese populations and is increasingly used in more western cultures, empirical research on this modality is limited and no studies have been published using Naikan therapy with counselors. However, counselors may benefit from the structured mirror on the self that Naikan offers to access and deepen gratitude, as these reflective questions are in keeping with the self-awareness practices recommended by Osborne (2004) and Skovholdt (2001) in preventing counselor burnout. In addition, as counselor burnout can appear with symptoms of anxiety (Figley, 1995) and Naikan has been demonstrated as a gratitude intervention that reduces anxiety (Hong-Xin, 2006), Naikan could be a valuable tool for counselor self-care and resilience.

Gratitude for Resilience

Emmons (2010) provided an overview of his many years of gratitude research and study for the lay audience on the benefits of gratitude on the positive psychology research website "The greater good: The science of a meaningful life". In this article, he shared that with over a thousand individuals studied of all ages and backgrounds, people who practice gratitude consistently report a host of physical and psychological benefits. The physical benefits of gratitude practice include stronger immune systems, less aches and pains, lower blood pressure, exercising more, better care of overall health, and longer, more refreshing sleep. Psychological benefits associated with gratitude practice include higher levels of positive emotions (such as feeling grateful, awe, and happy), more joy and pleasure in the day-to-day, feeling more alert, alive and awake and more optimism

and hope in the world. Socially, gratitude practice has led study participants to be more helpful, generous and compassionate (prosocial behaviors) in their everyday lives, be more forgiving, more outgoing and feel less lonely and isolated. Upon reviewing the host of seemingly miraculous benefits, it is logical to question if gratitude interventions truly lead to people feeling better (and possibly more resilient) or if dispositionally grateful and resilient people are more likely to engage in gratitude exercises with another variable such as religiosity accounting for the variance. As discussed in greater length in a previous section, researchers have found that results on gratitude's impact on positive experiences have held true even after controlling for personality and religiosity (Lambert et al., 2009; Watkins et al., 2003).

Many researchers have used the theoretical *Broaden-and-Build* model of positive emotion (Fredrickson, 2001, 2004) to theorize why the practice of gratitude leads to such a host of benefits. In this model, a positive action may jumpstart an upward spiral of other positive events and emotions rather than a downward spiral prompted by maladjusted coping strategies. Through this hypothesis, it is suggested that gratitude promotes well-being, relational satisfaction, stress reduction, and overall resilience in individuals as well as in couples, with research findings revealing that those who report feelings of gratitude or engage in gratitude practices experience optimism and hope in the world, which then allows them to feel a greater sense of trust and connection with others (Emmons & McCullough, 2003; Froh et al., 2010; Kerr, O'Donovan & Pepping, 2015; Wood et al, 2010). Froh and colleagues (2010) examined gratitude in early adolescents, finding that gratitude predicted social integration, mediated by prosocial behavior and life satisfaction. Their findings support the notion that "gratitude may help to initiate upward

spirals toward greater emotional and social well-being" (Froh et al, 2010, p 144). As emotional and social well-being are among the hallmarks of burnout prevention and resilience in the literature, it is logical to assert that cultivating gratitude in counselors would likely cultivate professional resilience.

Addressing Burnout with Gratitude

While most, if not all, interventions for burnout suggest practices of self-care, the self-care practices typically involve stress reduction behavioral practices and do not explicitly address the negative thoughts associated with negative emotions during burnout, which can serve as a barrier to clinicians following through on self-care activities. As discussed previously, the *Broaden-and-Build* model (Fredrickson, 1998, 2001) lays the groundwork for this claim and supports the clinical rationale that clinicians are less motivated to follow through on positive self-care activities when they are feeling particularly burnt out, making it unlikely that an uplifting walk will happen and much more likely that negative thoughts, such as self-blame or inadequacy, contribute to a downward spiral of maladaptive coping strategies (such as substance abuse), unless a shift in cognition occurs. This is precisely what a gratitude intervention is intended to do: allow counselors to spend intentional time thinking about the greater good of their clients, co-workers, and the world in general, regardless of how difficult it may be.

While sparse, some literature linking gratitude-type interventions for burnout prevention in healthcare providers does exist, with only one empirical study found focused specifically on mental health providers (Lanham, Rye, Rimsky, & Weill, 2012). Merriman (2015) suggests activities for counseling students that align with gratitude in order to increase compassion satisfaction (the good feeling of helping others and

gratitude for the shared therapeutic work), such as keeping a daily journal to inventory compassion satisfaction. Cheng, Tsui & Lam (2015) conducted a double-blind randomized control trial with a 3 month follow-up in five public hospitals in China to investigate whether directing healthcare practitioners' attention to thankful events in work could reduce stress and depressive symptoms. The researchers used Emmons and McCollough's (2003) intervention design of assigning the 102 practitioners to one of three conditions: gratitude, hassle and nil-treatment. Participants in the gratitude and hassle groups wrote work-related gratitude and hassle diaries respectively twice a week for four consecutive weeks. Depressive symptoms and perceived stress were collected at baseline, post treatment, and three-month follow-up. The results of their study supports the hypothesis that focusing on identifying work-related gratitude is an effective approach to reduce stress and depressive symptoms in health care practitioners, as the gratitude diary group showed significant decreases in symptoms compared with the hassles and control nil-treatment groups. The results remained consistent at the three month follow up, however the decline in stress and depressive symptoms was less pronounced over time.

Lanham and colleagues (2012) conducted the only study found by this researcher to specifically explore gratitude in mental health professionals. In order to investigate how gratitude relates to burnout and job satisfaction, sixty-five mental health professionals (including case managers, 30%; social workers, 6%; psychologists, 6%; employment/housing specialists, 8%; administrators, 14%; in addition to counselors, 20% and others, 16%) were asked to complete questionnaires assessing demographics, job context variables, hope, gratitude, burnout, and job satisfaction. Burnout was assessed

using Maslach's Burnout Inventory (Maslach & Jackson, 1981), job satisfaction was assessed with the Minnesota Satisfaction Questionnaire short form (Weiss, Dawis, England & Lofquist, 1967), gratitude was assessed with the Gratitude Questionnaire (GQ-6; McCullough, Emmons & Tsang, 2002) and hope was measured with the Adult Trait Hope Scale (Synder, 1991). The researchers created items to assess work-specific gratitude and job context, which had not been previously validated. In their findings, workplace-specific gratitude predicted the burnout factors of emotional exhaustion, depersonalization, and job satisfaction after controlling for demographics, job context variables, hope and dispositional gratitude. Also, dispositional gratitude predicted personal accomplishment after controlling for all other variables with the exception of hope. Lanham and colleagues (2012) suggested investigating whether gratitude predicts burnout beyond the five-factor model of personality (Costa & McCrae, 1992) and what types of interventions work well to prevent burnout and increase job satisfaction in mental health professionals. As the experimental design research studies reviewed in the interventions section indicate that many evidence-based approaches to gratitude abound with equally promising effectiveness in a variety of populations, gratitude practices show promise in boosting resilience and reducing burnout in clinical counselors.

Chapter Summary

In counselor education and supervision, clinicians are encouraged to consider an array of possibilities and hopefulness regarding clinical care. It is important for counselors to recognize a broadened perception of life that includes the good in addition to the negative as counselors must maintain some degree of hope. Nourishing a broader life view that includes the positive as a part of reality safeguards against tunnel-vision

thinking that is indicative of burnout. Research on the positive effects of gratitude is increasing in popularity. Growing evidence consistently supports the notion that gratitude interventions are useful in increasing positive emotions and behaviors associated with resilience while decreasing undesirable emotions such as depression and maladaptive coping behaviors associated with burnout. While the empirical evidence is continuing to grow, most studies are conducted in the field of positive psychology and the literature for gratitude is lacking in the field of counseling. In addition, these studies on the effects of gratitude interventions on an array of positive emotions tend to lack directional causality and neglect an inquiry into participants' current gratitude practices that may be consistent with specific regimented gratitude interventions but also may align more abstractly with contemplative practices such as prayer.

Based on the literature presented in the above sections, it is wise to consider assessing professional counselors' current practices of gratitude, resilience and burnout to inform the appropriateness of gratitude interventions in counselor education and supervision as a means to encourage a holistic view of the clinician's well-being and, in-turn, as part of best practice for clients. As gratitude has been increasingly found in the literature to promote a positive sense of well-being, connectedness with others and overall resilience, it is reasonable to pose that counselors may benefit from experiencing gratitude in their professional lives to maintain long-term best practices. As wellness research with counseling professionals has not focused on gratitude, there is a need to examine how the experience of gratitude relates to burnout and resilience in counselors.

CHAPTER THREE: METHODOLOGY

Chapter Three describes the research design, methods, and procedures of this study. The purpose of this research study is two-fold in nature as it is both exploratory and confirmatory. The first purpose is to explore the relationships between the variables of interest in addition to conducting an exploratory factor analysis of the newly constructed instrument for gratitude practice. The second purpose is to perform a confirmatory factor analysis to test the proposed structural model of the hypothesized directional relationship between gratitude practice, dispositional gratitude, resilience and burnout. This study will test the theoretical model that clinical mental health counselor's gratitude practice (as measured by the *Gratitude Practice Questionnaire* [GPQ; Teague-Palmieri, 2017]) contributed to their levels of resilience (as measured by the *Connor Davidson Resiliency Scale- 10 item* [CDRISC; Connor & Davidson, 2003; Campbell-Sill & Stein, 2007), levels of burnout (as measured by the *Counselor Burnout Inventory* [CBI; Lee, Baker, Cho, Heckathorn, Holland, Newgent, Ogle & Yu, 2007]), and their level of dispositional gratitude (as measured by the *Gratitude Questionnaire* [GQ-6; McCullough, Tsang & Emmons, 2002]). In addition, gratitude practice (as measured by the GPQ) is hypothesized to be positively correlated with dispositional gratitude (as measured by the GQ-6), and resilience (as measured by the CD-RISC), while negatively correlated with burnout (as measured by the CBI). Specifically, the study examines the hypothesized directional relationship that clinical mental health counselors who practice gratitude would display increased dispositional gratitude, increased levels of resilience and decreased levels of burnout. Additionally, this study investigates the relationship between clinical mental health counselors' personal demographic variables (e.g., age, gender,

ethnicity, etc.), work-specific demographic variables (e.g., practice setting, client population, caseload, etc.) and their gratitude practice, dispositional gratitude, levels of resilience and levels of burnout.

A correlational research design was employed to examine the research hypotheses and exploratory questions to explore the directional relationships between gratitude practice, dispositional gratitude, resilience and burnout (Kline, 2011; Tabacknick & Fidell, 2013). This chapter delineates the following components of this research study: (a) population and sampling procedures, (b) data collection methods, (c) measurement and instrumentation, (d) research design and method, (e) research hypothesis and questions, (f) data analysis methodology, (g) ethical considerations, and (h) study limitations.

Population and Sampling Procedures

The population of interest in this study is licensed clinical counselors in the United States, regardless of age, race, ethnicity, gender or any other demographic variable specific to the individual. As the purpose of this study is to examine licensed clinical counselor gratitude practice, resilience and burnout, the inclusion criteria require participants to hold a counseling degree at either the masters or doctoral level and currently maintain an active counseling practice at least 8 hours per week as required by licensing boards (North Carolina Board for Licensed Professional Counselors, 2016). In addition, the counseling practice can be in any mental health setting (i.e. community setting, private practice, in-patient hospital, university, etc.); however, contact with clients must be face-to-face to control for the differences online counseling may present. Participants were required to hold an active mental health counseling license as determined by the state of their practice.

As of the year 2015, there were approximately 128,200 mental health counselors practicing in the United States differentiated from clinical social workers, psychiatrists, and psychologists (U.S. Department of Labor, Bureau of Labor Statistics, 2015). An estimated 35,880 of those mental health counselors practice in the southern region of the United States (Southern Association of Counselor Education and Supervision [SACES]; U.S. Department of Labor, Bureau of Labor Statistics, 2015), an important statistic as two of the three states used for sampling were in the Southeastern region of the United States. It is important to determine an appropriate sample size prior to data collection to account for population representation, response rates and statistical power (Gay et al, 2012). Larger sample sizes tend to increase generalizability in quantitative studies (Gay et al, 2012), especially when recruiting national samples from such a large population.

The researcher utilized exploratory structural equation modeling (SEM; Kline, 2011; Tabachnick & Fidell, 2013) to examine the theoretical model that licensed counselor's gratitude practices increase their level of resilience and decreases levels of burnout while accounting for dispositional gratitude. In addition, it is hypothesized that resilience may serve as a partial mediator between gratitude and burnout. The target population sample size for SEM best practices remains in debate with a consensus that the larger the sample size, the better (Kline, 2011; Schumaker & Lomax, 2010). Kline (2011) recommended a minimum sample size of 200 participants and Schumaker and Lomax (2010) identified that most published SEM research uses sample sizes between 250 and 500. Kline (2001) also recommended using the N:q ratio of 20:1 recommended by Jackson (2003). Using this ratio to calculate 20 participants by the 10 observed variables, a minimal sample size of 200 participants to test the SEM model was

determined. Based on all of these SEM sample size recommendations, the researcher deemed a minimum sample size of 200 completed survey questionnaires sufficient for this SEM research investigation to identify a small effect size at a high statistical power. However, the researcher welcomed a potential larger sample size, especially with the knowledge of the published SEM sample size range (Shumaker & Lomax, 2010). This researcher was prepared to employ a series of regression analyses and comparison analyses to test the main and exploratory research questions if the minimum sample size was not met (Tabacknick & Fidell, 2013); however, the sample size was not an issue and the original plans for SEM were kept. An exploratory factor analysis was conducted with the gratitude practice questionnaire as a newly constructed instrument in need of establishing a factor structure. The factors of the other variables of interest have been researched with EFAs as well as confirmatory factor analyses (CFA) in prior research studies to determine and confirm their factor structures. While the the factor structures were accepted for the other constructs of interest, a CFA was conducted for each of them with the participants of this study to ensure consistency.

A strategic tiered method of recruitment was used to invite licensed clinical counselors to participate in the study, based in Dillman's *Taillored Design Method* for online and mail survey sampling (2010). This researcher initially contacted various state licensing boards who allowed the release of licensed counselor email contact information. From the obtained email lists, licensed counselors were randomly selected using Microsoft Excel and were then contacted by email using the *SurveyShare* program with the initial invitation to participate in the study, then those who had not yet participated were contacted once more one week after initial contact with a reminder to participate.

Potential participants sampled who had yet to complete the survey by three weeks after initial contact were sent one final tailored email to invite participation, in which they were warned of the final call.

In all email communication, participants were first thanked in advance for taking the time to consider participation to increase a sense of good-will and then were informed of the purpose of the study without any deception as well as informed of the benefit to the field this study aims to provide, efforts to increase participant investment in completing the survey (Dillman et al., 2014). Participants were given a link to access the online survey in which they were immediately given access to an informed consent, then led to start the survey with work-specific items, followed by the instruments assessing the main variables, then demographics questionnaire and lastly an invitation to leave email address to enter the gift card drawing. Only participants who completed the entire survey and who agreed to the informed consent were included in the research study data analysis.

Data Collection Procedures

This study was approved by the University of North Carolina at Charlotte's Institutional Review Board (UNCC IRB) prior to any data collection. Permission was obtained from authors of the CD-RISC (personal correspondence with Dr. Jonathan Davidson, March 11, 2017) and the CBI (personal correspondence with Dr. Lee, March 11, 2017) instruments used in this study. The authors of the GQ-6 stated that permission is not needed for use of this instrument, however one of the authors was informed of this researcher's use of the instrument when approached to review the newly constructed GPQ (personal correspondence with Dr. Bob Emmons). The personal and work-specific

demographic questionnaires as well as the GPQ were all developed for the purposes of this study.

Instrumentation

Participants were provided with a link to the survey through the online program *Survey Share* that included a work-specific questionnaire, assessment instrument items from the evidence-based questionnaires re-written for survey, the gratitude practice questionnaire in development, and a personal demographic questionnaire. The order of the assessments was determined strategically based on committee member experiences to avoid participant fatigue and increase engagement. Survey construction was kept as brief as possible to avoid participant exhaustion (Gay, Mills, & Airasian, 2012).

Work-Specific Demographics Questionnaire

Gathering information regarding the work-specific characteristics of mental health counselors is an important component of this study. Therefore, the *Work Specific Questionnaire* was developed by this researcher. The questionnaire is a self-report of work-specific characteristic information (e.g. clinical setting, years in practice, client acuity, use of supervision, specialty, reimbursement source). These work-specific items were chosen as they have been speculated to be related to burnout in the counseling field (Culbreth, Gutierrez, Lassiter & Kondili, 2017; Thompson, Amatea & Thompson, 2014). The Work-Specific Questionnaire was reviewed by a panel of experts (committee members, counselor educators, and practicing professional counselors) and was administered to this researcher's colleagues for review of clarity.

Resilience

Resilience was assessed using the ten-item version of the Connor-Davidson Resiliency Scale (CD-RISC; Campbell-Sills & Stein, 2007; Connor & Davidson, 2003). The CD-RISC was originally formulated as a 25 item self-report survey that measures on a five-point likert scale ranging from zero to four with higher scores indicating higher resilience. The original analysis of the CD-RISC yielded five factors of resilience, including 1) *personal competence, high standards and tenacity*; 2) *trust in one's instincts, tolerance of negative affect, and strengthening effects of stress*; 3) *positive acceptance of change and secure relationships*; 4) *control*; and 5) *spiritual influences* (Connor & Davidson, 2003).

Campbell-Sills and Stein (2007) questioned the vigor of Connor and Davidson's (2003) process in forming the five-factor structure of the original CD-RISC. Campbell-Sills and Stein (2007) critiqued that Connor and Davidson (2003) did not offer insight into how factors were decided other than maintaining groupings of eigenvalues (commonly calculated and used in determining how many factors to extract in the overall factor analysis) in the differential equation matrix of >1 during the exploratory factor analysis (EFA) with the original 577 population sample. Therefore, Campbell-Sills and Stein (2007) conducted studies with three undergraduate populations of n >500 to explore the perceived unstable factor structure of the CD-RISC with the first two samples providing data for EFAs and the third sample providing data for a confirmatory factory analysis (CFA). Through these studies, Campbell-Sills and Stein (2007) modified the instrument to a 10-item version that yields high internal consistency and construct validity. The CD-RISC 10-item abridged version maintained only the items of the scale

that maintained consistent and salient loadings and was found by Campbell-Sills and Stein (2007). Campbell-Sills and Stein's first sample study yielded a four-factor structure including *hardiness, faith, social support/purpose,* and *persistence,* however the following two study samples provided cause to drop to a stable two-factor structure including hardiness and persistence; however, these items displayed too much overlap and therefore were combined to form a unidimensional model (2007). The concern with the CD-RISC 10-item version is that many items were dropped purely for statistical purposes and the authors of the study questioned if some items were more salient that statistically indicated, such as items related to faith (Campbell-Sills & Stein, 2007). In addition, the original CD-RISC was normed on samples that included those struggling with PTSD and trauma related symptomology verses the Campbell-Sills & Stein studies' use of general population (non-trauma). Despite the non-clinical norming data of the 10-item version process, the CD-RISC 10-item measurement is used frequently with samples that also include trauma and clinical symptomology with consistently strong validity and reliability, with some preference of researchers due to the drastically abridged item list and length while maintaining excellent psychometric properties. It is for these reasons that the 10-item abridged version of the CD-RISC was carefully chosen for the study. However, both versions of the CD-RISC maintain excellent support in the literature for psychometric properties amongst growing international populations with trauma and non-trauma history. Both versions are adopted and supported by Connor and Davidson with availability of both versions available for use through their website.

Psychometrics of the CD-RISC.

Connor and Davidson (2003) conducted six studies with different populations in order to formulate the items on the final version of the CD-RISC. The authors normed the items on a sample of 577 participants of the general population, then 139 participants from a primary care outpatient practice, then with 43 participants in a psychiatric outpatient clinic, 25 participants of a generalized anxiety disorder group, and two groups of participants involved in a post-traumatic stress disorder clinical study. The developers found that the items maintained a high internal consistency with overall Cronbach's alpha of .89 and determined five general categories for factors based on eigenvalues. The five factors identified along with their eigenvalues are as follows: 1) *personal competence, high standards and tenacity*, 7.47; 2) *trust in one's instincts, tolerance of negative affect, and strengthening effects of stress*, 1.56; 3) *positive acceptance of change and secure relationships, 1.38*; 4) *control*, 1.13; and 5) *spiritual influences*, 1.0. As aforementioned, Campbell-Sills and Stein (2007) conducted a series of three studies using undergraduate college students to provide empirically-driven modifications of the original CD-RISC to form a version of the study that supported a more stable factor structure than the original CD-RISC did. The first two studies used exploratory factor analyses to provide insight into potential modifications and the third study used a confirmatory factor analysis for the final abridged version that resulted in a stable, unidimensional model of resilience. The CD-RISC as well as the CD-RISC 10-item measurement has been normed on many international and domestic populations aging in rage from late adolescence to late adulthood (Campbell-Sills & Stein, 2007).

Burnout

Burnout was assessed using the Counselor Burnout Inventory (CBI; Lee et al., 2007). The CBI was selected due to the instrument's development specific to counselors to capture their personal as well as environmental factors contributing to burnout. The CBI is a 20-item survey using a five-point likert scale from "never" to "every day." The CBI assesses burnout on five factors: a) *exhaustion*, b) *incompetence*, c) *negative work environment*, d) *devaluing clients*, and e) *deterioration of personal life*. The CBI was developed due to the lack of work environmental factors considered by previously used popular burnout inventories, such as the MBI (Lee et al., 2007; Maslach & Jackson, 1981). The incorporation of work-specific items in the CBI is particularly useful or relevant as work-environment is known to contribute to counselor burnout (Osborne, 2004) and work-specific demographic variables are considered important in this study.

Psychometrics of the CBI.

Lee and colleagues (2007) began the process of formulating the CBI by conducting interviews and focus groups with counselors and originally came up with 286 items. The items were trimmed through multiple studies with American counselors to eventually maintain 20 items with a resulting five-factor structure. In the original study with US counselors, each subscale's (factor) Cronbach's alpha are as follows: a) *exhaustion*, 0.85; b) *incompetence*, 0.73; c) *negative work environment*, 0.83; d) *devaluing client*, 0.80; and e*) deteriorating personal life*, 0.78. Multiple studies have been conducted since the original construction of the CBI to apply to international and multicultural samples, all of which support the original five-factor structure and yield similar psychometric properties (Shin, Yuen, Lee & Lee, 2013).

Gratitude Practice

It is valuable to understand some detail about the gratitude practices of professional counselors, including the frequency of practice(s), the perceived benefit or intensity of the practice(s), and how long the practice(s) has been established (duration). It has been consistently found that interventions utilizing daily gratitude practice yields the greatest benefit immediately and months after 1-2 weeks of daily practice (Emmons & McCullough, 2003). In addition, gratitude journals/ listing the good of the day has been the intervention most used in studies and has shown to be more powerful than less structured practice, however other practices have not been investigated to the same degree as gratitude journals/lists (Emmons, McCullough & Tsang, 2003; Hutchinson & Young, 2012; McCullough, Tsang & Emmons, 2002; Wood, Froh & Geraghty, 2010). Of the gratitude interventions used in experimental studies, none have been specifically identified to explore less structured practices that cannot easily be assigned due to their personal/ abstract nature or their newness to the Western world. This does not mean that existing gratitude practices abstract in nature or less intentionally practiced at the time of this study are not valuable to report.

There is no existing gratitude practice inventory that has been validated. Therefore, a brief questionnaire has been developed to aide in participant reporting of gratitude practice to go beyond a "yes or no" response to the question, "Do you currently engage in a form of gratitude practice?" The Gratitude Practice Questionnaire (Palmieri, 2017) is an 18-item instrument that captures information regarding participants' engagement in six categories of gratitude practice, including gratitude interventions (Davis, et al., 2016) and less prescriptive approaches or more engrained/ contemplative

approaches (Carman & Streng, 1989; Lambert, et al., 2009; Ozawa- de Silva, 2010) found in the literature in terms of frequency, intensity and duration (McCullough, et al., 2004). These variables within practice are important to investigate to understand the results in context to other existing studies and is the first step towards understanding a more nuanced perspective of what works well for counselors. The intensity factor includes how much the participant views the importance of their practice, the perceived benefit, and how much they enjoy it. The frequency factor indicates how often the participant engages in their practice. The duration factor indicates how long the participant has engaged in this practice.

The GPQ (Palmieri, 2017) was formulated and revised using a pilot study tested on eight colleagues who are doctoral- level counselors, counseling doctoral candidates, counselor educators, and a master's in counseling- trained doctoral level educational research professor. In the testing period, participants noted that the survey took from approximately two to seven minutes (average of three minutes) to complete. Participants sent feedback regarding item ordering, definitions for vocabulary used, and other overall suggestions that were considered by members of this researcher's committee and used to revise to the current form. The final original version is under review for face validity by an expert in the field of gratitude research, Dr. Robert Emmons, who is one of the authors of the GQ-6 to be used in this study (personal correspondence March, April 2017). The GPQ assesses gratitude interventions as well as contemplative gratitude practices found and reviewed in chapter two. The GPQ includes 18 questions, exploring six forms of gratitude practice in terms of frequency, intensity and duration. The GPQ is scored on a five-point Likert scale ranging from 0-4 in concordance with respective responses to each

question. Participants do not see a numerical value associated with responses to avoid self-imposed judgments. For the overall total score, the total numeric responses associated with each response (from 0-4) are summed for a total possible score of 72 for overall gratitude practice. The instrument is designed to allow for the flexibility to score items amongst each type of gratitude practice for practice comparison in addition to scoring in terms of intensity, frequency and duration, depending on the interest of the researcher. With this intent, each gratitude practice can be totaled separately for a total score of 12 for each practice. The current study is interested in overall intensity, frequency and duration of gratitude practice, regardless of the type. For this purpose, the intensity, frequency and duration of all total gratitude practices can be scored by summing the first item of each practice section for the frequency, the second item of each practice section for intensity and the third item of each practice section for duration for a total possible factor score of 24 each. This questionnaire is intended to explore the use of gratitude practices only and is not meant as a diagnostic tool. The GPQ was formed to assess clinical mental health counselors' use of gratitude practices and has not yet been used with clinical or general population samples.

Dispositional Gratitude

Gratitude practices are directly and positively correlated with dispositional gratitude and therefore may need to account for variance between gratitude practices and other variables of interest (McCullough, Tsang & Emmons, 2004). Dispositional gratitude will be measured by the Gratitude Questionnaire (GQ-6; McCullough, Emmons & Tsang, 2002). The GQ-6 is a six-item questionnaire that assesses dispositional gratitude by exploring participants' proneness to experience gratitude on a seven-point

likert scale of agreement. The GQ-6 (McCullough, et al, 2002) was developed and normed from a series of three studies conducted by the developers of the instrument.

Psychometrics of the GQ-6

McCullough and colleagues (2002) investigated self and other reports of dispositional gratitude through a series of four experiments while constructing the GQ-6 and further operationalized facets of the grateful disposition to include the intensity, frequency, span and density of the grateful emotion experienced through four research studies. Through these studies with undergraduate college students (study 1), general population (study 2), 156 undergraduate psychology students (study 3), and ran discriminatory statistics to explore data gathered from all three studies to control for social desirability in addition to other related yet distinctive personality traits (such as extraversion). The results revealed a high level of internal consistency and a solid one-factor structure.

General Demographics Questionnaire

Gathering information regarding the personal characteristics of mental health counselors is also an important component of this study. Therefore, the *Personal Demographics Questionnaire* was developed by this researcher. The questionnaire is a self-report of personal demographic information (e.g. age, gender, ethnicity, socio-economic status, religion). These personal demographics were chosen as they have been used in similar research studies and some demographics have stood out in the literature review to potentially be more susceptible to burnout than others. The Personal Demographics Questionnaire was reviewed by a panel of experts (committee members,

counselor educators) and was administered to this researcher's colleagues for review of clarity.

Research Design

A variety of statistical analyses procedures were used to test the research questions posed in this dissertation, including regression analyses and structural equation modeling. This research project used a structural equation modeling design in order to analyze the impact of multiple independent and dependent variables for the overall understanding of how gratitude, resilience and burnout relate to one another (Tabachnick & Fidell, 2013). Structural equation modeling is a correlational research design that allows for the exploration of mediating and potentially causal roles as well as relationships of multiple independent and dependent variables to be explored (Kline, 2011). SEM is generally accepted as a strong methodology for correlational research design as it provides more information regarding the strength of relationships between variables and allows the researcher to control for or build measurement error into the design (Tabacknick & Fidell, 2013).

Research Hypothesis and Exploratory Questions

The purpose of this research study is to investigate the relationship between gratitude practice, dispositional gratitude, resilience and burnout in clinical mental health counselors. The following section presents the primary research question, the hypotheses, and exploratory research questions for investigation.

Primary Research Question

The primary research question for this study is: Do clinical mental health counselors' gratitude practices (as measured by the GPQ) contribute to their levels of

resilience (as measured by the 10-item CD-RISC), levels of burnout (as measured by the CBI), and dispositional gratitude (as measured by the GQ-6)? To aide in the evaluation of this overall question, the following research questions will be explored to further examine the directionality of the relationships between in the constructs of interest:

1. What is the degree of association between gratitude practice (as measured by the GPQ) and resilience (as measured by the 10-item CD-RISC) in counselors?
2. What is the degree of association between gratitude practice (as measured by the GPQ) and burnout (as measured by the CBI) in counselors?
3. What is the degree of association between gratitude practice (as measured by the GPQ) and dispositional gratitude (as measured by the GQ-6)?

The following research hypothesis and path model will be tested by the study.

Research Hypothesis

The main research hypothesis tested in this study was: The influence of professional mental health counselors' gratitude practice (as measured by the GPQ) and dispositional gratitude (as measured by the GPQ) on burnout (as measured by the CBI; Lee et al., 2007) will be partially mediated by resilience (as measured by the 10-item CD-RISC; Campbell-Sills & Stein, 2007). Specifically, the study investigated the directional relationship that professional counselors who score higher on gratitude practice indicated *greater* levels of resilience and *lower* levels of burnout, regardless of levels of dispositional gratitude (as measured by the GQ-6). Gratitude practice and dispositional gratitude were expected to be covariates.

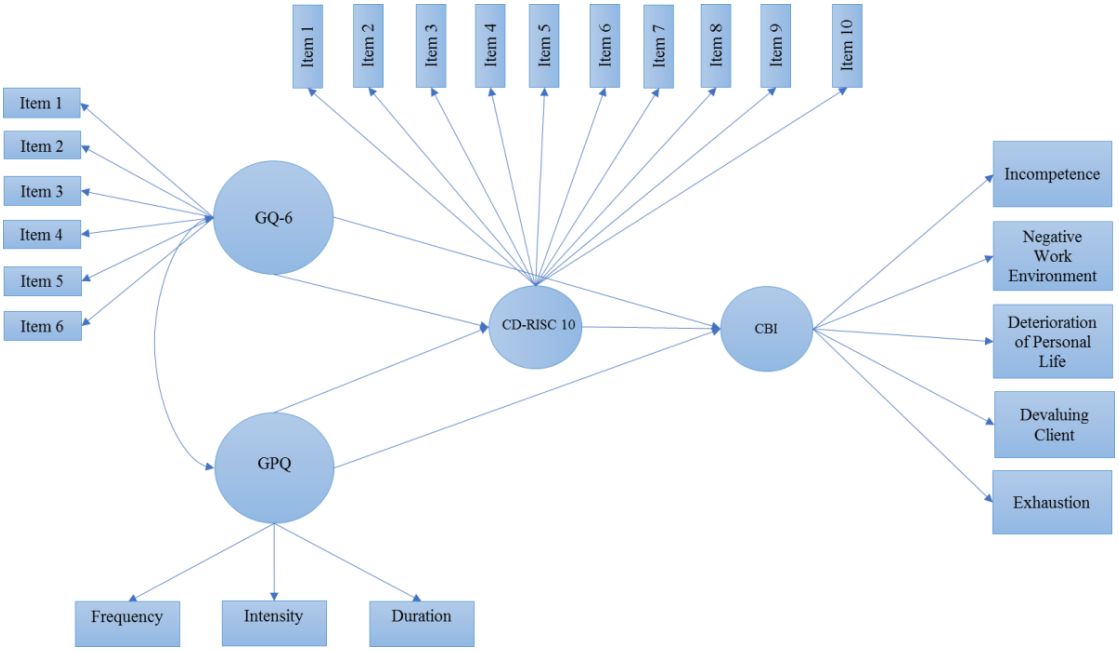

Figure 1. Hypothesized Path model.

The hypothesized measurement model path diagram can be seen in the following figures:

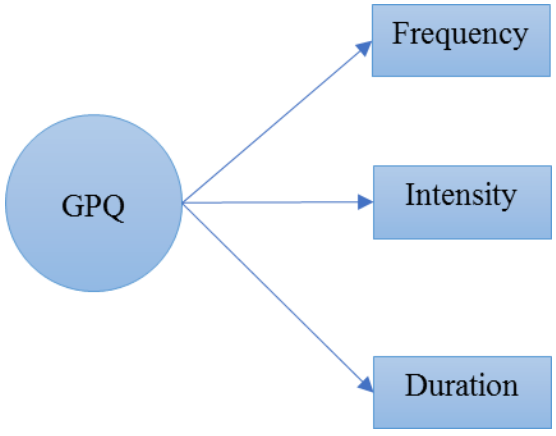

Figure 2. Hypothesized Gratitude Practice Path Diagram

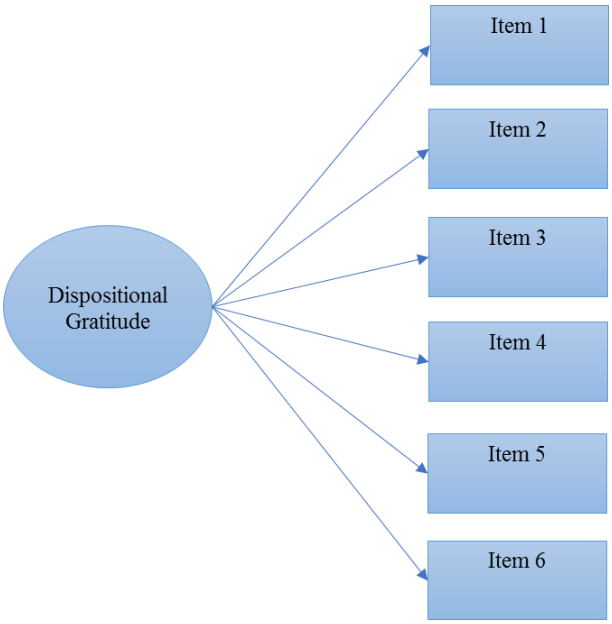

Figure 3. Hypothesized Dispositional Gratitude Path Diagram

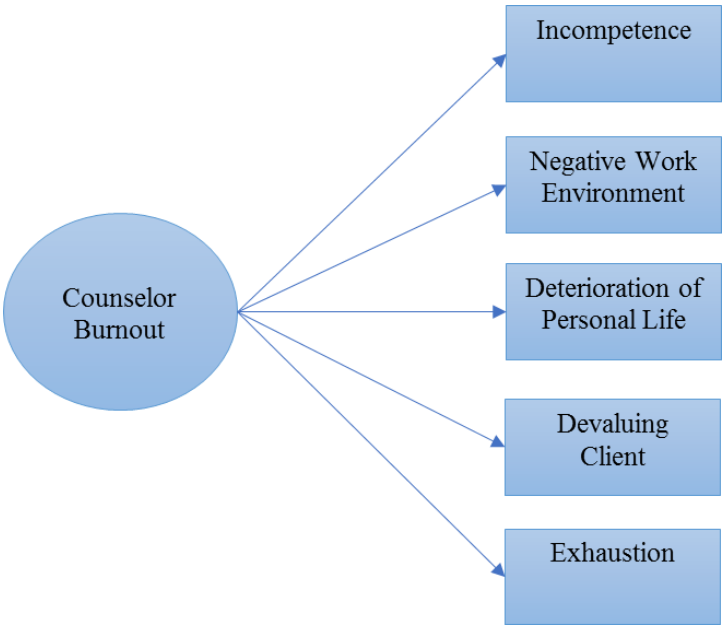

Figure 4. Hypothesized Burnout Path Diagram

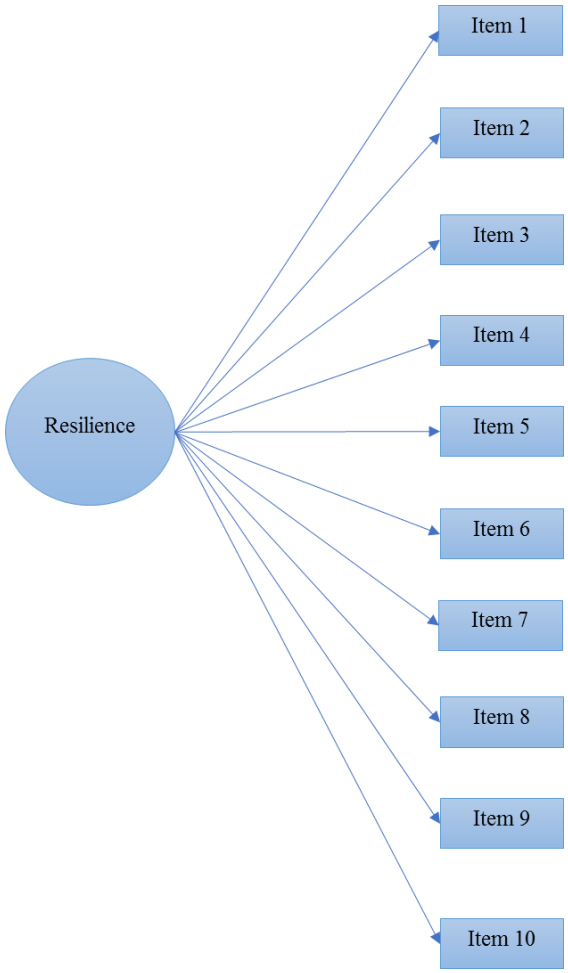

Figure 5. Hypothesized Resilience Path Diagram

Exploratory Research Questions

Several exploratory research questions aided in testing the theoretical model. These questions also provided excellent comparative data regarding participant work conditions. Work conditions have been variables of particular interest in counselor resilience and burnout research.

Exploratory research question one.

Is there a statistically significant relationship between professional mental health counselors' burnout (as measured by the total score on the Counselor Burnout Inventory

[CBI; Lee, et al., 2007]) and their reported work-specific information (e.g. setting, hours worked, years of practice, acuity of clients)?

Exploratory research question two.

Is there a statistically significant relationship between professional mental health counselors' resilience (as measured by the factor scores of the Connor-Davidson Resiliency Scale [CD-RISC-10; Campbell-Sills & Stein, 2007]) and their reported work-specific demographic variables (e.g. setting, hours worked, years of practice, acuity of clients)?

Exploratory research question three.

Is there a statistically significant relationship between professional mental health counselors' dispositional gratitude (as measured by the Gratitude Questionnaire [GQ-6;]) and their reported work-specific demographic variables (e.g. setting, hours worked, years of practice, acuity of clients)?

Exploratory research question four.

Is there a statistically significant relationship between professional mental health counselors' gratitude practices (as measured by the factor scores of the Gratitude Practice Questionnaire [GPQ; Palmieri, 2017]) and their reported work-specific demographic variables (e.g. setting, hours worked, years of practice, acuity of clients)?

Data Analysis

The data analysis was run based on the data collected from the electronic survey which include the Personal Demographics Questionnaire, the Work-Specific Questionnaire, and the four assessment instruments a) Connor-Davidson Resiliency Scale 10-item, b) Counselor Burnout Inventory, c) Gratitude Questionnaire, and d) Gratitude

Practice Questionnaire. Exploratory structural equation modeling (ESEM) is a specific type of structural equation modeling (SES) that combines path analysis (PA) and confirmatory factor analysis (CFA), however assumes less of a firm hypothesis of latent variables than a structural regression (SR; Kline, 2011). ESEM was used for the data analysis as this study required elements of both exploratory factor analysis (EFA) and SEM (Kline, 2011). The hypothesized path model was tested using SPSS and Mplus software programs. Mplus is a frequently used statistical analysis software program with the capability of testing exploratory relationships beyond standard regression or path analysis only (Byrne, 2012; Kline, 2011). Furthermore, Mplus has the capability to analyze all types of SEM along with multilevel analysis (Byrne, 2012; Kline, 2011), allowing for the flexibility desired by this researcher. The data was screened and properly prepared prior to running statistical analysis to ensure that all statistical assumptions were met or addressed. The screening process addressed accuracy of data entry, missing data, outliers, and other assumptions specific to structured equation modeling that could otherwise skew the interpretation of results and falsely blame the model (Byrne, 2012; Crockett, 2012; Kline, 2011; Tabachnick & Fidell, 2013).

Testing the Hypothesis

Structural equation modeling (SEM) is a confirmatory approach to descriptive correlational statistics that combines path analysis, confirmatory factor analysis and multiple regression (Kline, 2011; Tabacknick & Fidell, 2013). SEM is a popular method in counseling research as it can evaluate more complex theoretical models (Crocket, 2012). While SEM is commonly used in correlational studies, it can also be used in experimental and non-experimental designs (Tabacknick & Fidell, 2013). Exploratory

structural equation modeling (ESEM) is a type of SEM that allows for the exploration of relationships between variables (using exploratory factor analysis [EFA]) when the hypothesized relationships between variables is weaker (Kline, 2011). ESEM is the chosen data analysis to test the theoretical model for this study.

The proposed theoretical model contained latent and manifest variables. The latent variables indicated by circles in the model are a) gratitude practice, b) dispositional gratitude, c) resilience, and d) burnout. Directionality between the latent variables is indicated with one-way arrows while double-headed arrows indicate a correlation. The manifest (or observed/ measured) variables are the factors of each of the latent constructs as well as dispositional gratitude. The manifest variables are indicated using rectangles in the model. The absence of a line connecting variables indicates no hypothesized direct relationship. The hypothesized model examined gratitude as a predictor for resilience and burnout in professional mental health counselors.

The hypothesized model is a four-factor model of gratitude practice, dispositional gratitude, resilience and burnout. Gratitude practice is a latent variable in this model with three measured indicators of intensity, frequency, and duration among 18 direct measured items. Dispositional gratitude is a manifest variable with six direct measured items. Resilience is an observed variable with a unimodal factor structure captured by ten direct measured items. Burnout is a latent variable with five measured indicators of a) exhaustion, b) incompetence, c) negative work environment, d) devaluing client, and e) deteriorating personal life. These indicators of burnout are measured by 20 direct measured items. It was hypothesized that *greater* levels of gratitude practice would

predict *greater* levels of resilience and *lesser* levels of burnout, even when controlling for dispositional gratitude, which was hypothesized to be correlated with gratitude practice. Crockett (2012) published an article on conducting SEM in counseling research which guided this researcher through the methods process. As SEM is a correlational research technique, this researcher screened the data collected for any outliers and missing data to ensure the quality of data for analysis, and addressed issues related to linearity and normality prior to running analyses (Crockett, 2012; Tabacknick & Fidell, 2013). Following these preparatory checks, the five steps for SEM laid out by Crockett (2012) were conducted as followed:

1. Model specification. This researcher developed a theoretical model to specify the relationships between the variables of interest derived from and grounded in the literature. This step also involved identifying the observed variables that will measure the latent variables.
2. Model identification. This researcher considered if the model specified could generate a unique estimate for each parameter by evaluating using O'Briens (1994) criteria, Bollen's (1989) recursive rule and the t rule.
3. Model estimation. This researcher used a fitting function (maximum likelihood and generalized least squares) to minimize the differences between the estimated theoretical covariance matrix and the observed covariance matrix *S*.
4. Model testing. This researcher conducted a confirmatory factor analysis of the measurement model to determine if the factor items loaded on the latent variables in the direction expected prior to testing the structural model. After

this was completed, this researcher conducted multiple indices of fit to determine the degree to which the theoretical model fit the sample data.

5. Model modification. This researcher compared the t statistic for each parameter to the tabled t value to determine statistical significance in order eliminate nonsignificant parameters form the theoretical model. The model's standardized residual matrix was then examined to see that all values were small in magnitude. This researcher attempted to balance the elimination of parameters to the model with improving the fit of the model to reduce the risk of Type I error (falsely rejecting a true null hyposthesis; Kelloway, 1998).

Analysis of Exploratory Research Questions

The purpose of the exploratory research questions was to examine the potential relationship between work-specific characteristics of professional mental health counselors and the variables of interest in this study including: gratitude practice (as measured by the GPQ; Teague-Palmieri, 2017), dispositional gratitude (as measured by the GQ-6; McCullough, Tsang & Emmons, 2002), resilience (as measured by the CD-RISC-10; Campbell-Sills & Stein, 2007), and burnout (as measured by the CBI; Lee et al., 2007). The exploratory research questions were tested using analysis of variance (ANOVA) to analyze the variability in scores amongst different groups of participants (Tabacknick & Fidell, 2013).

Dependent and Independent Variables

Dependent/ Endogenous Variables

Resilience and Burnout were used as endogenous (or dependent) variables of this study. Resilience is an observed/ manifest variable. Burnout is a latent variable

represented by the three manifest variables of a) emotional exhaustion, b) depersonalization, and c) personal accomplishment. Resilience and burnout were selected as endogenous variables as they are predicted to be affected by the manipulation of the independent variables of gratitude practice and dispositional gratitude.

Independent/ Exogenous Variables

The exogenous (or independent) variables of this study are gratitude practice and dispositional gratitude, as well as the personal and work-specific demographics of participants. Gratitude practice is an exogenous latent variable of this study and is represented by the manifest variables of a) frequency of practice, b) intensity or perceived benefit of practice, and c) duration of practice over time. Dispositional gratitude is an exogenous manifest variable in the model. The personal and work-specific demographics of participants will be entered as exogenous variables to test the possible variance of these identifying descriptives on the endogenous variables. All exogenous variables of this study were selected based on the likelihood of influence on resilience and burnout, as noted in the review of the literature in chapter two.

Ethical Considerations

Prior to any data collection, this study was approved by the dissertation chair, dissertation committee and the Institutional Review Board (IRB) at the University of North Carolina at Charlotte. All participants were informed of the purpose of this study, the IRB approval of this study, and their rights as participants including the voluntary nature of the study and the ability to withdraw from the study at any time without consequence. Data was collected privately and stored anonymously to protect the identity of participants. Compensation for participation was entry into a drawing for a limited

number of $25 visa gift cards with the information of the benefits of massage or yoga to encourage a relaxation reward/ activity while still offering choice of other monetary use for those who would not like massage or yoga. The monetary compensation was not an excessive amount of money or a guaranteed gain, limiting inappropriate persuasion for participation. Permission was obtained for the use of the data collection instruments a) GQ-6 (McCullough, Tsang & Emmons, 2002); b) CD-RISC (Campbell-Sills & Stein, 2007; Connor & Davidson, 2003); and c) CBI (Lee et al., 2007).

Potential Limitations

Several potential limitations to this study are important to note, the most obvious being the use of the instrument constructed for this study to measure gratitude practice (GPQ, Palmieri, 2017) which has limited psychometric information at this time. Kline (2011) insists that "it is just as critical in SEM as in other statistical analyses to (1) select measurements with strong psychometric characteristics and (2) reports these characteristics in writing summaries. This is because the product of measures, or scores, is what you analyze" (p. 68). This researcher searched EBSCO Host and Psych Info for a suitable instrument to measure gratitude practice and found none, giving only the option to carefully devise a new instrument based on information gathered throughout the literature on the construct of gratitude practice presented in chapter two. As this is a new instrument with limited psychometric information available, there is a risk posed for the study that must be taken.

Another potential limitation of this study is the generalizability based on sampling procedures and sampling size. The 200 participants anticipated to complete this study cannot directly speak to all suspected 128,200 clinical mental health counselors in the

United States (U.S. Department of Labor, Bureau of Labor Statistics, 2015). There is no centralized way to contact all mental health counselors in the United States or the 35,880 in the Southeast United States (Southern Association of Counselor Education and Supervision [SACES]; U.S. Department of Labor, Bureau of Labor Statistics, 2015), ruling out the use of the more statistically sound method of probability sampling. Convenience and snowball sampling methods of recruitment will be used in multiple outlets to reach counselors who may not be accessible through professional listservs contacted.

Participant and researcher bias present potential limitation to the study as this study is based solely on participant self-report and sampling methods employed rely heavily on researcher's clinical network for convenience and snowball method, even though larger listservs will also be included to protect against this bias. In addition, some variance may be attributed to characteristics of those counselors who opt in to participating in the study versus declining the invitation. Some variance in the model could be attributed to another personality or situational/ environmental consideration that was not measured as a variable in the model. Lastly, even data instruments with the soundest psychometric properties contain some measurement error (Tabacknick & Fidell, 2013). All possible efforts will be made to limit threats to construct, internal and external validity of this study.

Chapter Summary

Chapter Three presented the research design methods to be employed to test the theoretical model that clinical mental health practitioners with more robust gratitude practices (as measured by the GPQ) will demonstrate higher levels of resilience (as

measured by the CD-RISC-10) and dispositional gratitude (as measured by the GQ-6) while demonstrating lower levels of burnout (as measured by the CBI). Chapter three outlined the following topics: a) population and sampling procedures; b) data collection procedures; c) instrumentation; d) research design; e) research hypothesis and experimental questions; f) data analysis; g) dependent and independent variables; h) ethical considerations; and i) potential limitations.

CHAPTER 4: RESULTS

This dissertation tested the theoretical model that clinical mental health counselor's gratitude practice (as measured by the *Gratitude Practice Questionnaire* [GPQ; Teague-Palmieri, 2017]) and level of dispositional gratitude (as measured by the *Gratitude Questionnaire* [GQ-6; McCullough, Tsang & Emmons, 2002]) contributed to their levels of resilience (as measured by the *Connor Davidson Resiliency Scale- 10 item* [CDRISC; Connor & Davidson, 2003; Campbell-Sill & Stein, 2007), and levels of burnout (as measured by the *Counselor Burnout Inventory* [CBI; Lee, Baker, Cho, Heckathorn, Holland, Newgent, Ogle & Yu, 2007]). Gratitude practice (as measured by the GPQ) was hypothesized to be a covariate with dispositional gratitude (as measured by the GQ-6). Gratitude practice was hypothesized to be positively correlated with resilience (as measured by the CD-RISC), while negatively correlated with burnout (as measured by the CBI). Specifically, the study examined the hypothesized directional relationship that clinical mental health counselors who practice gratitude would display increased dispositional gratitude, increased levels of resilience and decreased levels of burnout. Additionally, this study investigated the relationship between clinical mental health counselors' work-specific information (e.g., practice setting, client population, caseload, etc.) and their gratitude practice, dispositional gratitude, levels of resilience and levels of burnout.

Structural Equation Modeling (SEM) was used to analyze the research hypothesis while descriptive statistics, multiple regressions, analyses of variance and independent t-tests tested the exploratory research questions. The researcher presents the results in this chapter in the following order (a) sampling and data collection procedures, (b) initial

descriptive statistics and data results, (c) data screening and statistical assumptions for SEM, (d) model specification and identification, (e) secondary analyses of descriptive statistics and statistical assumptions, and (f) data analysis of the research hypothesis and exploratory questions.

Sampling and Data Collection

The target population for this study were licensed clinical counselors actively providing direct clinical service for a minimum of eight face-to-face hours per week in the United States. Participants were required to have obtained a counseling degree at either the master's or doctoral level, hold an active state counseling license, and currently maintaining a practice in any mental health setting (i.e. community setting, private practice, in-patient hospital, university, etc.). As of the year 2015, there were approximately 128,200 mental health counselors practicing in the United States differentiated from clinical social workers, psychiatrists, and psychologists (U.S. Department of Labor, Bureau of Labor Statistics, 2015), however it is unclear if all of those identified as mental health counselors in fact licensed. To ensure that this study reached the intended audience, multiple state licensing boards (CA, WA, CO, WV, NC, OH, SC, VA, NY, FL) were contacted to request permission to access an email contact list of currently active licensed counselors. NC, FL, and OH were the only states that responded with an email list of licensees, for a total population of 21,734 active licensed counselors.

Response Rate

A response rate of 5% was estimated based on current counseling research trends. As a minimum sample size of 200 was needed to conduct the SEM based on the N=20:1

ratio (Jackson, 2003; Kline, 2010) and published studies using SEM in counseling research typically use 400-500 participants for a stronger SEM (Shumaker & Lomax, 2010), 12,000 identified licensed counselors (approximately 9.36% of the total US mental health counselor population) were contacted via email based on a target sample size of 400-600 and estimated 5% response rate (4,000 from each of the three states who provided licensee email addresses for an equal distribution amongst states in different parts of the country to increase generalizability). Combined, a 6.08% total response rate was collected from the 729 participants who either took the survey (including incomplete responses and completed responses) or emailed the researcher, out of the 12,000 licensed counselors who were contacted.

Web-based survey

Dillman's *Tailored Design Method* for online and mail survey sampling (2014) was used to guide the web-based survey collection process. Using Dillman and colleagues' (2014) recommendations, the researcher crafted three varying email messages to participants to convey succinct information in a warm, inviting and grateful manner, with each email that followed the initial contact more succinct. The web-based program *SurveyShare* was used to contact participants via email and collect data. The survey was initially sent to NC and FL counselors only as OH had not responded in the five-week response window researcher waited. The first email invitation was sent to a randomly selected group of 8,000 licensed counselors in NC and FL on July 11, 2017. Soon after, the researcher could obtain the OH email address list of licensed counselors from the board and opted to include the state to increase generalizability to another area of the country. Therefore, on July18th, 2017 4,000 additional licensed counselors from OH

were initially invited by email to participate. In addition, NC and FL licensed counselors who had not responded to the survey were sent a gentle reminder email one week after the initial request. For each group, licensees who had not yet completed the survey after receiving the initial invitation received a one-week follow-up reminder, and a final call for participation two-weeks later for a total of three contacts. The survey was closed two-weeks after the final call for participation. The web-based survey was set-up to force a response to each item. A total of 653 participants responded to the survey, however 155 left the survey prior to completion, leaving a total 498 (76.3% of the total responses) completed and usable responses.

Emails received

An additional 76 licensed counselors responded by email to the researcher to share that they could not participate for various reasons, with many sharing sentiments, thoughts and reactions to the subject. The researcher responded within 48 hours to inquires of participants, and invited counselors who wished to share their memories of being in the field prior to retirement/ career changes to do so via email to allow their voices to be heard. While their qualitative information is valuable, it will be used for future study with the permission of those who emailed as it is outside of the scope of the current study. Regardless, the participant sentiments, reactions, and memories were strongly valued by the researcher.

Total useable response rate

While 729 participants responded in some way to the study (email or web-based survey), only 653 of those accessed and began the web-based survey, of which 155 left the survey prior to completion, leaving a total 498 completed and usable responses from

the participants who accessed and started the web-based survey. The online survey collection tool only recorded completed responses, leaving partial completed results inaccessible for analysis. Therefore, the useable response rate was 4.15%.

Participant Demographic Information

Data collection resulted in a final sample size of 498. The age of participants ranged from 24 to 78 with an average age of 47.44 and SD of 13.1. A small portion of participants identified with having a developmental or acquired disability (*n*= 35; 7.03%) while the large majority did not (*n*= 463; 92.97%). The majority of participants identified as Christian (*n*= 322; 64.66%), followed by "other" (*n* = 98; 19.68%), Agnostic (*n* = 52; 10.44%), Buddhist (*n* = 41; 8.23), Atheist (*n* = 22; 4.42%), Jewish (*n* = 21; 4.22%), Hindu (*n* = 3; 0.60%), and Muslim (*n* = 1; 0.20%). Regarding sexual orientation, most participants identified as heterosexual (*n* = 434; 87.15%), twenty-four identified as bisexual (4.82%), fourteen identified as lesbian (2.81%), thirteen identified as gay (2.61%), eight identified as asexual (1.61%), and fourteen identified as "other" (2.81%). The overwhelming majority of participants identified as female (*n* = 404; 81.12%), while others identified as male (*n* = 90; 18.07%), gender queer (*n* = 3; 0.60%), transgender (*n* = 3; 0.60%), gender non-conforming (*n* = 2; 0.40%), and one participant identified as other (0.20%).

The overwhelming majority of participants identified as White (*n* = 416; 83.53%), while others identified as Black (*n* = 46; 9.24%), Hispanic/Latinx (*n* = 23; 4.62%), American Indian/ Alaskan Native (*n* = 12; 2.41%), Asian (*n* = 8; 1.61%), Middle Eastern (*n* = 1; 0.20%), and Other (*n* = 14; 2.81%). Most participants perceived their family of origin's socio-economic status as middle-class (*n* = 266; 53.41%) while ninety-six

perceived them as lower middle-class (19.28%) and one hundred and twenty-two identified them as upper middle-class (24.5%). Twenty-three participants identified their family of origin as in poverty (4.62%) and six identified them as wealthy (1.2%). Two hundred and ninety-five participants identified as married/ partnered (59.24%) while others identified as divorced (*n* = 85; 17.07%), single/never married (*n* = 104; 20.88%), separated (*n* = 6; 1.20%), widowed (*n* = 11; 2.21%), or other (*n* = 21; 4.22%). For an overview of participant demographic information, see Table 1.

Table 1
Participant Demographic Information

Disability	Yes	35	7.03
	No	463	92.97
Religious Orientation	Agnostic	52	10.44
	Atheist	22	4.42
	Buddhist	41	8.23
	Christian	322	64.66
	Hindu	3	0.60
	Jewish	21	4.22
	Muslim	1	0.20
	Other	98	19.68
Sexual orientation	Asexual	8	1.61
	Bisexual	24	4.82
	Gay	13	2.61
	Heterosexual	434	87.15
	Lesbian	14	2.81
	Other	14	2.81
Gender Identity	Female	404	81.12
	Gender Queer	3	0.60
	Gender Non-conforming	2	0.40
	Male	90	18.07
	Transgender	3	0.60
	Other	1	0.20
Race/ Ethnicity	American Indian/ Alaskan Native	12	2.41
	Asian	8	1.61
	Black (non-Hispanic)	46	9.24
	Hispanic/ Latinx	23	4.62
	Middle Eastern	1	0.20
	White (non-Hispanic)	416	83.53
	Other	14	2.81

Perceived FOO SES	Poverty	23	4.62
	Lower Middle-Class	96	19.28
	Middle-Class	266	53.41
	Upper Middle-Class	122	24.5
	Wealthy	6	1.20
Marital Status	Divorced	85	17.07
	Married	295	59.24
	Single/ Never Married	104	20.88
	Separated	6	1.20
	Widowed	11	2.21
	Other	21	4.22

Table 1 *Participant Demographic Information (cont.)*

Participant Work-Specific Information

It was of particular interest in this study to gain information regarding participant's work-specific information. Participants were asked to share the following information: (a) if their graduate training program was CACREP accredited, (b) their degree level, (c) license level, (d) time in practice as a counselor, (e) their current clinical setting, (f) how often they seek supervision/ consultation, (g) from whom they week supervision/ consultation, (h) if they find supervision/ consultation helpful, (i) primary clinical issues/ diagnoses treated, (j) if they have developed a specialty or are a generalist, (k) client acuity, (l) hours of direct client contact per week, (m) average number of sessions per client per year, (n) type of funding that supports their work, (o) if they hold a side job outside of their clinical role, (p) if they feel appropriately compensated, (q) if they have supportive co-workers, (r) if they have a supportive system at home/ in personal life, (s) if they have a strong clinical referral network, (t) if their work supports self-care through wellness leave/ paid-time-off or other means, (u) if they feel their work supports them overall, and (v) engagement in professional development. These items were chosen as they have been speculated to be related to burnout in the counseling field

(Culbreth, Gutierrez, Lassiter & Kondili, 2017; Thompson, Amatea & Thompson, 2014). The items compiled to capture work-specific data from participants were reviewed by a panel of experts (committee members, counselor educators, and practicing professional counselors) and was administered to this researcher's colleagues for review of clarity. The data regarding participant work specific information is organized in Tables 2-6 in the following categories: counselor identity information, clinical details, supervision information, case management and business information, and support systems.

Table 2
Counselor Identity Information

Category	Levels	Total (*n*)	Percentage %
CACREP	Yes	404	81.12
	No	94	18.88
Degree	Masters	453	90.96
	Doctorate	45	9.04
License Level	Provisional/Associate	46	9.24
	Full	388	77.91
	Supervisor	64	12.85
Time in Practice	Less than 1 year	27	5.41
	2-5 years	143	28.66
	6-9 years	100	20.04
	10-14 years	76	15.23
	15-19 years	56	11.22
	20 or more years	97	19.44
Engagement in Professional Development	Yes	385	77.31
	Only to Maintain License	112	22.49
	No	1	0.20

Table 3
Clinical Details

Category	Levels	Total (*n*)	Percentage %
Current Setting	College Counseling Center	25	5.02
	Emergency Behavioral Health	14	2.81
	Inpatient Hospital	19	3.82
	Intensive In-Home	9	1.81
	Intensive Outpatient or PHP	31	6.22
	Mobile Crisis Unit	4	0.80
	Outpatient Private Practice	275	55.22
	Residential Facility	32	6.43
	VA/Military	17	3.41
	Other	164	32.93
Primary Issues	ADHD	147	29.52
	Adjustment/ Identity Dev/ Growth	226	45.38
	Anger Management	176	35.34
	Anxiety Disorders	389	78.11
	Behavioral Concerns/ Conduct Dis	170	34.14
	Couple/ Family Counseling	190	38.15
	Eating Dis/ Dis Eating/ Body Image	31	6.22
	Grief/ Loss	180	36.14
	Mood Disorders	320	64.26
	Non-Suicidal Self-Injury	57	11.45
	Personality Disorders	96	19.28
	Sex Addiction/ Process Addictions	41	8.23
	Somatic Illnesses	23	4.62
	Substance Abuse	211	42.37
	Trauma	319	64.06
	Other	58	11.65
Client Acuity	Low	143	28.71
	Moderate	283	56.83
	High	72	14.46
Specialty	Yes	283	56.83
	No	215	43.17

Table 4
Supervision Information

Category	Levels	Total (*n*)	Percentage %
Frequency of Seeking Supervision/ Consultation	Multiple Times Per Day	4	0.80
	Daily	19	3.82
	Weekly	203	40.76
	Monthly	177	35.54
	Yearly	21	4.22
	Rarely	74	14.86
Who Provides Supervision	Informal Peer/ Consultation	296	59.44
	My Administrative Supervisor	114	22.89
	On-Site Clinical Counselor	107	21.49
	Off-Site Clinical Counselor	80	16.06
	N/A	45	9.04
Supervision is Helpful	Yes	320	64.26
	Sometimes	131	26.31
	No	7	1.41
	N/A	40	8.03

Table 5
Case Management and Business Information

Category	Levels	Total (*n*)	Percentage %
Direct Client Contact Per Week	8-15	164	32.93
	16-20	134	26.91
	21-30	154	30.92
	31 or more	46	9.24
Avg. # Sessions per Client per Year	1-2	24	4.82
	3-6	41	8.23
	7-10	74	14.86
	11-20	156	31.33
	20 or More	203	40.76
Type of Funding	Out-Of-Pocket Self-Pay	306	61.45
	Private Insurance	276	55.42
	Medicaid/ Medicare	217	43.57
	Grants/ Donations/ Endowments	93	18.67
	University/ College Student Fees	27	5.42
	I Don’t Know	29	5.82
Side Job Outside of Clinical Role	Yes	144	28.92
	No	354	71.08
Appropriately Compensated	Yes	228	45.78
	Somewhat	184	36.95
	No	86	17.27

Table 6
Support Systems

Category	Levels	Total (*n*)	Percentage %
Supportive Co-Workers	Yes	406	81.53
	Somewhat	78	15.66
	No	14	2.81
Supportive System at Home/ Personal Life	Yes	415	83.33
	Somewhat	71	14.26
	No	12	2.41
Clinical Referral Network	Yes	261	52.41
	Somewhat	194	38.96
	No	43	8.63
Work Supports Self-Care	Yes	271	54.42
	To Some Degree	169	33.94
	No	58	11.65
Feel Supported by Work Overall	Yes	350	70.28
	To Some Degree	117	23.49
	No	31	6.22

Burnout

The Counselor Burnout Inventory (CBI; Lee et al., 2007) was used to assess participant burnout. The CBI is a 20-item survey using a five-point Likert scale from "never" to "every day." The CBI assesses burnout on five factors: a) *exhaustion,* b) *incompetence*, c) *negative work environment,* d) *devaluing clients,* and e) *deterioration of personal life*. Chronbach' α for the total measurement of Burnout was .905. The measure of central tendencies for the licensed clinical counselors per the CBI total are as follows: Mean= 38.11, Median= 37.00, Mode= 20, SD= 11.99. The measure of central tendencies and Chronbach' α for CBI subscales are presented afterwards in Table 7.

Table 7

Counselor Burnout Subscale Central Tendencies

Burnout Sub-Scale	Mean	SD	Range	Median	Mode	Chronbach' α
Incompetence	6.85	2.456	11	7.0	4	.643
Negative Work Environment	8.195	3.818	16	8.0	4	.861
Deterioration of Personal Life	8.26	3.546	14	8.0	4	.838
Devaluing Client	5.33	1.946	12	4	4	.865
Exhaustion	9.48	4.305	16	9	4	.916

Resilience

The 10-item version of the Connor-Davidson Resiliency Scale (CD-RISC-10; Campbell-Sills & Stein, 2007) was used to measure participant's level of resiliency. The CD-RISC-10 is an adaptation of the original 25 item CD-RISC (Connor & Davidson, 2003) survey that measures on a five-point Likert scale ranging from zero to four with higher scores indicating higher resilience. The 10-item CD-RISC is a unimodal measurement model with high reliability and consistency. Chronbach's α for the 10-item CD-RISC was .897. The measure of central tendencies for the licensed clinical counselors per the 10-item CD-RISC are as follows: Mean= 41.26, Median= 41, Mode, 39, SD= 5.48 and Range 28 (22-50).

Dispositional Gratitude

The Gratitude Questionnaire (GQ-6; McCullough, Emmons & Tsang, 2002) was used to measure dispositional gratitude. The GQ-6 is a six-item questionnaire that assesses dispositional gratitude by exploring participants' proneness to experience gratitude on a seven-point Likert scale of agreement. The GQ-6 has consistently proven to yield a high level of internal consistency and a solid one-factor structure throughout numerous studies. Chronbach's α for dispositional gratitude in this study also displayed a

high level of internal consistency at .811. The measure of central tendencies for the licensed clinical counselors per the CBI subscales are as follows: Mean= 32.03, Median= 33, Mode, 36, SD= 4.09 and Range 23 (13-36).

Gratitude Practice

The Gratitude Practice Questionnaire (GPQ; Palmieri, 2017) was used to assess participant gratitude practices. As no instrument currently existed to assess gratitude practices, the GPQ was developed to assess gratitude practice and was piloted on a group of researcher's peer and committee members and refined based on their feedback. The final version of the GPQ had not previously been used and therefore had no psychometric data available. The GPQ is an 18-item instrument that captures information regarding participants' engagement in six categories of gratitude practice, including gratitude interventions (Davis, et al., 2016) and less prescriptive approaches or more engrained/ contemplative approaches (Carman & Streng, 1989; Lambert, et al., 2009; Ozawa- de Silva, 2010) found in the literature in terms of frequency, intensity and duration (McCullough, et al., 2004). The overall Chronbach's α for the GPQ was .894, showing an acceptably high level of internal validity. The measure of central tendencies for the licensed clinical counselors per the GPQ overall and subscales are presented in Table 8.

Table 8
Central Tendencies for Gratitude Practice

Factor	Mean	SD	Range	Median	Mode
Gratitude Practice Overall	66.41	14.974			
Intensity	24.35	5.896	24 (6-30)	26	30
Frequency	19.33	4.89	24 (6-30)	19	18
Duration	22.73	5.927	24 (6-30)	23	30

Data Analyses for the Research Hypothesis and Exploratory Research Questions

The following section reviews the results of the analysis for the primary research question and hypothesis, and the six exploratory research questions. Data was analyzed using the *Statistical Package for Social Sciences* (SPSS, Version 23) and Mplus (Version 6) for SEM. To confirm that 95% of the variance of the relationships between variables was due to the relationship and not sampling error, a .05 alpha level was set (Tabacknick & Fidell, 2013).

Statistical Assumptions and Data Screening

Preliminary analyses of the data were conducted to ensure the sample size was appropriate for SEM. Byrne (2010) suggests that the following assumptions are met: (a) appropriate sample size, (b) address missing data, (c) limited multicollinearity and singularity, (d) account for outliers, (e) multivariate normality, and (f) linearity between the variables. Byrne (2010) suggests a minimum size of 200 for SEM. A useable sample size of n=498 was available to test the structural model, meeting the minimum recommended criteria while also meeting the Jackson (2003) recommended ratio of 20:1 participants per model variable.

Prior to any analysis, responses were screened for missing data. As the survey required completion of each item prior to moving to the next question, there was no missing data for the participants who completed the survey. Only completed surveys were included in the statistical analyses of this study as results of incomplete responses were not recorded and therefore unavailable for analysis.

Standard multiple regression using the mean scores of the GPQ (independent variable), GQ-6 (independent and dependent variable), 10-item CD-RISC (independent

and dependent variable), and Burnout (dependent variable) was conducted to assess assumptions (Pallant, 2011). Multicollinearity refers to the relationship between the independent variables, and exists when they are highly correlated (r = .9 and above; Tabachnick & Fidell, 2013). The correlation matrix, the tolerance and variance inflation factor (VIF) values were examined to determine multicollinearity. A tolerance value below .10 and VIF values above 10 suggested the possibility of multicollinearity (Pallant, 2011). Highly correlated variables were identified for multicollinearity at r= .9 or above. Correlations between the independent variables should be below .7 to retain all variables. All correlations between the independent variables were below .7 and none of the tolerance or VIF values suggested multicollinearity. Therefore, the data met the assumption of multicollinearity.

Outliers, normality, and linearity were evaluated by reviewing the Normal Probability Plot (P – P) of the Regression Standardized Residual and the scatterplot. Casewise diagnostics, Mahalonobis, and Cooks Distances were evaluated and identified no need to address unusual cases. All responses were coded and labeled in SPSS. Each case was screened to ensure that all responses were within acceptable range. There were no outliers in the data set. SEM is based on the analysis of covariance structures; therefore, evidence of kurtosis is exceptionally important in SEM analyses. In evaluating the skewness and kurtosis of each factor, some subscales reflected a positive or negative skew that aligned with the type of information requested, however the overall variables showed evidence of acceptable normality.

Research Question Analysis

The purpose of this study was to explore the relationships between licensed clinical counselors' gratitude practices (as measured by the GPQ), levels of resilience (as measured by the 10-item CD-RISC), levels of burnout (as measured by the CBI), and dispositional gratitude (as measured by the GQ-6). The following section presents the results for the research hypothesis and exploratory questions. The research hypothesis was tested using Pearson's correlations and SEM. The five steps to SEM of (a) model specification, (b) model identification; (c) model estimation, (d) model testing, and (e) model modification that were reviewed in Chapter 3 were used to conduct the SEM (Crockett, 2012). To determine the overall goodness of fit, the following fit indices were used: Chi Squared ($\chi 2$), Comparative Fit Index (CFI), Goodness of Fit Index (GFI), Root mean square error of approximation (RMSEA), and Tucker-Lewis Index (TLI).

Pearson's correlation analysis was used to further support the results of the SEM for the hypothesis and explore possible model adjustments. While correlational research does not provide a researcher the ability to determine causal relationships, the Pearson's correlation coefficient indicates the strength, direction, and statistical significance of the relationship between variables. A correlation coefficient is between -1.00 and + 1.00 with 0 indicating no relationship, -1.0 indicating a perfect negative correlation and +1.0 indicating a perfect positive correlation. Correlations ranging from .10 to .29 indicate a small or weak relationship, correlations ranging from .30 to .49 are considered moderate, and correlations ranging from .50 to 1.00 signify a large or strong correlation (Cohen, 1988, pp.79-81; Pallant, 2011, p. 134). After the Pearson's correlation was determined, z-

scores were calculated to further determine the significance of the relationship (Pallant, 2011).

Primary Research Question

The primary research question of the study was: Do licensed clinical counselors' gratitude practices (as measured by the GPQ) contribute to their levels of resilience (as measured by the 10-item CD-RISC), levels of burnout (as measured by the CBI), and dispositional gratitude (as measured by the GQ-6)?

Research Hypothesis

The main research hypothesis to be tested in this study was: The influence of licensed clinical counselors' gratitude practice (as measured by the GPQ) and dispositional gratitude (as measured by the GPQ) on burnout (as measured by the CBI; Lee et al., 2007) will be partially mediated by resilience (as measured by the 10-item CD-RISC; Campbell-Sills & Stein, 2007). Specifically, the study will investigate the directional relationship that professional counselors who score higher on gratitude practice will indicate *greater* levels of resilience and *lower* levels of burnout, regardless of levels of dispositional gratitude (as measured by the GQ-6). Gratitude practice and dispositional gratitude were expected to be covariates (See Figure 1).

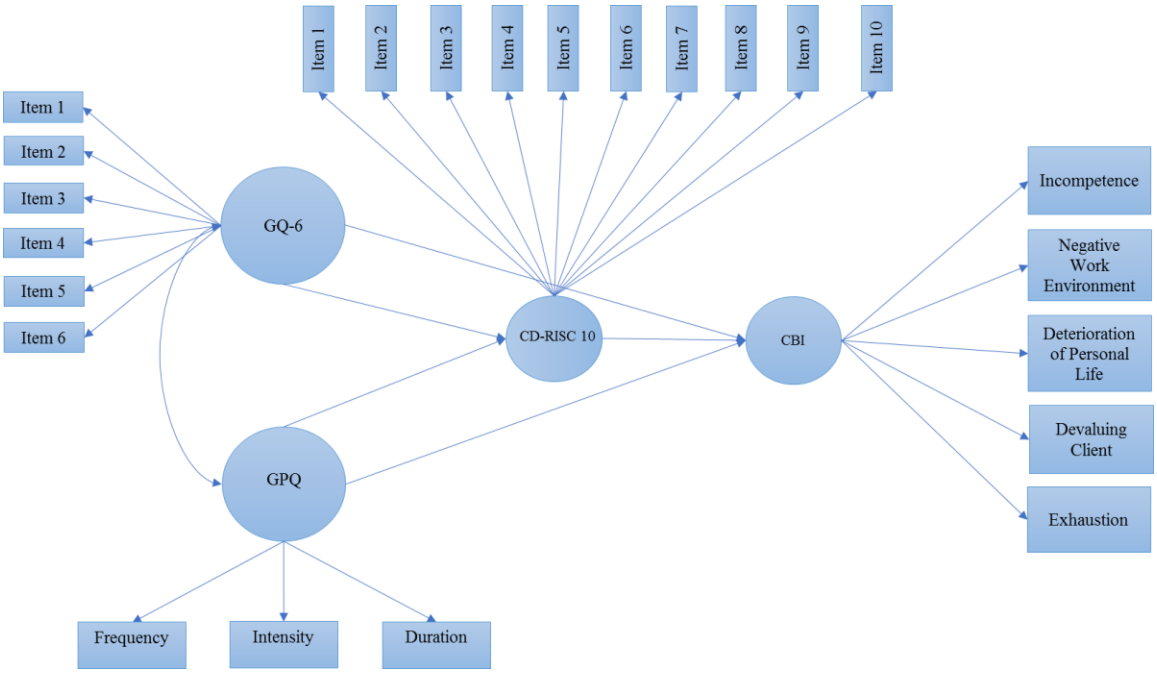

Figure 1. Hypothesized Structural Model

Model Specifications and Identification

Prior to testing the hypothesized model, the measurement models for all latent constructs were identified and tested with Confirmatory Factor Analyses (CFA) to ensure all measurement instruments were psychometrically sound (Byrne, 2010). A CFA was conducted on each measure to ensure that the items were loading independently on the factors identified in the previous research. This practice also provided rationale for potential model modifications.

The following fit indices were used to test the measurement models as well as the overall structural model: Chi-Square Goodness-of-Fit statistic, the Comparative Fit Index (CFI), the Tucker Lewis Index (TLI), the Root Mean Square Error of Approximation (RMSEA), and the Standardized Root Mean Square Residual (SRMR). Due to the sensitivity of the Chi-Square test to sample size, a χ^2 /*df* ratio was used, and ratios of less

than 3 were considered more useful indicators of adequate model fit than the test by itself (Ullman, 2001). The following guidelines were used to evaluate reasonable fit: fit indices of at least .95 were considered a good fit (Hu and Bentler,1999) while .90 indicating adequate fit (Bentler & Bonett, 1980); RMSEA values less than .06; and SRMR values less than .08 were used to evaluate reasonable fit.

Confirmatory Factor Analysis: Burnout

The construct of Burnout was operationalized using the 20 item Counselor Burnout Inventory as outlined in chapter three. The Chi Square value for this model was $\chi^2 = 643.925$, $p<.001$; $\chi^2/df = 64.393$. The goodness of fit indexes yielded these results: CFI = .994, TLI = .986, RMSEA = .042 (90% C.I. = .000-.088), and SRMR = .016 indicating adequate fit between the data and the model.

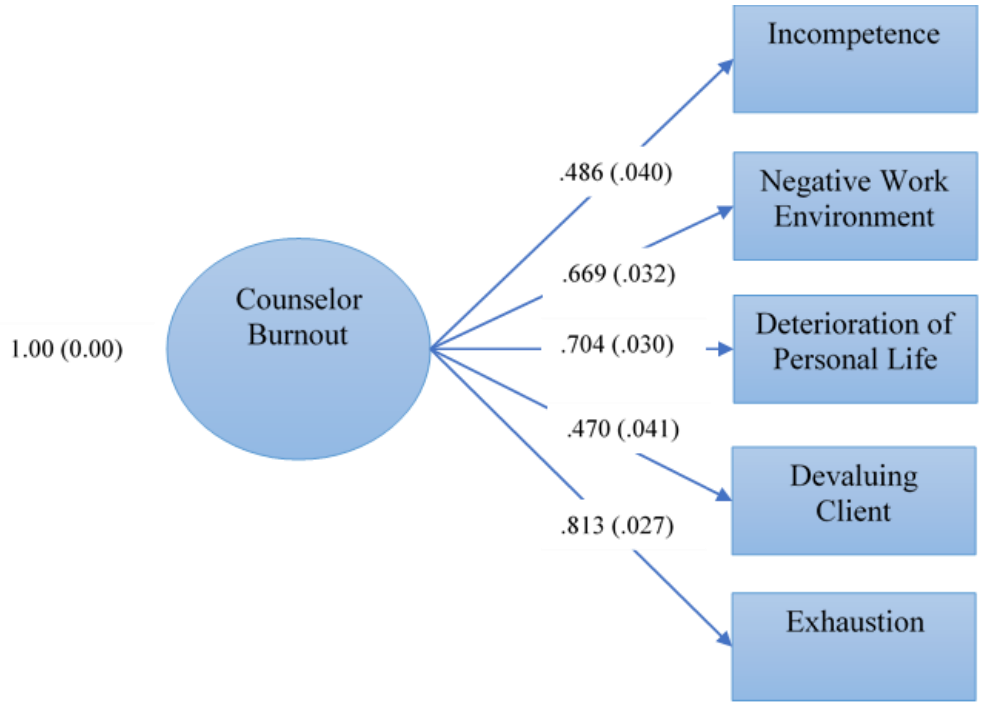

Figure 6. Counselor Burnout Measurement Model

Confirmatory Factor Analysis: Resilience

The construct of Resilience was operationalized using the ten-item version of the CD-RISC as outlined earlier. The Chi Square value for this model was χ^2 = 148.686, p<.001; χ^2 /*df* = 4.248. The goodness of fit indexes yielded these results: CFI = .949, TLI = .934, RMSEA = .081 (90% C.I. = .068-.094), and SRMR = .034 indicating adequate fit between the data and the model.

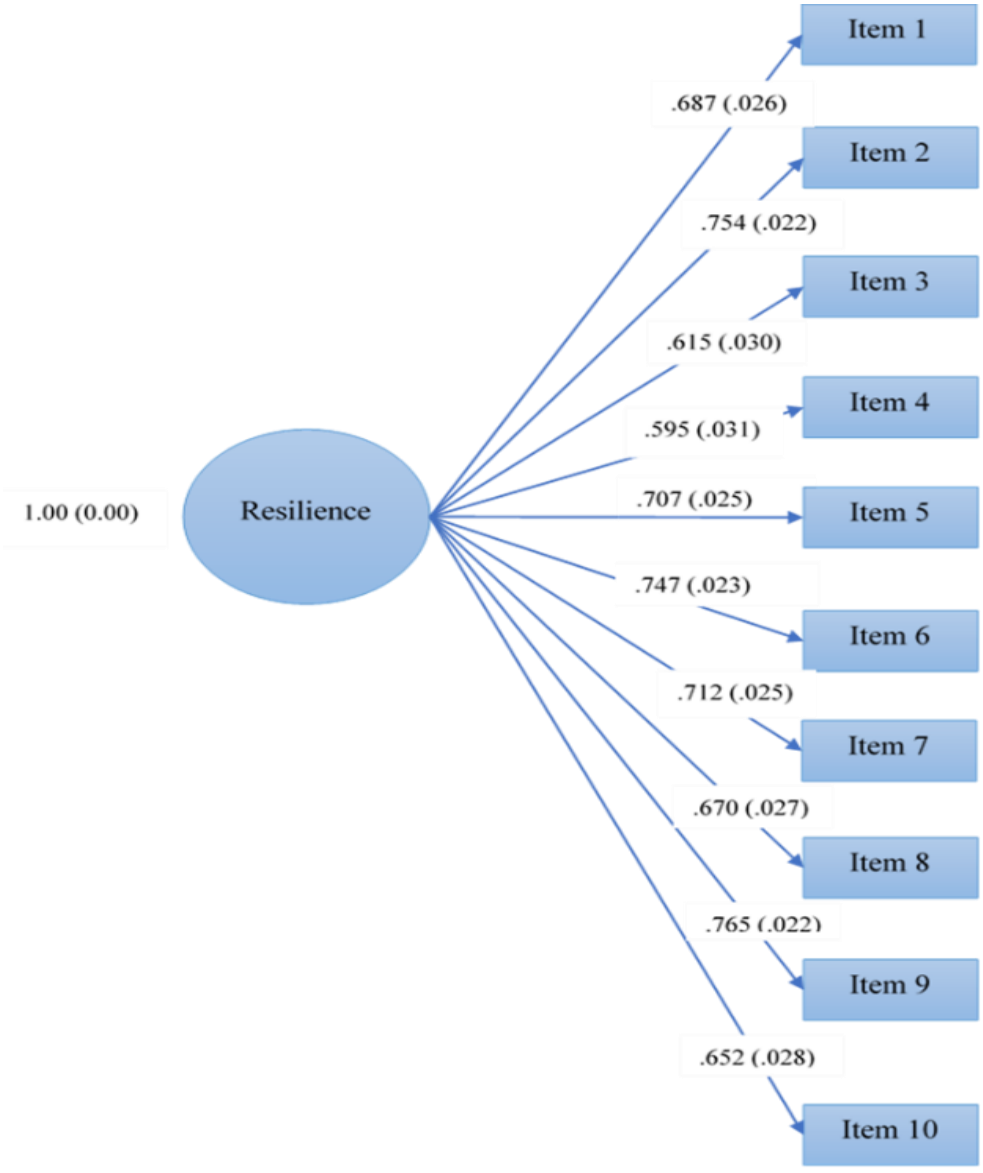

Figure 7. Measurement Model for Resilience

Confirmatory Factor Analysis: Dispositional Gratitude

The construct of Dispositional Gratitude was operationalized using the six items of the Gratitude Questionnaire (GQ-6). The Chi Square value for this model was $\chi^2 = 4.652$, $p<.001$; $\chi^2 / df = .665$. The goodness of fit indexes yielded these results: CFI =1.0, TLI = 1.003, RMSEA = .00 (90% C.I. = .000-.042), and SRMR = .006 indicating adequate fit between the data and the model. As items 3 and 6 were lowest in correlation coefficients, and were also the only reversed-scores items due to negative wording, the items were combined, which provided a stronger measurement model fit.

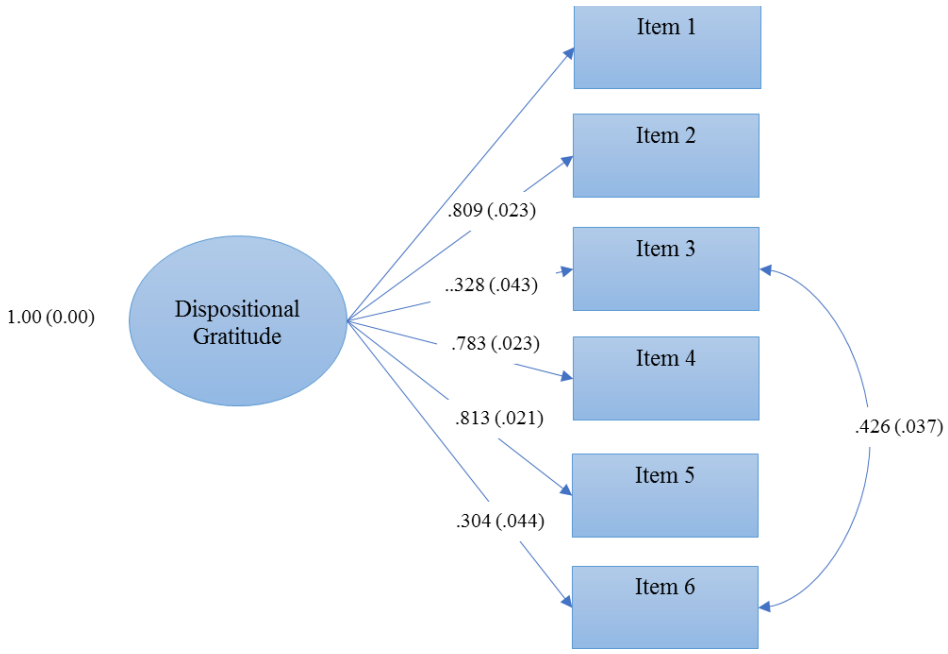

Figure 8. Measurement Model for Dispositional Gratitude

Exploratory and Confirmatory Factor Analysis: Gratitude Practice

The construct of Gratitude Practice was operationalized using the 18 items of the newly constructed Gratitude Practice Questionnaire as outlined earlier. As the GPQ is a

new instrument, an exploratory factor analysis was initially conducted to identify the factor structures and suitability of the instrument for use with SEM. The Kaiser-Meyer-Olkin (KMO) value of .810 indicated that the sample size was sufficient to conduct the EFA to test the instrument and the Bartlett's Test indicated having at least one significant correlation. Using eigenvalues of >1.0 as a cut-off for factors (Tabacknick & Fidell, 2013), six possible factors were identified. As the GPQ was designed to measure the intensity, frequency, and duration of six types of gratitude practice, identifying six factors was anticipated. However, since the instrument was going to be used in this study to measure frequency, intensity, and duration, a three-factor model was chosen in the EFA, and factors that accounted for >10% of the variance were retained. The factor rotation matrix in table 9 offer information on the factor loadings. After the EFA was complete, a confirmatory factory analysis was conducted to ensure the measurement model fit. The CFA revealed 0 degrees of freedom, indicating a saturated model; therefore, fit statistics were not relevant. Each path coefficient in the measurement model was strong, indicating that each factor strongly contributes to the latent construct of gratitude practice.

Table 9
Rotated Factor Matrix for GPQ

	Factor		
	1	2	3
Prayer Intensity	.844		
Prayer Duration	.785		
Prayer Frequency	.732		
Thanks Intensity	.588		
Thanks Duration	.487		
Listing Duration		.751	
Listing Intensity		.687	
Journals Duration		.658	
Journals Intensity		.650	
Journals Frequency		.575	

Listing Frequency		.557	
Benefit Finding Duration			.817
Benefit Finding Frequency			.792
Benefit Finding Intensity			.764
Meditation/ Mindfulness Int	.456		.465
Meditation/ Mindfulness Freq			.414
Meditation/ Mindfulness Dur			

Extraction Method: Principal Axis Factoring.
Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 5 iterations.

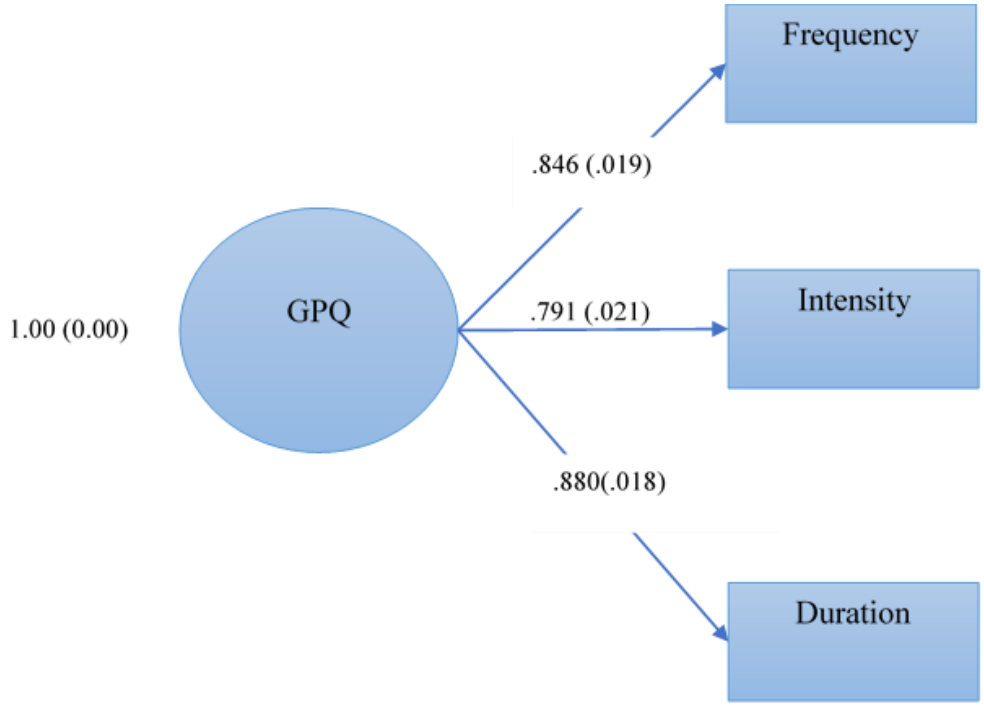

Figure 9. Measurement Model for Gratitude Practice

Structural Model

Figure 10 displays the proposed model results. The chi square value for this model was $\chi^2 = 584.641$, $p<.001$; $\chi^2 / df = 2.406$. The goodness of fit indexes yielded these

results: CFI = .941, TLI = .933, RMSEA = .053 (90% C.I. = .048-.059), and SRMR = .054 indicating adequate fit between the data and the model for all fit indices. Resilience and burnout were found to have a strong negative correlation as anticipated (-.507), dispositional gratitude and burnout were negatively correlated (-.185), dispositional gratitude and resilience were positively correlated (.504) and dispositional gratitude and gratitude practices were strongly correlated (.625). The path coefficient for Gratitude Practice to Resilience was not statistically significant (.081, t= .061, p=.185). Therefore, the proposed model was modified to drop the path from gratitude practice to resilience. In the original model, 31.2% of the variance of resilience was accounted for and 30.3% of the variance of burnout was accounted for. This model shows that when dispositional gratitude increases, resilience increases, and burnout decreases. This model also shows that as gratitude practices increase, dispositional gratitude increases and vice versa.

Figure 11 shows the second model that was modified to exclude the path from gratitude practice to resilience. The chi square value for the model was χ^2= 586.386, p<.0001; χ^2 /*df* = 2.403. The goodness of fit indexes yielded these results: CFI = .941, TLI = .934, RMSEA = .053 (90% C.I. = .048-.059), and SRMR = .054. All of these values indicate adequate fit between the data and the final model, and were very similar to those for the proposed model. In some relationships, dropping the path strengthened relationships between some variables while slightly weakening others. In this model, 31.5% of the variance in resilience was accounted for and 30.8% of the variance of burnout was accounted for, which was also similar to the first model. Regardless, the changes to the remaining variable relationships were unremarkable and they remained statistically significant. Therefore, dropping the statistically non-significant paths did not

result in any substantial change in fit. The relationships between gratitude practices, dispositional gratitude, resilience and burnout remained consistent to those found in the hypothesized model.

All of the structural paths in the second model were statistically significant. Both resilience and dispositional gratitude were negatively correlated with burnout as expected (-.502, -.187). Dispositional gratitude was positively correlated with resilience (.561) and resilience did partially mediate the relationship between dispositional gratitude and burnout. Gratitude practices were strongly positively correlated with dispositional gratitude as predicted as a covariate (.631). However, gratitude practices were positively correlated with burnout, which was the opposite of what was hypothesized (.236).

Table 10
Model Fit Indices of the Structural Models

	$\chi 2$	*df*	*p*	χ^2 /*df*	CFI	TLI	RMSEA	SRMR
Model 1	584.641	243	0.000	2.406	0.941	0.933	0.053	0.054
Model 2	586.386	244	0.000	2.403	0.941	0.934	0.053	0.054

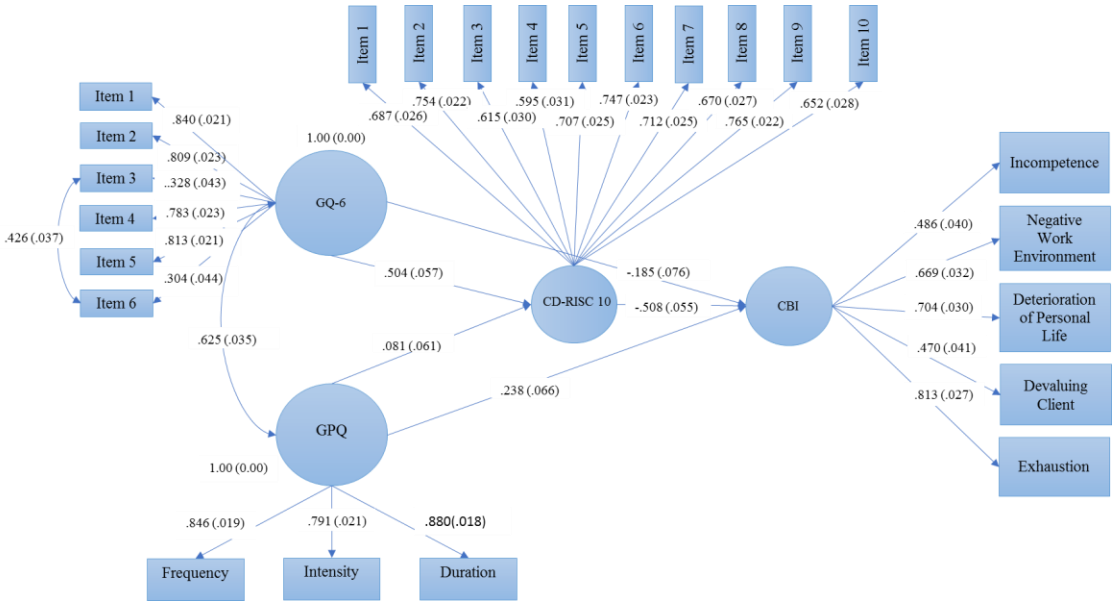

Figure 10. Structural Model One

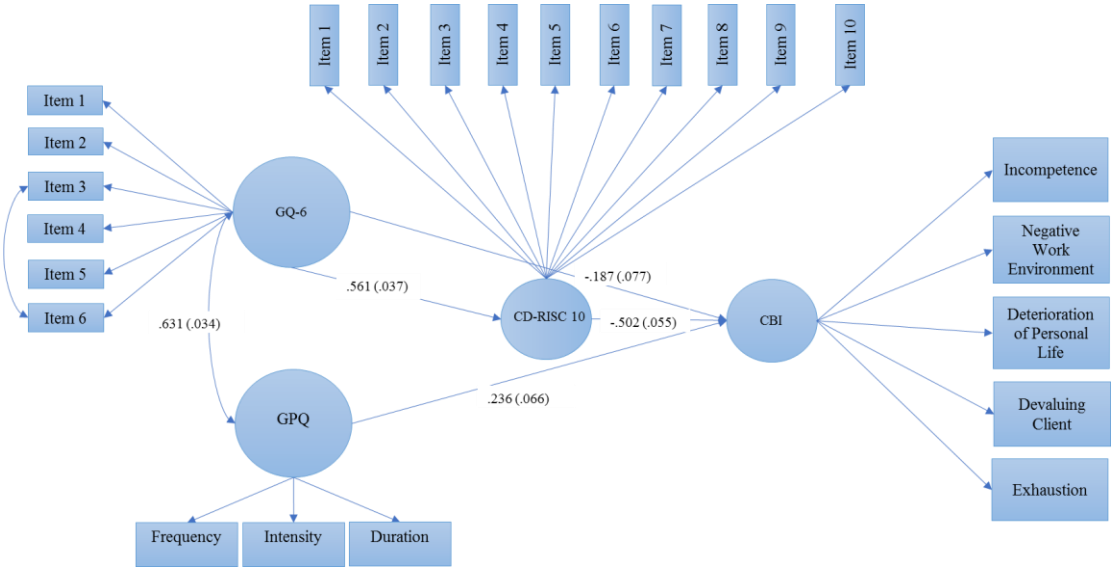

Figure 11. Structural Model Two

Table 11

Pearson's Correlations

		Total Burnout	Total GPQ	Total DisGrat	Total Resilience
Total Burnout	Pearson Correlation	1	-.066	-.330**	-.457**
	Sig. (2-tailed)		.139	.000	.000

Total GPQ	Pearson Correlation	-.066	1	.528**	.342**
	Sig. (2-tailed)	.139		.000	.000

**. Correlation is significant at the 0.01 level (2-tailed).

Further Analysis with Gratitude Practice

The following correlations tables explored the relationships between burnout, resilience, dispositional gratitude, and each subscale of the gratitude practice questionnaire (frequency, intensity and duration) to aide in gaining an understanding of the unanticipated lack of correlation between gratitude practice and resilience, as well as the unanticipated positive correlation between gratitude practices and burnout. None of the gratitude practice subscales yielded results to aide in improving the model.

Table 12a

Variable Correlations with Frequency Subscale

		Gratitude Frequency Total	Total Resilience	Total Burnout	Total DisGrat
Total Gratitude Frequency	Pearson Correlation	1	.373**	-.180**	.503**
	Sig. (2-tailed)		.000	.000	.000
Total Resilience	Pearson Correlation	.373**	1	-.457**	.474**
	Sig. (2-tailed)	.000		.000	.000

**. Correlation is significant at the 0.01 level (2-tailed).

Table 12b

Variable Correlations with Intensity Subscale

		Total Resilience	Total Burnout	Total DisGrat	Gratitude Intensity Total
Total Resilience	Pearson Correlation	1	-.457**	.474**	.276**
	Sig. (2-tailed)		.000	.000	.000

Total Burnout	Pearson Correlation	-.457**	1	-.330**	.008
	Sig. (2-tailed)	.000		.000	.854

**. Correlation is significant at the 0.01 level (2-tailed).

Table 12c

Variable Correlations with Duration Subscale

		Total Resilience	Total Burnout	Total DisGrat	Gratitude Duration Total
Total Resilience	Pearson Correlation	1	-.457**	.474**	.282**
	Sig. (2-tailed)		.000	.000	.000
Total Burnout	Pearson Correlation	-.457**	1	-.330**	-.027
	Sig. (2-tailed)	.000		.000	.543

**. Correlation is significant at the 0.01 level (2-tailed).

Accounting for Dispositional Gratitude

To answer the question of what the relationship looks like between gratitude practice, resilience and burnout in counselors when dispositional gratitude is accounted for, a hierarchical regression analysis was conducted to control for the variance caused by dispositional gratitude. In the original regression model, dispositional gratitude accounted for 10% (r^2= .109) of the variability in the total outcome. After gratitude practice and resilience were added into the regression analysis, 25.5% (r^2= .255) of the variance in burnout was accounted for. 14.6% (r^2= .146) of the variance can be accounted by gratitude practice and resilience when dispositional gratitude has been statistically controlled for, which is a statistically significant contribution. In examining the analysis of variance of all variables in the regression model, the overall regression model is a statistically significant predictor of burnout. The coefficients table was examined to determine the contribution of each independent variable on burnout using significance

levels of <.05. Each independent variable held a statistically significant contribution to levels of burnout. However, in examining standardized coefficient beta scores, gratitude practice (β= .203) has the least contribution to burnout and dispositional gratitude (β= -.242) holds only slightly more of a contribution, while resilience (β= -.412) by far has the most contribution to burnout. This analysis is consistent with the overall structural model's findings. Table 13 shows the data of the hierarchical regression analysis.

Table 13a

Model summary

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate	R^2 Change	F Change	*df1*	*df2*	Sig. F Change
1	.330a	.109	.107	11.33	.109	60.814	1	496	.000
2	.505b	.255	10.380	10.380	.146	48.235	2	494	.000

a. Predictors: (Constant), TotalDisGrat
b. Predictors: (Constant), TotalDisGrat, Total Resilience, Total GPQ
c. Dependent Variable: Total Burnout

Table 13b

ANOVA

Model		Sum of Squares	*df*	Mean Square	F	Sig.
1	Regression	7800.823	1	7800.823	60.814	.000[b]
	Residual	63623.322	496	128.273		
	Total	71424.145	497			
2	Regression	18195.476	3	6065.159	56.289	.000[c]
	Residual	53228.669	494	107.750		
	Total	71424.145	497			

a. Dependent Variable: Total Burnout
b. Predictors: (Constant), TotalDisGrat
c. Predictors: (Constant), TotalDisGrat, Total Resilience, Total GPQ

Table 13c

Coefficients

		Unstandardized Coefficients		Standardized Coeficients		Correlations			Collinearity Statistics	
		B	Std. Error	Beta		Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	69.06	4.00		17.26	.000				
	Total DisGrat	-.96	.12	-.33	-7.79	.000	-.33	-.33	-.33	1.00	1.00
2	(Constant)	87.20	4.19		20.81	.000				
	Total DisGrat	-.70	.14	-.24	-4.93	.000	-.33	-.21	-.19	.62	1.60
	Total GPQ	.16	.03	.20	4.394	.000	-.06	.19	.17	.71	1.40
	Total Resilience	-.90	.09	-.41	-9.26	.000	-.45	-.38	-.36	.76	1.31

a. Dependent Variable: Total Burnout

Table 13c (continued)

Exploratory Research Questions

Several exploratory research questions aided in examining the variance of variables of interest on workplace specific items. These questions provide comparative data regarding participant work conditions as work conditions have been variables of particular interest in counselor resilience and burnout research. To answer these questions, SPSS was used to conduct a series of one-way analyses of variances (ANOVA) between groups. Results are presented in response to each exploratory research question.

Exploratory Research Question One

Is there a statistically significant relationship between professional mental health counselors' burnout (as measured by the total score on the Counselor Burnout Inventory

[CBI; Lee et al, 2003]) and their reported work-specific characteristics (e.g. setting, hours worked, years of practice, acuity of clients)?

Table 14 shows the statistical data from the one-way ANOVA comparing all groups of work-specific items amongst the construct of burnout. A significance of $p<.001$ was used to determine statistically significant relationships. Counselor's length of time in the field, perceived co-worker support, perceived home support, having a strong referral network, work that supports self-care, and perceived overall work support were the only work-specific items that were statistically significant for burnout. Client acuity, frequency of supervision, having a clinical specialty, the number of client sessions per week, average sessions per year per client, having multiple jobs, feeling appropriately compensated for work, and engagement in professional development were not statistically significant with burnout.

Table 14
Burnout by Work Specifics ANOVA

		Sum of Squares	*df*	Mean Square	F	Sig.
Length	Between Groups	227.134	48	4.732	2.053	.000
	Within Groups	1035.045	449	2.305		
	Total	1262.179	497			
Acuity	Between Groups	26.539	48	.553	1.392	.048
	Within Groups	178.339	449	.397		
	Total	204.878	497			
SupFreq	Between Groups	88.630	48	1.846	1.567	.011
	Within Groups	529.201	449	1.179		
	Total	617.831	497			
Specialty	Between Groups	10.183	48	.212	.851	.751
	Within Groups	111.996	449	.249		
	Total	122.179	497			
Client/Week	Between Groups	59.593	48	1.242	1.300	.093
	Within Groups	428.905	449	.955		
	Total	488.498	497			

AvSess/Cl	Between Groups	103.721	48	2.161	1.758	.002
	Within Groups	552.024	449	1.229		
	Total	655.745	497			
MultiJobs	Between Groups	9.478	48	.197	.954	.563
	Within Groups	92.884	449	.207		
	Total	102.361	497			
Compensation	Between Groups	38.695	48	.806	1.541	.014
	Within Groups	234.815	449	.523		
	Total	273.510	497			
CoworkSupport	Between Groups	18.510	48	.386	1.863	.001
	Within Groups	92.928	449	.207		
	Total	111.438	497			
HomeSupport	Between Groups	17.173	48	.358	1.919	.000
	Within Groups	83.705	449	.186		
	Total	100.878	497			
ReferralNetwork	Between Groups	41.652	48	.868	2.334	.000
	Within Groups	166.919	449	.372		
	Total	208.570	497			
Work supports self-care	Between Groups	52.822	48	1.100	2.670	.000
	Within Groups	185.076	449	.412		
	Total	237.898	497			
Overall work support	Between Groups	46.249	48	.964	3.317	.000
	Within Groups	130.412	449	.290		
	Total	176.661	497			
ProfDev	Between Groups	11.866	48	.247	1.422	.038
	Within Groups	78.037	449	.174		
	Total	89.904	497			

Exploratory Research Question Two

Is there a statistically significant relationship between professional mental health counselors' resilience (as measured by the factor scores of the Connor-Davidson Resiliency Scale [CD-RISC-10; Campbell-Sills & Stein, 2007]) and their reported work-specific demographic variables (e.g. setting, hours worked, years of practice, acuity of clients)?

Table 15 shows the statistical data from the one-way ANOVA comparing all groups of work-specific items amongst the construct of resilience. A significance of $p<.001$ was again used to determine statistically significant relationships. Having a strong referral network and a sense of overall work-support were the only work-specific items found to be statistically significant regarding resilience. Perceived home support was the only other item close to being significant in regard to resilience, however at $p=.002$ it could not be considered statistically significant.

Table 15
Resilience by Work-Specific Information ANOVA

		Sum of Squares	*df*	Mean Square	F	Sig.
Length	Between Groups	57.981	25	2.319	.909	.593
	Within Groups	1204.198	472	2.551		
	Total	1262.179	497			
Acuity	Between Groups	9.818	25	.393	.950	.535
	Within Groups	195.060	472	.413		
	Total	204.878	497			
SupFreq	Between Groups	42.921	25	1.717	1.410	.092
	Within Groups	574.910	472	1.218		
	Total	617.831	497			
Special	Between Groups	8.371	25	.335	1.389	.101
	Within Groups	113.808	472	.241		
	Total	122.179	497			
ClWeek	Between Groups	17.834	25	.713	.715	.843
	Within Groups	470.664	472	.997		

	Total	488.498	497			
AvSess	Between Groups	53.810	25	2.152	1.688	.021
	Within Groups	601.935	472	1.275		
	Total	655.745	497			
MultJob	Between Groups	3.019	25	.121	.574	.953
	Within Groups	99.343	472	.210		
	Total	102.361	497			
Compen	Between Groups	24.744	25	.990	1.878	.007
	Within Groups	248.766	472	.527		
	Total	273.510	497			
CoworkS	Between Groups	8.197	25	.328	1.499	.059
	Within Groups	103.240	472	.219		
	Total	111.438	497			
HomeSup	Between Groups	10.010	25	.400	2.080	.002
	Within Groups	90.867	472	.193		
	Total	100.878	497			
Referral	Between Groups	23.606	25	.944	2.410	.000
	Within Groups	184.964	472	.392		
	Total	208.570	497			
Work supports self-care	Between Groups	20.804	25	.832	1.809	.010
	Within Groups	217.094	472	.460		
	Total	237.898	497			
Overall work support	Between Groups	23.028	25	.921	2.830	.000
	Within Groups	153.632	472	.325		

	Total	176.661	497			
ProfDev	Between Groups	7.166	25	.287	1.635	.028
	Within Groups	82.737	472	.175		
	Total	89.904	497			

Table 15. *Resilience by Work-Specific Information ANOVA (continued)*

Exploratory Research Question Three

Is there a statistically significant relationship between professional mental health counselors' dispositional gratitude (as measured by the Gratitude Questionnaire [GQ-6;]) and their reported work-specific demographic variables (e.g. setting, hours worked, years of practice, acuity of clients)?

Table 16 shows the statistical data from the one-way ANOVA comparing all groups of work-specific items amongst the construct of resilience. A significance of $p<.001$ was again used to determine statistically significant relationships. Perceived co-worker support, home support, work that supports self-care, and perceived overall work support were all found to be statistically significant regarding dispositional gratitude. Having a strong referral network was the only other item close to being significant, however at $p=.002$ it could not be considered statistically significant.

Table 16
Dispositional Gratitude by Work-Specifics ANOVA

		Sum of Squares	*df*	Mean Square	F	Sig.
Length	Between Groups	62.772	20	3.139	1.248	.210
	Within Groups	1199.407	477	2.514		
	Total	1262.179	497			
Acuity	Between Groups	7.777	20	.389	.941	.534
	Within Groups	197.100	477	.413		

	Total	204.878	497			
SupFreq	Between Groups	19.980	20	.999	.797	.718
	Within Groups	597.851	477	1.253		
	Total	617.831	497			
Special	Between Groups	3.774	20	.189	.760	.762
	Within Groups	118.404	477	.248		
	Total	122.179	497			
ClWeek	Between Groups	10.185	20	.509	.508	.964
	Within Groups	478.313	477	1.003		
	Total	488.498	497			
AvSess	Between Groups	44.426	20	2.221	1.733	.026
	Within Groups	611.319	477	1.282		
	Total	655.745	497			
MultJob	Between Groups	3.081	20	.154	.740	.785
	Within Groups	99.281	477	.208		
	Total	102.361	497			
Compen	Between Groups	16.637	20	.832	1.545	.062
	Within Groups	256.873	477	.539		
	Total	273.510	497			
CoworkS	Between Groups	9.951	20	.498	2.339	.001
	Within Groups	101.487	477	.213		
	Total	111.438	497			
HomeSup	Between Groups	18.041	20	.902	5.194	.000
	Within Groups	82.836	477	.174		
	Total	100.878	497			
Referral	Between Groups	17.707	20	.885	2.213	.002
	Within Groups	190.863	477	.400		
	Total	208.570	497			
Work supports self-care	Between Groups	29.414	20	1.471	3.365	.000
	Within Groups	208.483	477	.437		

	Total	237.898	497			
Overall work support	Between Groups	20.919	20	1.046	3.203	.000
	Within Groups	155.742	477	.327		
	Total	176.661	497			
ProfDev	Between Groups	5.338	20	.267	1.505	.074
	Within Groups	84.566	477	.177		
	Total	89.904	497			

Table 16. *Dispositional Gratitude by Work-Specifics ANOVA (continued)*

Exploratory Research Question Four

Is there a statistically significant relationship between professional mental health counselors' gratitude practices (as measured by the factor scores of the Gratitude Practice Questionnaire [GPQ; Palmieri, 2017]) and their reported work-specific demographic variables (e.g. setting, hours worked, years of practice, acuity of clients)?

Table 17 shows the statistical data from the one-way ANOVA comparing all groups of work-specific items amongst the construct of resilience. A significance of $p<.001$ was again used to determine statistically significant relationships. There were no work specific items found to be statistically significant regarding gratitude practice.

Table 17
Gratitude Practice by Work-Specifics ANOVA

		Sum of Squares	*df*	Mean Square	F	Sig.
Length	Between Groups	179.056	64	2.798	1.118	.259
	Within Groups	1083.123	433	2.501		
	Total	1262.179	497			
Acuity	Between Groups	27.676	64	.432	1.057	.367
	Within Groups	177.202	433	.409		
	Total	204.878	497			
SupFreq	Between Groups	76.234	64	1.191	.952	.583

	Within Groups	541.597	433	1.251		
	Total	617.831	497			
Special	Between Groups	16.182	64	.253	1.033	.414
	Within Groups	105.997	433	.245		
	Total	122.179	497			
ClWeek	Between Groups	70.093	64	1.095	133	.237
	Within Groups	418.405	433	.966		
	Total	488.498	497			
AvSess	Between Groups	109.575	64	1.712	1.357	.043
	Within Groups	546.170	433	1.261		
	Total	655.745	497			
MultJob	Between Groups	17.634	64	.276	1.408	.027
	Within Groups	84.727	433	.196		
	Total	102.361	497			
Compen	Between Groups	31.895	64	.498	.893	.706
	Within Groups	241.615	433	.558		
	Total	273.510	497			
CoworkS	Between Groups	17.310	64	.270	1.244	.109
	Within Groups	94.128	433	.217		
	Total	111.438	497			
HomeSup	Between Groups	16.674	64	.261	1.340	.050
	Within Groups	84.203	433	.194		
	Total	100.878	497			
Referral	Between Groups	28.044	64	.438	1.051	.378
	Within Groups	180.526	433	.417		
	Total	208.570	497			
Work supports self-care	Between Groups	36.444	64	.569	1.224	.127
	Within Groups	201.453	433	.465		
	Total	237.898	497			
Overall work support	Between Groups	30.117	64	.471	1.390	.032
	Within Groups	146.543	433	.338		
	Total	176.661	497			
ProfDev	Between Groups	12.792	64	.200	1.122	.253
	Within Groups	77.112	433	.178		
	Total	89.904	497			

Table 17. *Gratitude Practice by Work-Specifics ANOVA (continued)*

Chapter Four Summary

Chapter Four presented the results of the data analyses procedures which included: a) descriptive analysis, b) structural equation modeling, c) analysis of variance, e) Pearson's Correlations (two-tailed), and f) hierarchical multiple regression. Chapter Five continues with a discussion of the results, offering implications for counselors, supervisors, and counselor educators.

CHAPTER 5: DISCUSSION

Chapter five provides an overview of the study, the methodology used as well as a discussion of the results. This chapter will expand upon the results presented in chapter four and compare findings with those presented in chapter two review of the current literature. The results of the primary and exploratory questions are specifically examined. In addition, this chapter will discuss limitations to this study, recommendations for future research, and implications for clinical practice, counselor self-care, counselor education, and supervision.

Study Summary

The purpose of this study was to explore the directional relationships between licensed clinical counselor burnout, resiliency, dispositional gratitude, and gratitude practices. In addition, this study explored work-specific items that were suggested in the literature to relate to counselor burnout. This study tested the hypothesized model that licensed clinical counselor's gratitude practice and dispositional gratitude would be covariates and each would be correlated with resilience and burnout, with resilience as a partial mediator of the path to burnout. Additionally, this study included an inquiry into work-specific components that may influence participants' report of resilience and burnout.

It is known that resilience and burnout are negatively correlated (Layous et al, 2014; Lee et al, 2007; Osborne, 2004; Skovholdt, 2001). Sufficient evidence in the literature suggests that those with higher levels of resilience also have higher levels of dispositional gratitude (Dwiwardani et al, 2014; Edward, 2005; Emmons, 2010; Lambert et al, 2009; Watkins et al, 2003), and that those with higher levels of dispositional

gratitude/ practice gratitude are less likely to experience the mental health symptoms associated with burnout and burnout overall (Cheng, Tsui & Lam, 2015; Geraghty et al, 2010; Kleiman et al, 2013; Lanham et al, 2012; Lyubomirsky et al, 2004; Merriman, 2015). It is also known that gratitude practices boost dispositional gratitude over time and create an upward spiral of positive emotions and behaviors linked with resilience (Emmons & McCullough, 2003; Froh et al, 2010; Fredrickson, 2004; Kerr et al, 2015; Layous et al, 2014; Lyubomirsky et al, 2004; Wood et al, 2010). Furthermore, those with higher levels of dispositional gratitude are more prone to recognize areas to be grateful in life and therefore are more likely to engage in gratitude practices (Emmons & McCullough, 2003; McCullough et al, 2003; McCullough et al, 2004). What remains unknown is the direct relationship of gratitude practices with resilience and burnout, and if the intensity, frequency and duration of gratitude practice is important. As gratitude practices are seen more and more in the literature as suggested interventions in clinical practice and overall wellness practices, it is important to gain a more detailed perspective of what works, how it works, and the relationship between gratitude, resilience and burnout to be most helpful for clinical counselors to engage in personally for career longevity and life satisfaction.

This study was approved through the University of North Carolina at Charlotte's Institutional Review Board. Data collection began on July 11. 2017 and ended on August 15, 2017. Dillman's *Tailored Design Method* (2014) was used for sampling to increase response rate and reduce sampling error. *Surveyshare* was used for online data collection. The sample included 12,000 licensed clinical counselors who were contacted by email from a randomly selected list of three state licensing boards with a link to the survey.

Inclusion criteria for participation required a counseling degree at either the masters or doctoral level, licensed in their state of practice, and currently maintaining an active counseling practice at least twenty hours per week seeing at least eight clients per week (Thompson, et al., 2014) in any face-to-face setting. A total of 653 participants responded to the survey, however 155 left the survey prior to completion, leaving a total 498 (76.3% of the total responses) completed and usable responses. The online survey collection tool only recorded completed responses, leaving partial completed results inaccessible for analysis. Therefore, the useable response rate was 4.15%.

The online survey began with a series of work-specific questions, then included the four instruments of a) *Counselor Burnout Inventory* (CBI; Lee, et al., 2007), b) ten-item *Connor-Davidson Resiliency Scale* (CD-RISC 10; Campbell-Sills & Stein, 2007), c) *Gratitude Questionnaire* (GQ-6; McCullough, Emmons & Tsang, 2002), and d) *Gratitude Practice Inventory* (GPI; Teague-Palmieri, 2017), then concluded with personal demographics questions. Counselor burnout was measure by the *Counselor Burnout Inventory* (CBI; Lee, et al., 2007), a 20-item survey using a five-point Likert scale from "never" to "every day." Resilience was measured using the 10-item version of the *Connor-Davidson Resiliency Scale* (CD-RISC 10; Campbell-Sills & Stein, 2007) that measures on a five-point Likert scale ranging from zero to four with higher scores indicating higher resilience. Dispositional gratitude was measured by the *Gratitude Questionnaire* (GQ-6; McCullough, Emmons & Tsang, 2002), a six-item questionnaire measuring on a seven-point Likert scale of agreement. The *Gratitude Practice Inventory* (GPI; Teague-Palmieri, 2017) is an 18-item inventory of six categories of gratitude practice and assesses frequency, intensity and duration of gratitude practices using a five-

point Likert scale. The statistical analyses used in this study were Structural Equation Modeling (SEM; Kline, 2011) that included confirmatory factor analyses, path analysis, and multiple regression. The exploratory research questions were analyzed using Pearson's correlations and analysis of variance (ANOVA; Tabacknick & Fidell, 2013). An alpha level of .05 was used in the SEM data analyses.

Discussion

The following section examines and expands on the results of chapter four. A review of the descriptive analyses of the participants' demographic and work specific data is presented and the descriptive analyses of each instrument is also presented. The statistical analyses of the primary research question and the exploratory research questions are presented, discussed and compared with findings of previous studies presented in chapter two. The discussion will focus on licensed clinical counselor identity and the relationship between constructs of interest.

Descriptive Data Analysis

The following section provides the descriptive data analysis and discussion of the participant demographics, work- specific information, and the constructs of interest of this study including burnout, resilience, dispositional gratitude and gratitude practices. Results are reviewed and compared with findings from previous literature reviewed in chapter two.

Participants

All participants were licensed clinical counselors actively providing direct clinical service for a minimum of eight face-to-face hours per week in the United States (*N*= 498). The age of participants ranged from 24 to 78 with an average age of 47.44. The

majority of participants were white, heterosexual, cis gender, Christian women with perceived family of origin socioeconomic status of middle class. Slightly more than half were married. The overall sample size and demographics seem to lend a representative sample of the total population of counselors as the field is largely female dominated and heteronormative, however participants are likely more religious than in the general population.

Work-specific data

Regarding work-specific items, most participants reported graduating from CACREP training programs and were trained at the Master's level. A large majority of participants were licensed at the LPC level and most in practice for more than six years. Participants reported working in a wide array of settings and were invited to report all the current settings practicing in. Most participants identified private practice as part of their work, while others included college counseling centers, emergency behavioral health, inpatient hospitals, intensive in-home, intensive outpatient and partial hospital programs, mobile crisis, residential facilities, VA/ military, amongst other settings. Most participants indicated that they seek supervision/ consultation weekly; however, this item may be under-reported as supervision and consultation may not have each been considered by participants when responding as it is very unlikely that 74 participants rarely consult regarding client care. Most participants reported receiving supervision through informal peer/ consultation and most participants reported finding supervision helpful. Participants were invited to share the primary concerns they work with clinically, which included ADHD, Adjustment/ Identity Development/ Growth, Anger Management, Anxiety, Behavioral Concerns/ Conduct Disorder, Couple/ Family

Counseling, Domestic Violence/ Intimate Partner Violence, Eating disorders/ Disordered eating/ Body image, Grief/Loss, Mood disorders including depression and bipolar, Non-suicidal Self-Injury, Personality disorders, Post-traumatic Stress Disorder; Sex addition/ process addictions, Sexual Assault; Somatic Illnesses, Substance Abuse, and Trauma, amongst other concerns shared in open response.

Approximately half of participants reported specializing clinically and most described their main client population as moderately acute. Most participants reported an average of over 20 sessions per year per client followed by 11-20 sessions per year per client, indicating that most participants are not working from a brief therapy model. Participants were invited to share all of the sources of funding that support their practice and most report client self-pay, private insurance, and/or Medicaid/ Medicare. Others reported grant/ donation/ endowment funding, funding through universities/ college fees, and a small percentage reported not knowing where funding for their service is coming from. The large amount of counselors who report relying on third-party payer sources (i.e., private insurance or Medicaid/ Medicare) speaks to the efforts of counseling organizations who have advocated for the LPC license to be recognized for therapy. The large amount of counselors relying on private pay solely speaks to the awareness of the field in general that counseling, for many, is a privilege that many cannot afford, and therefore the clients those participants see are likely not in poverty. Most participants reported feeling at least somewhat appropriately compensated for their counseling work.

A large majority of participants reported having supportive co-workers as well as having a strong support system at home/ in their personal life. Approximately half of participants reported having a strong clinical referral network, and approximately half of

participants report feeling that their work environment supports self-care through paid-time-off, flexibility in schedules, wellness leave, or in other ways. Most participants feel supported by work overall, and most engage in regular professional development through continuing education, professional activities/ leadership. These potentially optimal support systems for the majority of participants may not be an accurate representation of higher stress counselors who did not elect to participate in this study. These work environment pieces of information are crucial in grounding the context of the participants' experiences of burnout, resilience, and possibly gratitude as well. As discussed in chapter two's review of literature, an overwhelming amount of peer-reviewed research and articles heighten self-care as the pinnacle of burnout avoidance and treatment, as well as resilience-enhancement (Myers & Sweeney, 2008; Skovholdt, 2001). The results of participants' work-specifics also provide much-needed insight into payer sources, clinical settings, and professional development of current counselors.

Burnout

The average rate of burnout for licensed clinical counselor participants in this study was 38.11 out of a total highest possible score of 100 (lowest possible of 20), with a median score of 37, mode of 20, and SD of 11.98, indicating some variance of burnout experiences amongst participants even though the average is fairly low. It is impossible to compare the average burnout score of this sampling of participants with an overall average score of burnout for the total population of licensed counselors nationwide (or even of those sampled from) as there is no study reporting overall burnout scores of licensed counselors to compare this to. The closest comparison source for this source comes from the American Counseling Association's (ACA) 2004 taskforce discussed in

chapter two, in which 63.5% of counselor members reported knowledge of at least one colleague they'd consider impaired. The ACA survey was not a rigorous study for the purpose of specifically examining burnout, however as counselor impairment is one of the biggest indicators of burnout, it is not hard to believe that this report adds to the discussion of burnout in counselors. In continuing to consider the relatively low average rate of burnout, it is likely that counselors who elected to participate in this study were not currently experiencing burnout, otherwise they would not have likely perceived having time available to participate in this study.

Each subscale of burnout was measured from the total score of four items for a total possible score from 4-20 on each of the five subscales. An examination of central tendencies for each of the five subscales of counselor burnout indicate that the participants' burnout tends to appear most through exhaustion, then by deterioration of personal life and perceiving a negative working environment. Participant scores suggest that they are least likely to display burnout through devaluing clients, which is helpful when considering most literature cautions of burnout due to the potential of harm to clients.

The Chronbach's α for each subscale of Counselor Burnout in this study were mostly consistent with the findings of the author of the manuscript (Lee, et al., 2007) with each subscale providing a statistically significant contribution to the overall factor. Chronbach's α for the *incompetence* subscale in this study was .643 whereas Lee and colleagues (2007) reported .81; *negative work environment* in this study was .861 as compared with Lee and colleagues (2007) reported .83; *deterioration of personal life* α in this study was .838, consistent with the .84 Lee and colleagues (2007) finding; devaluing

client α for this study was .865 that was slightly stronger than the α=.83 Lee and colleagues (2007) study; and finally for the exhaustion subscale, this study showed a Chronbach's α of .916, which was significantly strong than the Lee and colleagues (2007) finding of .8. This study supported the five-factor model of the CBI. Fit indices indicated an adequate fit between the data and the model.

Resilience

Resilience was measured by the 10-item version of the *Connor-Davidson Resiliency Scale* (CD-RISC 10; Campbell-Sills & Stein, 2007) which measures on a five-point Likert scale from 0-4 with a total possible score from 0-40. The central tendencies of the 10-item CD-RISC in this study revealed fairly high levels of resilience in the participants. Chronbach's α for the 10-item CD-RISC was .897 in this study, which indicates a high level of internal consistency with results in keeping with Campbell-Sill and Stein's (2007) results. The unimodal factor structure was retained in the CFA. Fit indices indicated an adequate fit between the data and the model.

Dispositional Gratitude

Dispositional gratitude was measured using the *Gratitude Questionnaire* (GQ-6; McCullough, Emmons & Tsang, 2002) which measures the 6 items on a seven-point Likert scale for possible scores ranging from 6-36. The central tendencies of the GQ-6 indicate that most participants display high levels of dispositional gratitude. Items 3 and 6 were the only negatively worded items on the GQ-6 and were also the weakest relationships. It is hypothesized that these two items were created to decrease reporting bias and addressed similar themes; therefore, they were combined to improve the internal validity of the measurement model. The GQ-6 has consistently proven to yield a high

level of internal consistency and a solid one-factor structure throughout numerous studies, which remained consistent in this study's findings. Fit indices indicated an adequate fit between the data and the model.

Gratitude Practice

As the Gratitude Practice Questionnaire is a new instrument, there is no literature to compare findings. The central tendencies of the GPQ subscales in this study were fairly uniform with the intensity subscale highest in participant rating and frequency lowest regarding mean scores. This seems to add complication to previous gratitude intervention only studies that report frequency as potentially most important; however, these finding are consistent with the field of counseling's understanding of the importance of buy-in. The subscale of intensity was created to speak to the "buy-in" and perceived benefit of the gratitude to the participant and was the subscale with the highest mean and median, suggesting that the investment of the counselor on the importance of the gratitude practice (rather than just simply "going through the motions") does seem to matter. While the intensity subscale yielded highest scores from participants, it was the subscale with the lowest internal validity, although all correlation scores were fairly consistent and displayed high levels of internal validity. Overall, the GPQ demonstrated an acceptably high level of internal validity for use. The EFA supported a potential for six factors, and the researcher chose to use intensity, frequency, and duration as sub-factors to measure six types of gratitude practices. Each factor loaded strongly into the measurement model, indicating that intensity, frequency, and duration all greatly contribute to the construct of gratitude practice. As previous literature had discussed

frequency as most important in gratitude practice, it seems that participant buy-in, or intensity, is also very important.

Burnout and Resilience

Burnout and resilience were significantly negatively correlated in this study. These findings are consistent with assumptions and findings of previous empirical literature (Cummins, et al., 2007; Figley, 2002; Lambert & Lawson, 2013; Lawson, 2007; Skovholt et al., 2001; Venart et al., 2007). This study confirms that as resilience goes up, burnout goes down.

Burnout and Dispositional Gratitude

Burnout and dispositional gratitude were negatively correlated in this study, however the relationship is relatively weak. This indicates that other variables likely have a stronger relationship with predicting burnout. While burnout and dispositional gratitude have not been sufficiently explored in previously existing literature, these results to support the findings of Cheng and colleagues (2015) as well as Lanham and colleagues (2012). This study suggests that as dispositional gratitude goes up, burnout goes down, similarly to the effect of resilience on burnout but to a lesser degree.

Burnout and Gratitude Practice

Gratitude practice and burnout were positively correlated, which was not hypothesized and has mixed interpretations based on previous literature. As only a few studies have studied gratitude practice and burnout (Cheng et al, 2015; Lanham et al, 2012), little information was available to predict the relationship between burnout and gratitude practice. While it may seem odd that counselors with higher levels of burnout also had higher levels of gratitude practice, it could be interpreted that counselors are

aware of gratitude practices as a resource and engaging in them more during the times needed most, which may have also kept the burnout from worsening. It is also likely that other variables that were not included in the model are important to consider in this relationship. Regardless of the cause or interpretation, this model indicates that as burnout increases, so does gratitude practice.

Resilience and Dispositional Gratitude

Resilience and dispositional gratitude were significantly positively correlated in this study. This is in keeping with previous studies linking dispositional gratitude with traits associated with resilience (Cheng, et al., 2015; Emmons & McCullough, 2003; Lambert, et al., 2009; Lanham, et al., 2012; Watkins et al., 2003). This study confirms that as dispositional gratitude goes up, so does resilience.

Resilience and Gratitude Practice

Resilience and gratitude practice were not found to be significantly correlated. This finding was not in keeping with previous studies of gratitude practice in the literature that used clinical samples and samples from the general population (Emmons & McCullough, 2003; Froh et al, 2010). While studies reviewed in the literature did not directly study the relationship between gratitude practice and resilience, studies did examine gratitude practices and factors directly related to resilience in other studies, such as prosocial behavior, quality sleep, positive outlook on life, etc. It is important to note that most of the studies reviewed in chapter two of this dissertation used intervention studies and showed that gratitude practice interventions boosted quality of sleep, prosocial behaviors, overall uplifted mood, and other qualities associated with resilience. As this study was not an intervention and simply a captured depiction of what counselors

are currently doing, there is no way to tell if the sampled participants would have had significant improvements in resilience with a gratitude intervention. What may explain this lack of significant relationship theoretically is that counselors with high resilience may not see a need to engage in/ may not be aware of gratitude practices that they may already be engaging in to boost resilience or may engage in other practices that keep them resilient.

Dispositional Gratitude and Gratitude Practice

Dispositional gratitude and gratitude practices were significantly correlated as covariates. This is in keeping with previous studies that have found similar results between the two constructs (Emmons & McCullough, 2003; McCullough et al, 2003; Layous et al, 2014). Throughout the literature reviewed in chapter two (and beyond), gratitude practices have been used as interventions to boost dispositional gratitude over time, while dispositional gratitude is a predictor of individuals' recognition, willingness, and motivation to engage in gratitude practices.

Primary Research Question Results

Primary Research Question

The primary research question for this study was: Do clinical mental health counselors' gratitude practices (as measured by the GPQ) contribute to their levels of resilience (as measured by the 10-item CD-RISC), levels of burnout (as measured by the CBI), and dispositional gratitude (as measured by the GQ-6)?

Research Hypothesis

This study tested the theoretical model that clinical mental health counselor's gratitude practice (as measured by the *Gratitude Practice Questionnaire* [GPQ; Teague-

Palmieri, 2017]) contributed to their levels of resilience (as measured by the *Connor Davidson Resiliency Scale- 10 item* [CDRISC; Campbell-Sill & Stein, 2007), and levels of burnout (as measured by the *Counselor Burnout Inventory* [CBI; Lee, et al., 2007]), regardless of their level of dispositional gratitude (as measured by the *Gratitude Questionnaire* [GQ-6; McCullough, Tsang & Emmons, 2002]). In addition, gratitude practice (as measured by the GPQ) was hypothesized to be positively correlated with dispositional gratitude (as measured by the GQ-6), and resilience (as measured by the CD-RISC), while negatively correlated with burnout (as measured by the CBI). Specifically, the study examined the hypothesized directional relationship that clinical mental health counselors who practice gratitude would display increased dispositional gratitude, increased levels of resilience and decreased levels of burnout.

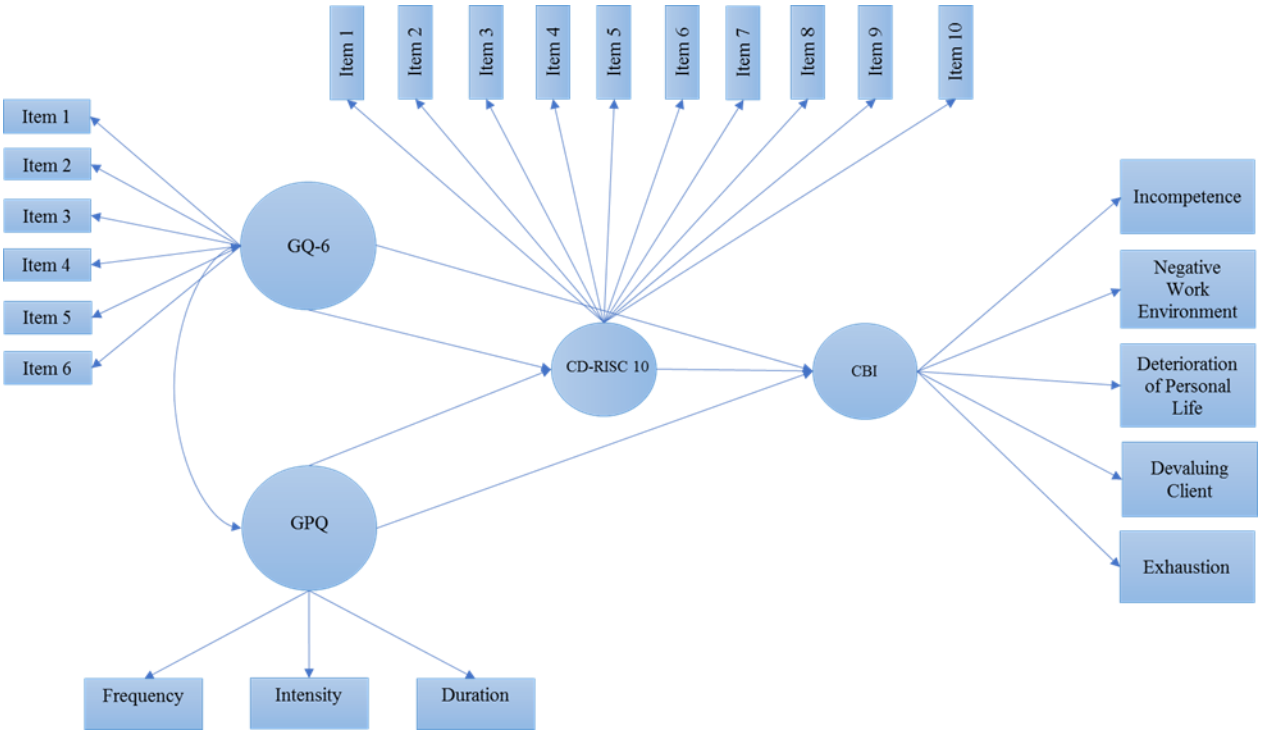

Figure 10. Hypothesized Structural Model

To investigate the hypothesis, a structural model was developed based on the measurement models and tested (shown in Figure 10). According to the tested model, adequate fit between the data and the model for all fit indices was indicated. Resilience and burnout were found to have a strong negative correlation as anticipated, dispositional gratitude and burnout were negatively correlated, dispositional gratitude and resilience were positively correlated and dispositional gratitude and gratitude practices were strongly correlated. Gratitude practices were weakly positively correlated with burnout, in contrast to the hypothesized negative correlation in the proposed model. The path coefficient for Gratitude Practice to Resilience was not statistically significant. Therefore, the proposed model was modified to drop the path from gratitude practice to resilience.

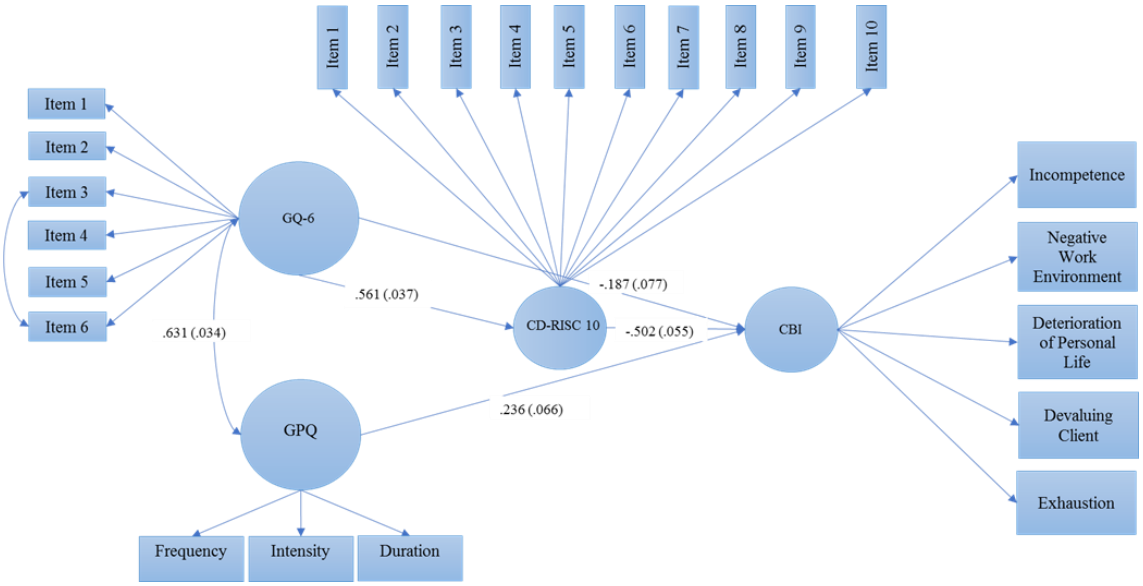

Figure 11. Structural Model Two

Figure 11 shows the second model that was modified to exclude the path from gratitude practice to resilience. All of the fit indices indicate adequate fit between the data

and the final model, and were very similar to those for the proposed model. In some relationships, dropping the path between gratitude practice and resilience strengthened relationships between some variables while slightly weakening others. The path coefficients and fit indices in this model were similar to the first model. Regardless, the changes to the remaining variable relationships were unremarkable and they remained statistically significant. Therefore, dropping the statistically non-significant paths did not result in any substantial change in fit

These results are mostly consistent with the literature reviewed in chapter two, as resilience and burnout were strongly negatively correlated in each manipulation of the structural model. The results of the inverse relationship in the model between resilience and burnout align with the results and suggestions of Edward (2005), Figley (2002), Osborn (2004), and Skovholt (2012), who support the notion that personal hardiness and resilience are malleable personality characteristics that can be cultivated to prevent and treat burnout. The strong positive correlation found between resilience and dispositional gratitude, as well as the significant negative correlation between burnout and dispositional model support the findings of McCullough, Emmons, and Tsang (2002) in which individuals with higher levels of dispositional gratitude also held higher levels of the *Big Five Personality Traits* (Costa & McRae, 1992) that have been consistently linked with resilience.

The lack of significant correlation between gratitude practices and resilience in this finding does not support the notion of gratitude serving as a buffer, or resilience factor, for the negative emotions in life as Wood and colleagues (2010) and others have found (Cryder et al., 2006; Fredrickson, et al., 2003; Ruini & Vescovelli, 2013).

However, the results of the overall model that include dispositional gratitude do indeed support these findings and create a need for more analysis on the strange paradox of the finding that while dispositional gratitude and gratitude practices were indeed covariates, one was significantly positively correlated to burnout while the other was significantly negatively correlated. This quandary in analysis may suggest that licensed counselors who are experiencing some degree of burnout are to some degree aware of gratitude practices as a coping tool and would be experiencing higher levels of burnout if they were not engaging in the practices they reported. In this potential translation of the overall model, the licensed counselors who chose to participate in the study demonstrated higher levels of resilience and dispositional gratitude, which also makes them more likely to recognize and engage in a practices (such as those gratitude practices assessed for) that have been shown to boost the recognition of positive emotions and resources (Emmons & McCullough, 2003; Fredrickson, 2001; Fredrickson, 2004). The findings of this study regarding the relationship between gratitude and burnout also support the limited comparative study (N = 65) of Lanham and colleagues (2012) in which dispositional gratitude predicted burnout. As no study has specifically looked at the relationship between gratitude practices specifically with dispositional gratitude, resilience, and burnout, the results of this study significantly add to a more nuance understanding and conceptualization of how gratitude can be used in burnout prevention and treatment.

Follow-Up Analyses

To gain an understanding of the unanticipated lack of significant correlation between gratitude practice and resilience, as well as the unanticipated positive correlation between gratitude practices and burnout, correlations between burnout, resilience,

dispositional gratitude, and each subscale of the gratitude practice questionnaire (frequency, intensity and duration) were analyzed. None of the gratitude practice subscales yielded results to aide in improving the model.

To answer the question of what the relationship looks like between gratitude practice, resilience and burnout in counselors when dispositional gratitude is accounted for, a hierarchical regression analysis was conducted to control for the variance caused by dispositional gratitude. In the original regression model, dispositional gratitude accounted for 10% of the variability in the total outcome. After gratitude practice and resilience were added into the regression analysis, 25.5% of the variance in burnout was accounted for. 14.6% of the variance can be accounted by gratitude practice and resilience when dispositional gratitude has been statistically controlled for, which is a statistically significant contribution. In examining the analysis of variance of all variables in the regression model, the overall regression model is a statistically significant predictor of burnout. In a review of the standard coefficient beta scores, gratitude practice ha the least contribution to burnout, and dispositional gratitude holds only slightly more of a contribution, while resilience by far has the most contribution to burnout. The regression analysis was consistent with the overall structural model's findings. In addition, these findings support the overwhelming amount of research and literature on the importance of resilience, as it strongly decreases burnout.

Summary of the Results of the Hypothesis

Overall, the results of the data analysis procedure confirmed that licensed clinical counselors with higher levels of dispositional gratitude and higher levels of resilience had lower levels of burnout. The data analysis also confirmed that dispositional gratitude and

gratitude practices are strongly positively correlated to support the covariate relationship. However, the data analysis did not support the hypothesis that licensed clinical counselors who engaged in higher levels of gratitude practice had higher levels of resilience or lower levels of burnout. The data analysis indicated a relatively insignificant relationship between resilience that was only mildly strengthened when dispositional gratitude was accounted for. The data analysis also indicated a significant positive relationship between gratitude practice and burnout. Therefore, the data findings did not support the hypothesized model, nor did adaptations of the model based on fit indices. This suggests other potential variables that were not used in the model as important to consider.

Ample research has been dedicated to the understanding of what keeps counselors well and safely in ethical practice (Lawson, 2007; Lawson & Myers, 2011; Neswald-Potter et al, 2013; Osborne, 2004; Skovholdt, 2001). The findings throughout decades have indicated personality characteristics (Costa & McCrae, 1992; Lanham et al, 2012), wellness practices that promote physical, mental, spiritual, social and other areas of self (Lawson & Myers, 2011), and work-specific strategies to manage caseload (Osborne, 2004; Skovholdt, 2001). Many of these suggestions regarding work-specific strategies guided the items on the work-specific area of the study that will be examined in the exploratory research questions results sections next. The findings may indicate variables that were not included in the model that may have been significant to the understanding of the relationships between constructs in the hypothesized model.

Exploratory Research Questions Results

Exploratory Research Question One

Is there a statistically significant relationship between professional mental health counselors' burnout (as measured by the total score on the Counselor Burnout Inventory [CBI; Lee, et al., 2007]) and their reported work-specific information (e.g. setting, hours worked, years of practice, acuity of clients)?

Counselor's length of time in the field, perceived co-worker support, perceived home support, having a strong referral network, work that supports self-care, and perceived overall work support were the only work-specific items that were statistically significant at the $p<.001$ level for burnout. According to Gentry, Baggerly and Baranowsky (2004) description of burnout as the chronic condition of perceived demands outweighing perceived resources, it makes sense that these specific items were specifically identified with burnout as these are all items that relate to perceived resources.

Length of time in the field, client acuity, frequency of supervision, having a clinical specialty, the number of client sessions per week, average sessions per year per client, having multiple jobs, feeling appropriately compensated for work, and engagement in professional development were not statistically significant with burnout. While the work-specific characteristics that were found to be significantly correlated with burnout in this study were consistent with the findings in other studies of career sustaining behaviors (Lawson, 2007; Lawson & Myers, 2011; Osborne, 2004; Tanrikulu, 2012; Thompson et al, 2014), the characteristics not to be found significant in this study (i.e., length of time in practice and client acuity) were inconsistent with previous studies.

According to the results of this study, licensed counselors working mainly with high acuity clients were just as likely to not experience burnout as those seeing low acuity clients, which does not support Lawson & Myers (2011) finding related to this specific work characteristic. This may speak to this study's findings of the importance of perception of available resources that can help licensed counselors remember that the outcome of clients healing is not all up to them individually, but as part of a village of providers. This finding also speaks to participants' relatively high levels of resilience in being able to adapt to a new normal of high acuity clients as a way of finding homeostasis. According to the results of this study, licensed counselors in private practice are also just as likely to experience burnout as those in other settings, which also contradicts some of the findings of Lawson & Myers (2011). As length of time in the field had been found to be positively correlated with burnout (Pines & Maslach, 1978), and new counselors have been found to be more susceptible to burnout than seasoned licensed counselors (Merriman, 2015), the results of this current study yield no significance of time in the field with burnout, which supports Stamm's (2010) findings. Further analysis on length of time in the field may be appropriate for future research given the mixed reports and interest of this particular work-specific item throughout decades of research. Overall, the results of this research question align with Stamm's (2010) findings of the strength of importance of work conditions on burnout.

Exploratory Research Question Two

Is there a statistically significant relationship between professional mental health counselors' resilience (as measured by the factor scores of the Connor-Davidson

Resiliency Scale [CD-RISC-10; Campbell-Sills & Stein, 2007]) and their reported work-specific items (e.g. setting, hours worked, years of practice, acuity of clients)?

Having a strong referral network and a sense of overall work-support were the only work-specific items found to be statistically significant regarding resilience at the $p<.001$ level. Perceived home support was the only other item close to being significant in regard to resilience, however at $p=.002$ it could not be considered statistically significant. It is important to note that had less conservative estimation techniques been used, many more work-specific data items would have been identified as significant. The question of "what makes someone resilient" is a very commonly sought question both clinically, in work environments, and culturally as a whole. While much previous literature has suggested a multitude of resilience-enhancing strategies, this study speaks to the heart of the human need to belong and have resources available with the only items showing any significance as having a strong referral network and having a perceived overall supportive work environment. In addition, the results maintain the notion that licensed counselors as human beings are capable of adjusting to reestablish a sense of homeostasis (Richardson, 2002) despite the external stressors of high acuity caseloads and multiple payer sources as long as they can recognize the resources available to make their work possible through referral and support. This finding is in keeping with *the Broaden-and-Build theory* (Fredrickson, 2004) as more resilient persons may be able to identify where they have resources beyond themselves more readily and vice-versa. While evidence-based literature is limited in specifically addressing counselor resilience, with most studies focusing on closely related concepts of career-sustaining behaviors and wellness, Skovholt (2012) developed a qualitative resilience inventory discussed in

chapter two that resulted in a list of ten resiliency tasks for counselors. This list specifically recommends creating a "greenhouse" at work that provides a healthy environment and building supportive professional relationships. The results of this study in comparing counselor resilience among work-specific items supports these two specific tasks in Skovholt's (2012) list and aligns with the heart of the other tasks for counselor resilience.

Exploratory Research Question Three

Is there a statistically significant relationship between professional mental health counselors' dispositional gratitude (as measured by the Gratitude Questionnaire [GQ-6;]) and their reported work-specific demographic variables (e.g. setting, hours worked, years of practice, acuity of clients)?

Perceived co-worker support, home support, work that supports self-care, and perceived overall work support were all found to be statistically significant regarding dispositional gratitude. Having a strong referral network was the only other item close to being significant, however at $p=.002$ it could not be considered statistically significant at the $p<.001$ level. While it has been found in the literature that dispositional gratitude is linked with more prosocial behaviors and an easier likelihood to identify the positive resources in life (Emmons & McCullough, 2003; McCullough et al, 2003; McCullough et al, 2004), it makes sense that counselors with greater dispositional gratitude were more likely to recognize the support of others, including co-workers, personal supports at home, the self-care features of their occupational set-up and from work as a whole.

Exploratory Research Question Four

Is there a statistically significant relationship between professional mental health counselors' gratitude practices (as measured by the factor scores of the Gratitude Practice Questionnaire [GPQ; Palmieri, 2017]) and their reported work-specific demographic variables (e.g. setting, hours worked, years of practice, acuity of clients)?

There were no work specific items found to be statistically significant regarding gratitude practice. There are no studies to compare these findings with as there is no literature available that assessed work-specific characteristics with gratitude practices. As this question could have yielded some interesting findings, none were found. One possible interpretation is that gratitude practice is an equal-opportunity engagement that isn't specific to any one type of work characteristic over another as the gratitude practice is more about the person and less about the work. In addition, as the instrument used to assess gratitude practices in the licensed counselors sampled for this survey was new and untested with several types of gratitude practices included in the inventory having much more empirical support than others, it is likely that the instrument may not have shown as much differential detail in the practice variances that may have been needed to yield significant results with workplace characteristics. This, as well as other limitations of this study, will be reviewed next.

Limitations of the Study

Research Design Limitations

Efforts were made to limit threats to construct, internal, and external validity of this correlational study. However, some threats to the internal validity were present through characteristic correlations (Tabacknick & Fidell, 2013) as the correlational

relationships between all variables was not explained by the constructs being studied, but rather likely due to participant characteristics that were not accounted for. This study did not account for social desirability, which may have been needed for potential biased self-reporting in items. In addition, the study did not account for personality features of participants, as the one study on counselors' burnout and gratitude practices suggested to do (Costa & McCrea, 2012). This limited the overall study's full understanding of the true relationships between all constructs of interest. This study also did not establish a way to specially include participants who had limited exposure to gratitude practices. In addition, correlational research does not imply causality.

Sampling Limitations

Several limitations exist for the sampling of this study. Despite attempts made to follow the *Tailored Design Method* (Dillman et al., 2014) and providing an incentive to participate, one of the main overall limitations of this study was the low useable response rate (4.27%). NC only shared contact information for LPCs, while OH and FL sent contact information for provisionally licensed as well as supervisor level licensees, which skewed the sampling data to have a higher proportion of LPCs in one state than the other two states sampled. In addition, the survey was set to force an answer to questions, which likely contributed to the mortality rate.

The online data collection program, *Surveyshare*, was not set to save data for incomplete responses. Therefore, the data was inaccessible for several of the participants who completed approximately 50% of the survey. Had the data of the incomplete surveys been obtained, the useable sample size for many survey items (particularly using the items that measured the constructs of interest in the model) would have increased and

missing data could have been statistically accounted for through data manipulation. As many of the routes to manipulate data to account for missing data is controversial, this is not necessarily a change that would have eliminated incomplete data as a limitation (Pallant, 2011).

In addition, self-selection bias for participation presents another sampling limitation in this study as those who chose to engage in this study may have had personal and work-specific characteristics that allowed them the time, energy and motivation it took to take this survey, even with the incentive offered. Specifically, counselors particularly high in burnout may not have perceived the resources to add one more thing to do within their day. Furthermore, the concept of gratitude can draw mixed reactions and assumptions for some, while others may not have exposure to gratitude practices, all of which may have decreased motivation to participate in the study.

Instrumentation Limitations

Several instrumentation limitations exist in this study. *The Gratitude Practice Questionnaire* was a new and untested instrument, which is a large limitation of this study. While all items loaded well into the measurement model, several of the gratitude practices included were open to interpretation while others were structured/ specific interventions, likely allowing for strong participant variation in reporting. The psychometric properties of the GPQ are in need of further research analysis. The selection of the 10-item CD-RISC may have been a limitation in this study. While stable in the unimodal structure, the 10-item CD-RISC dropped items that previously aligned with religiosity/ spirituality in the original 25-item CD-RISC, which had a four-factor structure and could likely have added to the understanding of the relationship between

Gratitude Practices and Resilience. In addition, as all instruments were self-report measurements, increasing the potential for participant bias in responding to items, which is another limitation. Lastly, even though consideration was used in the ordering of instruments, the previous items on instruments could have influenced the way participants responded to subsequent instruments. Caution should be used in interpreting the results of this study.

Implications

Clinical Practice

It is not often in the literature that counselors as clients are discussed, yet counselors are first and foremost part of the general population, equally susceptible to the mental health concerns and life stressors. Additionally, as counselors are expected to engage in self-reflection (Venart, 2007), it is even more important that counselors remain clients as well. Therefore, it is important to discuss the implications of this study for counselors who also treat other counselors as part of their clinical practice. For counselors treating counselors in clinical practice, it is important to assess for burnout as part of a presenting concern, particularly regarding exhaustion as that factor was most indicative of burnout in this study and is likely the first sign of potentially harmful burnout. It is also important to assess the counselor's wellness practices beyond sleep, exercise and hobbies to expand into areas that may be in a state of cognitive dissonance to which gratitude practices as an intervention may be helpful according to previous clinical studies. While this study showed that gratitude practice and burnout were in fact positively correlated, the model overall does not support an interpreted causal role of gratitude practice on burnout. It is far more likely when considered in the context of

ample literature on gratitude practices and clinical concerns that burned out counselors tend to engage more in some form of safeguarding practice such as gratitude practices to maintain mental and emotional hygiene. While further research is needed to understand the relationship between gratitude practice and burnout, this study does support that gratitude practices covary with dispositional gratitude, which is positively correlated with resilience and negatively correlated with burnout, indicating that it is safe to continue to recommend gratitude practices as part of counselor self-care as well as an opportunity to boost positive emotional resources that may be low with the presenting counselor client. As Russell and Fosha (2008) claimed, "Relieving suffering through transforming the negative affects associated with it is essential but not sufficient. To maximize effectiveness, the therapeutic enterprise must also deal, with equal rigor, with the positive affects associated with experiences of transformation, growth, and connection" (p 168). In addition, as the results of this study confirm the negative correlation between dispositional gratitude (the ability to tap into the positive feeling of gratitude) and burnout, and confirm that dispositional gratitude and gratitude practices covary, it may be worthwhile to ask counselor clients how they are tapping into the feeling of gratitude. As the results of this study show, the counselor population is open to the concept of gratitude practices as most reported engaging in some form regardless of burnout or resilience, and they will likely be willing to turn to gratitude interventions during times they are at risk for burnout. The results of this study also indicate the value of helping counselor clients increase their scope of awareness of available resources through referral networks and other professional relationship supports, which previous evidence-based literature has noted gratitude interventions as a helpful tool.

Counselor Self-Care

Several implications for counselor self-care exist for this study. It is important for counselors to note how many areas of their personal and professional lives are touched by the constructs of interest of this study that could not be fully explored. While counselors often receive the blanketed promotion of "self-care", much of the time this includes activities, that while helpful and healing, often distract away from needed cognitive restructuring of the vicarious trauma experienced while witnessing human suffering at close proximity. This study reinforces the need for a strong counselor community that includes a good referral network in order to balance caseloads and practice within the trained scope, as well as co-worker support amongst the counselor community in general. While many participants in this study reported not having co-workers due to being in private practice, it is important to note that those in private practice in particular need relationships with other counselors to avoid loneliness, ignoring resources available to self and clients, and to have shared perspectives that provide validation. While the results of this study cannot provide a definite recommendation of adding gratitude practices to the self-care toolbox, it is worth noting that many counselors experiencing burnout in this study do engage in gratitude practices as part of their self-care, and when considered in context of existing literature, the gratitude practice likely helps keep the burnout from worsening and contributes to some degree to their resilience. While further research is needed, it does seem to be appropriate to consider engaging in gratitude practices for an overall sense of well-being and remain happily in practice as a counselor.

Counselor Education

As discussed in the literature review, the CACREP board mandates counselor self-care to be included in the counselor education curriculum. However, many of the suggestions for counselor self-care bypass the cognitive restructuring that some counselors experiencing burnout symptoms consistent with depression or anxiety may need to increase motivation and engage in the behavioral suggestions, such as sleep, exercise, or spending time with friends. It does seem worthwhile from the findings of this study to further examine the potential of adding in gratitude practices of some form into the counselor self-care curriculum. It is also important to highlight the findings of this study on the importance of having a referral network and a supportive work environment. It may be useful to include seminars on identifying referrals in the community and coaching counselors in training on how to form the professional relationship with not only other counselors, but also psychiatrists, social workers, psychologists trained in psychological testing, nutritionists, dietitians, primary care physicians, and the multitude of other helping professionals that could be helpful in providing best clinical care. It is also important to note that many participants do not report continuing to engage in regular supervision, consultation, or professional development beyond receiving full licensure, even though much literature exists to suggest the importance of this. While many masters in counseling students are overwhelmed with the next steps in their training and rather short-term focused, it may be useful to invite seasoned practitioners specifically to discuss what consultation looks like when mandated supervision ends, times they elect to hire someone for formal supervision, and how they engage in the clinical community to keep their clinical referral and support network strong.

Supervision

In this study, participants did not report engaging in high amounts of supervision after receiving full licensure, which is concerning as ample research abounds reinforcing the importance of the supervisory relationship and the usefulness in managing acute clinical loads ethically. This study included supervision and consultation in the items assessing supervision, however it is likely that many participants held a specific notion of the formality required to call it "supervision or consultation" and therefore under-reported. It is the hope of this researcher that licensed clinical counselor participants in this study are consulting with other clinicians and receiving supervision at much higher levels than this study indicates. From the work-specific characteristics that were found to be significantly related to burnout and resilience, it is important to help supervisees in creating and fostering a strong clinical referral network and take the time to build relationships with co-workers to maintain an overall supportive work environment. It may also be helpful to check in with supervisees regarding gratitude (particularly work-specific gratitude) when sensing burnout to help them identify the resources that they already have at hand.

Recommendations for Future Research

Future research should consider the limitations of this study. As only three state licensing boards provided lists of current licensed counselors, efforts should be made to expand to more states to increase the generalizability of the study and strengthen the external validity. In addition, the online survey tool should be set to include incomplete responses as well and allow for participants to skip items they don't feel comfortable

answering to increase the response rate. It may also be useful to mix the methods of survey collection by also providing in-person paper-and-pencil options and mailed surveys with postage included (Dillman et al., 2014).

Future research should also consider revising the Gratitude Practice Questionnaire (GPQ) as the intensity, frequency and duration factors may not be as useful to explore as the types of gratitude practices. Also, the gratitude practices assessed in the GPQ could likely be condensed into two types: specific gratitude interventions and less concrete contemplative practices; or assess only the specific structured interventions used in previously existing evidence-based studies, which may eliminate potential participant confusion. It may be valuable to include a personality inventory (such as the five-factor personality inventory of Costa & McCrae, 1992) to account for participant characteristics as Lanham and colleagues (2012) suggested. As this study included only self-report instruments, it would be helpful to include a social desirability scale (such as the Marlowe-Crowne Social Desirability Scale; MC-SDS; Crowne & Marlowe, 1960) to account for socially desirable responses and participant reporting bias. Another suggestion for future research is to explore the model using the full 25-item CD-RISC (Connor & Davidson, 2003) that included items aligning with religiosity. While the only existing study of dispositional gratitude and burnout for mental health professionals (Lanham, et al., 2012) did not specifically look at counselors or gratitude practices, and the only study using gratitude practices with healthcare practitioners was intervention-based and studied work-specific gratitude, while this current study invited unrestricted gratitude practices that could be drawn from any area of life, it may be helpful for future researchers to use an existing instrument for work-specific gratitude or alter the GPQ to

direct participants to consider gratitude experiences while at work only. Future research should also consider including a wellness practices instrument as well, such as the Professional Qualities of Life (ProQOL; Stamm, 2010) or the Five-Factor Wellness inventory (5F-WEL; Myers & Sweeney, 2005).

Summary

Chapter Five reviewed the results from the current study and compared findings with those from previously existing research in the literature. The results of the study partially supported the hypothesized model; however, the results need to be interpreted with caution due to study limitations. In addition, the exploratory research questions provide insight into the need for future research on counselor work-specific characteristics that may relate to counselor burnout, resilience and gratitude. As previous literature did not exist specifically focusing on licensed clinical counselor burnout, resilience, dispositional gratitude and gratitude practices, this study contributed to the field of counseling and counselor education, particularly in the realm of positive emotion.

References

Adams, R., Figley, C., & Boscarino, J. (2008). The compassion fatigue scale: Its use with social workers following urban disaster. *Research on Social Work Practice, 18*(3), 238-250.

Adler, A. (1938). *Social interest: A challenge to mankind.* London: Faber & Faber.

Adler, M.G., & Fagley, N.S. (2005). Appreciation: Individual differences in finding value and meaning as a unique predictor of subjective well-being. *Journal of Personality*, *73*(1), 79-114.

Bradley, N., Whisenhunt, J., Adamson, N., & Kress, V.E. (2013). Creative approaches for promoting counselor self-care. *Journal of Creativity in Mental Health, 8*, 456-469. doi: 10.1080/15401383.2013.844656.

Block, J., & Kremen, A.M. (1996). IQ and ego-resiliency: Conceptual and empirical connections and separateness. *Journal of Personality and Social Psychology*, *70*(2), 349.

Bono, G., & McCullough, M.E. (2006). Positive responses to benefit and harm: Bringing forgiveness and gratitude into cognitive psychotherapy. *Journal of Cognitive Psychotherapy, 20*(2), 147-158.

Breen, W.E., Kashdan, T.B., Lenser, M.L., & Fincham, F.D. (2010). Gratitude and forgiveness: Convergence and divergence on self-report and informant ratings. *Personality & Individual Differences, 49*(8), 932-937.

Byrne, B.M. (2012). *Structural equation modeling with Mplus: Basic concepts, application and programming*. New York: Rutledge.

Campbell-Sills, L., & Stein, M.B. (2007). Psychometric analysis and refinement of the

Connor-Davidson resilience scale (CD-RISC): Validation of a 10-item measure of resilience. *Journal of Traumatic Stress, 20*(6), 1019-1028.

Carman, J.B., & Streng, F.J. (1989). *Spoken and unspoken thanks: Some comparative soundings.* Dallas, TX: Center for World Thanksgiving.

Carney, J.V. (December 07, 2007). Humanistic wellness services for community mental health providers. *Journal of Humanistic Counseling, Education and Development, 46*(2), 154.

Chan, D.W. (2011). Burnout and life satisfaction: Does gratitude intervention make a difference among Chinese school teachers in Hong Kong?, *Educational Psychology: An International Journal of Experimental Educational Psychology, 31*:7, 809-823. doi: 10.1080/01443410.2011.608525

Cheng, S., Tsui, P.K., & Lam, J.H.M. (2015). Improving mental health in health practitioners: Randomized controlled trial of a gratitude intervention. *Journal of Consulting and Clinical Psychology, 83*(1), 177-186.

Colaizzi, P. (1978). *Reflections and research in psychology: A Phenomenological Study of Learning.* Dubuque, IA: Kendall/Hunt.

Connor, K.M., & Davidson, J.R.T. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression and Anxiety, 18*(2), 76-82.

Council for Accreditation of Counseling and Related Educational Programs. (2001). *CACREP accreditation manual.* Alexandria, VA.

Creamer, T.L. & Liddle, B.J. (2005). Secondary traumatic stress among disaster mental

health workers responding to the September 11 attacks. *Journal of Traumatic Stress, 18,* 89-96.

Crockett, S.A. (2012). A five-step guide to conducting SEM analysis in counseling research. *Counseling Outcome Research and Evaluation, 3*(1), 30-47.

Crowne, D.P. & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24(4),* 349-354.

Cryder, C.H., Kilmer, R.P., Tedeschi, R.G., & Calhoun, L.G. (2006). An exploratory study of posttraumatic growth in children following a natural disaster. *American Journal of Orthopsychiatry, 76*(1), 65-69.

Culbreth, J., Gutierrez, D., Lassiter, P., & Kondili, E. (2017). Unpublished manuscript.

Cummins, P., Massey, L., & Jones, A. (2007). Keeping ourselves well: Strategies for promoting and maintaining counselor wellness. *Journal of Humanistic Counseling Education & Development*, *46*, 35–49.

Davis, D.E., Choe, E., Meyers, J., Wade, N., Varia, K., Gifford, A., & Worthington, E.J. (2016). Thankful for the little things: A met-analysis of gratitude interventions. *Journal of Counseling Psychology, 63(1),* 20-31. doi:10.1037/cou0000107

Deiner, E. & Deiner, M. (1996). Most people are happy. *Psychological Science, 7,* 181-185.

Dillman, D. A., Smyth, J. D., Christian, L. M. (2014). *Internet, phone, mail and mixed-mode surveys: The tailored design method.* 4th edition. John Wiley: Hoboken, NJ

Dwiwardani, C., Hill, P.C., Bolliger, R.A., Marks, L.E., Steele, J.R., Doolin, H.N., Wood, S.L., Hook, J.N., & Davis, D.E. (2014). Virtues develop from a secure base: Attachment and resilience as predictors of humility, gratitude, and forgiveness.

Journal of Psychology and Theology, 42(1), 83-90. doi 0091-6471/410-730

Eckstein, D. (2001). A F.A.M.I.L.Y. approach to self-care: Creating a healthy balance. *The Family Journal: Counseling and Therapy for Couples and Families, 9*, 327–336. doi:10.1177/1066480701093014

Edward, K. (2005). The phenomenon of resilience in crisis care mental health clinicians. *International Journal of Mental Health Nursing, 14,* 2, 142-148.

Emmons, R.A. (2010). Why gratitude is good. *Greatergood.berkeley.edu.*

Emmons, R.A. & McCullough, M.E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology, 84*(2), 377-389.

Emmons, R.A., & Mishra, A. (2011). Why gratitude enhances well-being: What we know, what we need to know. *Designing positive psychology: Taking stock and moving forward*, 248-262.

Emmons, R.A. & Stern, R. (2013). Gratitude as a psychotherapeutic intervention. *Journal of Clinical Psychology: In Session, 69*(8), 846-855.

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

Figley, C.R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B.H. Stamm (Ed.), *Secondary traumatic stress* (pp. 3-28). Lutherville, MD: Sidran Press.

Figley, C.R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology, 58,* 1433-1441. doi : 10.1002/jclp. 10090

Frankl, V. E. (1985). *Man's search for meaning*. New York: Simon and Schuster.

Fredrickson, B.L. (1998). What good are positive emotions? *Review of General Psychology, 2,* 300-319.

Fredrickson, B.L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist, 56,* 218-226.

Fredrickson, B.L. (2004). The broaden-and-build theory of positive emotions. *Philosophical Transactions: Biological Sciences, 359(1449),* 1376-1377.

Fredrickson, B.L. (2009). *Positivity.* New York, NY: Three Rivers Press.

Friborg, O., Hjemdal, O., Rosenvinge, J.H., Martinussen, M. (2003). A new rating scale for adult resilience: What are the central protective resources behind healthy adjustment? *International Journal of Methods in Psychiatric Research 2003, 12***,** 65–76.

Froh, J.J., Bono, G., & Emmons, R.A. (2010). Being grateful is beyond good manners: Gratitude and motivation to contribute to society among early adolescents. *Motivation and Emotion, 34,* 144-157. Doi: 10.1007/s11031-010-9163-z.

Froh, J.J., Kashdan, T.B., Ozimkowski, K.M., & Miller, N. (2009). Who benefits the most from a gratitude intervention in children and adolescents? Examining positive affect as a moderator. *The Journal of Positive Psychology*, *4*(5), 408-422.

Froh, J.J., Sefick, W.J., & Emmons, R.A. (2008). Counting blessings in early adolescents: An experimental study of gratitude and subjective well-being. *Journal of school psychology*, *46*(2), 213-233.

Galek, K., Flannelly, K.J., Greene, P.B. & Kudler, T. (2011) Burnout, secondary traumatic stress, and social support. *Pastoral Psychology, 60,* 633-649.

Garland, E. L., Fredrickson, B., Kring, A. M., Johnson, D. P., Meyer, P. S., & Penn, D. L. (2010). Upward spirals of positive emotions counter downward spirals of negativity: Insights from the broaden-and-build theory and affective neuroscience on the treatment of emotion dysfunctions and deficits in psychopathology. *Clinical psychology review*, *30*(7), 849-864.

Gay, L.R., Mills, G.E., & Airasian, P.W. (2012). *Educational research: Competencies for analysis and applications*. Boston: Pearson.

Gentry, J.E., Baggerly, J., Baranowsky, A. (2004). Training-as-treatment: effectiveness of the certified compassion fatigue specialist training. *International Journal of Emergency Mental Health, 6*(3), 147-155.

Geraghty, A.W., Wood, A.M., & Hyland, M.E. (2010a). Attrition from self-directed interventions: Investigating the relationship between psychological predictors, intervention content and dropout from a body dissatisfaction intervention. *Social science & medicine*, *71*(1), 30-37.

Geraghty, A.W., Wood, A.M., & Hyland, M.E. (2010b). Dissociating the facets of hope: Agency and pathways predict dropout from unguided self-help therapy in opposite directions. *Journal of Research in Personality*, *44*(1), 155-158.

Hong-Xin, W., Zao-Huo, C., & Hong-Xiang, M. (2006). Intensive Naikan therapy cure six patients with mental disorder. *Chinese Journal of Clinical Psychology*, *14*, 324-325.

Kline, R.B. (2011). *Principles and practice of structural equation modeling*. New York: Guilford Press.

Lee, S.M., Baker, C.R., Cho, S.H., Heckathorn, D.E., Holland, M.W., Newgent, R.A.,

Ogle, N.T., Yu, K. (2007). Development and initial psychometrics of the counselor burnout inventory. *Measurement and Evaluation in Counseling and Development, 40*(3), 142.

Kaplan, D.M., Tarvyadas, V.M., & Gladding, S.T. (2014). 20/20: A vision for the future of counseling: The new consensus definition of counseling. *Journal of Counseling and Development, 92*(3), 366-372.

Kennedy, A. (2006). Coming into focus: 20/20 summit committees work to define, advance profession. *Counseling Today Online*.

Kerr, S., O'Donovan, A., & Pepping, C. (2015). Can gratitude and kindness interventions enhance well-being in clinical samples?. *Journal of Happiness Studies,* 16(1), 17-36.

Kleiman, E.M., Adams, L.M., Kashdan, T.B., & Riskind, J.H. (2013). Grateful individuals are not suicidal: Buffering risks associated with hopelessness and depressive symptoms. *Personality and Individual Differences, 55,* 5, 595-599.

Kok, B. E., & Fredrickson, B. L. (2010). Upward spirals of the heart: Autonomic flexibility, as indexed by vagal tone, reciprocally and prospectively predicts positive emotions and social connectedness. *Biological psychology*, *85*(3), 432-436.

Kramen-Kahn, B., & Hansen, N. D. (1998). Rafting the rapids: Occupational hazards, rewards, and coping strategies of psychotherapists. *Professional Psychology: Research and Practice, 29*(2), 130.

Lambert, N.M., Clark, M.S., Durtschi, J.,Fincham, F.D., & Graham, S.M. (2010). Benefits of expressing gratitude: Expressing gratitude to a partner changes one's

view of the relationship. *Psychological Science, 21*(4), 574-80.

Lambert, N.M., Fincham, F.D., Braithwaite, S.R., Graham, S.M., & Beach, S.R. (2009). Can prayer increase gratitude?. *Psychology of Religion and Spirituality, 1*(3), 139. Doi: 10.1037/a0016731

Lambert, N., Graham, S., & Fincham, F. (2009). A prototype analysis of gratitude: Varieties of gratitude experiences. *Personality and Social Psychology Bulletin, 35 (*9), 1193-1207.

Lambert, S.F. & Lawson, G. (2013). Resilience of professional counselors following hurricanes Katrina and Rita. *Journal of Counseling and Development*, *91*(3), 261-268.

Lanham, M.E., Rye, M.S., Rimsky, L.S., & Weil, S.R. (2012). How gratitude relates to burnout and job satisfaction in mental health professionals. *Journal of Mental Health Counseling*, *34*(4), 341- 354.

Lawson, G. & Myers, J.E. (2011). Wellness, professional quality of life, and career-sustaining behaviors: What keeps us well? *Journal of Counseling & Development*, *89,* 163-171.

Lawson, G. (2007). Counselor wellness and impairment: A national survey. *Journal of Humanistic Counseling, Education and Development, 46*, 20-34.

Lawson, G., & Myers, J.E. (2011). Wellness, professional quality of life, and career-sustaining behaviors: What keeps us well? *Journal of Counseling & Development*, *89,* 163-171.

Lawson, G., Venart, E., Hazler, R.J., & Kottler, J.A. (2007). Toward a culture of counselor wellness. *The Journal of Humanistic Counseling*, *46*(1), 5.

Layous, K., Chancellor, J., & Lyubomirsky, S. (2014), Positive activities as protective factors against mental health conditions. *Journal of Abnormal Psychology, 123*(1), 3-12.

Lee, S.M., Baker, C.R., Cho, S.H., Heckathorn, D.E., Holland, M.W., Newgent, R.A., Ogle, N.T., & Yu, K. (2007). Development and initial psychometrics of the counselor burnout inventory. *Measurement and Evaluation in Counseling and Development, 40*(3), 142.

Li, D., Zhang, W., Li, X., Li, N, & Ye, B. (2012). Gratitude and suicidal ideation and suicide attempts among Chinese adolescents: Direct, mediated, and moderated effects. *Journal of Adolescence, 35*, 55-66.

Lyubomirsky, S., Tkach, C., & Sheldon, K.M. (2004). Pursuing sustained happiness through random acts of kindness and counting one's blessings: Tests of two six-week interventions. *Unpublished raw data*.

MacLeod, B., McMullen, J., Teague-Palmieri, E., & Veach, L. (2016). What does the public know about professional counseling? A study of public knowledge and perception of professional counselors. *Journal of Counselor Leadership and Advocacy.*

Manning-Jones, S., Terte. I., & Stephens, C. (2017). The relationship between vicarious posttraumatic growth and secondary traumatic stress among health professionals. *Journal of Loss and Trauma, 22*(3), 256-270. doi: 10.1080/15325024.2017.1284516

Maslach, C., & Jackson, S.E. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour, 2*(2), 99-113.

McCullough, M.E., Emmons, R.A., & Tsang, J. (2002). The grateful disposition: A conceptual and empirical topography. *Journal of Personality and Social Psychology*, *82*(1), 112-127. doi:10.1037/0022-3514.82.1.112

McCullough, M.E., Kilpatrick, S.D., Emmons, R.A., & Larson, D.B. (2001). Is gratitude a moral affect? *Psychological Bulletin, 127*(2), 249-266. Doi: 10.1037//0033-2909.127.2.249.

McCullough, M.E., Tsang, J., & Emmons, R.A. (2004). Gratitude in intermediate affective terrain: Links of grateful moods to individual differences and daily emotional experience. *Journal of Personality and Social Psychology, 86(2),* 295-309.

Merriman, J. (2015). Enhancing counselor supervision through compassion fatigue education. *Journal of Counseling & Development*, *93(3*), 370-378.

Murray, A.J. & Hazelwood, Z.J. (2011). Being grateful: Does it bring us closer? Gratitude, attachment and intimacy in romantic relationships. *Journal of Relationships Research, 2,*17-25. doi:10.1375/jrr.2.1.17

Myers, J.E., Mobley, K., & Booth, C.S. (2003). Wellness of counseling students: Practicing what we preach. *Counselor Education and Supervision, 52,* 264-274.

Myers, J.E., & Sweeney, T.J. (2004). The indivisible self: An evidence-based model of wellness. *Journal of Individual Psychology*, *60,* 234–244.

Myers, J.E., & Sweeney, T.J. (2008). Wellness counseling: The evidence base for practice. *Journal of Counseling and Development, 86,* 482-493.

Myers, J.E., Sweeney, T.J., & Witmer, J.M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling &*

Development, 78, 251–266.

Neswald-Potter, R.E., Blackburn, S.A. & Noel, J.J. (2013). Revealing the power of practitioner relationships: An action-driven inquiry of counselor wellness. *Journal of Humanistic Counseling, 52.*

Osborn, C.J. (2004). Seven salutary suggestions for counselor stamina. *Journal of Counseling & Development, 82(*3), 319-328.

Ozawa- de Silva, C. (2007). Demystifying Japanese therapy: An analysis of Naikan and the Ajase complex through Buddhist thought. *Ethos*, *35*(4), 411-446.

Ozawa- de Silva, C. & Ozawa- de Silva, B. (2010). Secularizing religious practices: A study of subjectivity and existential transformation in Naikan therapy. *Journal for the Scientific Study of Religion*, *49*(1), 147-161.

Pines, A., & Maslach, C. (1978). Characteristics of staff burnout in mental health settings. *Psychiatric Services, 29*(4), 233-237.

Reiner, S.M., Dobmeier, R.A., & Hernandez, T.J. (2013). Perceived impact of professional counselor identity: An exploratory study. *Journal of Counseling and Development, 91(2),* 174-183.

Richardson, G.E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, *58*(3), 307-321.

Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95–103.

Rosenberg, E.L. (1998). *Levels of Analysis and the Organization of Affect* (Vol. 2, No. 3, p. 247). Educational Publishing Foundation.

Rosenzweig, D. (2013). The sisters of mindfulness. *Journal of Clinical*

Psychology, *69*(8), 793-804.

Ruini, C., & Vescovelli, F. (2013). The role of gratitude in breast cancer: Its relationships with post-traumatic growth, psychological well-being and distress. *Journal of Happiness Studies*, *14*(1), 263-274.

Russel, E. & Fosha, D. (2008). Transformational affects and core state in AEDP: The emergence and consolidation of joy, hope, gratitude and confidence in (the solid goodness of) the self. *Journal of Psychotherapy Integration, 18*(2), 167-190.

Ruysschaert, N. (2009). (Self) hypnosis in prevention of burnout and compassion fatigue for caregivers: Theory and induction. *Contemporary Hypnosis, 26(3),* 159-172.

Schumaker, R.E. & Lomax, R.G. (2010). *A beginner's guide to structural equation modeling (3rd ed.).* New York: Routledge.

Seligman, M.E. (2004). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. Simon and Schuster.

Seligman, M.E., Steen, T.A., Park, N., & Peterson, C. (2005). Positive psychology progress:empirical validation of interventions. *American psychologist*, *60*(5), 410.

Sheldon, K.M., & Lyubomirsky, S. (2006). How to increase and sustain positive emotion: The effects of expressing gratitude and visualizing best possible selves. *The Journal of Positive Psychology*, *1*(2), 73-82.

Shin, H., Yuen, M., Lee, J., & Lee, S. M. (2013). Cross-cultural validation of the counselor burnout inventory in Hong Kong. *Journal of Employment Counseling*, *50*(1), 14-25. doi:10.1002/j.2161-1920.2013.00021.x

Skovholt, T. (2001). *The resilient practitioner: Burnout prevention and self-care*

strategies for counselors, therapists, teachers, and health care professionals. USA: Allyn & Bacon.

Skovholt, T. (2012). The counselor's resilience self. *Turkish Psychological Counseling and Guidance Journal, 4*(38), 137-146.

Skovholt, T.M., Grier, T.L. & Hanson, M.R. (2001). Career counseling for longevity: Self-care and burnout prevention strategies for counselor resilience. *Journal of Career Development, 27(3),* 167-176.

Smith, B.W., Dalen. J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International Journal of Behavioural Medicine 2008, 15,* 194–200. doi: 10.1080/10705500802222972

Smith, H.L., Robinson, E.H., & Young, M.E. (2007). The relationship among wellness, psychological distress, and social desirability of entering master's-level counselor trainees. *Counselor Education and Supervision, 47*(2), 96-109.

Stamm, B.H. (2005). *The ProQOL manual*. Sidran Press.

Stamm, B.H. & Figley, C.R. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion satisfaction and fatigue test. *Treating Compassion Fatigue,* 107-119. Brunner-Rutledge, NY.

Tabacknick, B.G. & Fidell, L.S. (2013). *Using multivariate statistics (6th ed.).* Upper Saddle River: Pearson.

Tanrikulu, T. (2012). Investigation of professional burnout of psychological counselors with respect to occupational development and social comparison. *International Online Journal of Educational Sciences, 4 (3), 632-643.*

Teague-Palmieri, E.B. (2017). The gratitude practice questionnaire. Unpublished instrument.

Thompson, I., Amatea, E., & Thompson, E. (2014). Personal and contextual predictors of mental health counselors' compassion fatigue and burnout. *Journal of Mental Health Counseling*, *36* (1), 58-77.

Tsang, J. (2006). Gratitude and prosocial behavior: An experimental test of gratitude. *Cognition and Emotion, 20,* 138-148.

U.S. Department of Labor, Bureau of Labor Statistics, 2015. Web retrieved on February 20, 2017.

Venart, E., Vassos, S., & Pitcher-Heft, H. (2007). What individual counselors can do to sustain wellness. *Journal of Humanistic Counseling, Education and Development, 46*(1), 50-65.

Watkins, E. (1983). Burnout in counseling practice: Some potential professional and personal hazards of becoming a counselor. *Journal of Counseling and Development, 61*(5), 304-308. doi: 10.1111/j.2164-4918.1983.tb00031.x

Watkins, P.C., Woodward, K., Stone, T., & Kolts, R.L. (2003). Gratitude and happiness: Development of a measure of gratitude, and relationships with subjective well-being. *Social Behavior and Personality: An International Journal, 31*(5), 431-451.

Weiss, D. J., Dawis, R. V., England, G. W., & Lofquist, L. H. (1967). Manual for the Minnesota satisfaction questionnaire. *Minneapolis Industrial Center, Univ. of Minnesota*.

Wester, K.L., Trepal, H.C., & Myers, J.E. (2009). Wellness of counselor educators: An

initial look. *The Journal of Humanistic Counseling*, *48*(1), 91.

Whitebird, R.R., Asche, S.E., Thompson, L., Rossom, R., & Heinrich, R. (2013). Stress, burnout, and compassion fatigue and mental health in hospice workers in Minnesota. *Journal of Palliative Medicine. 16(12)*,1534-1539. doi:10.1089/jpm.2013.0202.

Windle, G., Bennett, K.M., & Noyes, J. (2011). A methodological review of resilience measurement scales. *Health and Quality of Life Outcomes, 9.*

Witmer, J.M., & Sweeney, T.J. (1992). A holistic model for wellness and prevention over the life span. *Journal of Counseling and Development*, *71*(2), 140-148.

Wolf, C.P., Thompson, I.A., & Smith-Adcock, S. (2012). Wellness in counselor preparation: Promoting individual well-being. *Journal of Individual Psychology*, *68*(2).

Wood, A.M., Froh, J.J. & Geraghty, A.W.A. (2010). Gratitude and well-being: A review and theoretical integration. *Clinical Psychology Review*, *30*(7), 890-905. doi:10.1016/j.cpr.2010.03.005.

Young, M.E. & Hutchinson, T.S. (2012). The rediscovery of gratitude: Implications for counseling practice. *Journal of Humanistic Counseling. 51,* 99-113.

APPENDIX A: IRB LETTER

To: Emily Teague
From: IRB
Date: 5/27/2017
RE: Notice of Approval of Exemption
Exemption Category: 2.Survey, interview, public observation
Study #: 17-0179

Study Title: Safeguarding the counselor heart: Exploring the relationship between gratitude, resilience and burnout in clinical counselors

This submission has been reviewed by the IRB and was determined to meet the Exempt category cited above under 45 CFR 46.101(b).

This determination will expire one year from the date of this letter. It is the Principal Investigator's responsibility to submit for renewal of this determination. You are required to obtain IRB approval for any changes to any aspect of this study before they can be implemented.

Study Description:

Gratitude practices have been overwhelmingly supported in evidence-based research to boost positive emotions and improve motivation for individuals of all ages and many cultural backgrounds to engage in prosocial, healthful behaviors. Clinical mental health counselors have been identified throughout decades of literature to be at a high risk for burnout, a painful experience for the clinical that also poses a risk for the clients burnt out counselors work with. As research has indicated that self-care practices, such as those boosted through gratitude practices aforementioned, help with professional burnout and no study has yet to specifically explore gratitude as a resilience-boosting antidote to burnout in clinical mental health, this proposed study is addressing a hole in the literature with the potential for rich implications for counselors and counselor trainers. This study will sample approximately 200 clinical mental health counselors currently practicing at least 8 hours a week in direct client care settings. A correlational method will be employed to test the proposed structural equation model to explore the self-reported gratitude practices currently engaged in, dispositional gratitude, resilience and burnout using an online survey data collection method. In addition, work-specific information will be collected that is demographic in nature and this collected data will be used to further test the proposed model. This study also introduces a new self-report instrument to measure the intensity, frequency and duration of a variety of gratitude practices someone may already be participating in. An exploratory factor analysis will be employed to determine the factor structure and provide psychometric data on this instrument.

Investigator's Responsibilities:

It is the investigator's responsibility to promptly inform the committee of any changes in the proposed research, and of any adverse events or unanticipated risks to participants or others. You are required to obtain IRB approval for any changes to any aspect of this study before they can be implemented.

If applicable, your approved consent forms and other documents are available online at http://uncc.myresearchonline.org/irb/index.cfm?event=home.dashboard.irbStudyManagement&irb_id=17-0179.

Data security procedures must follow procedures as approved in the protocol and in accordance with ITS Guidelines for Data Handling.

Please be aware that approval may still be required from other relevant authorities or "gatekeepers" (e.g., school principals, facility directors, custodians of records).

CC:
Pamela Lassiter, Counseling

APPENDIX B: CBI APPROVAL EMAIL

Counselor Burnout Inventory

Mar 11

Emily Teague <eteague4@uncc.edu>

to leesang<leesang@korea.ac.kr>

Hi Dr. Lee,
I am currently working on a dissertation using counselor burnout as a variable and would love to use the Counselor Burnout Inventory for its specific focus on counselors. May I have permission for use?
Also, where may I find coding instructions?

Warmly,
Emily Teague Palmieri, MS, EdS, LPC, NCC
Doctoral Candidate, Counselor Education and Supervision
University of North Carolina Charlotte
Staff Counselor, Wake Forest University

이상민 <leesang@korea.ac.kr>

You have my permission to use CBI. Here's the final version of CBI and relevant manuscripts.
Sang Min.

이상민(고려대 교육학과 상담프로그램)
Sang Min Lee, Ph.D, NCC
Counseling Program
College of Education
Korea University
Seoul, South Korea
Tel. 82-2-3290-2306 (02-3290-2306)
Fax. 82-2-923-2290 (02-923-2290)
Email. leesang@korea.ac.kr
Korean Web: http://www.koreacounseling.com
English Web: http://www.koreacounseling.net

보낸 사람: Emily Teague <eteague4@uncc.edu>

날짜: 2017년 9월 2일 오전 1시 38분 19초 GMT+9

받는 사람: leesang@korea.ac.kr

제목: Counselor Burnout Inventory

대용량 첨부파일

파일이름	크기	다운로드 기간
MECD2007_final.pdf	5.6 MB	2017-09-09

APPENDIX C: CD-RISC APPROVAL

Jonathan Davidson, M.D. **<jonathan.davidson@duke.edu>** Mar 11

Dear Emily:

Thank you for your interest in the CD-RISC, which I would be glad to provide. If you can kindly sign and return the attached agreement, and remit payment of the $30 user fee, then the scale and manual will be sent promptly.

With best wishes,
Jonathan Davidson

From: eteague4@uncc.edu <eteague4@uncc.edu>
Sent: Saturday, March 11, 2017 5:27 PM
To: mail@cd-risc.com
Subject: Request Form from: Emily Teague Palmieri

From: Emily Teague Palmieri
Department: University of North Carolina of Charlotte
Address: 9201 University Parkway
City State Zip: Charlotte, NC 28223
Country USA
Telephone: 336-269-7070
Fax:
E-mail: eteague4@uncc.edu
Project Description: I am hoping to use the CD-RISC as part of my PhD dissertation exploring the relationship of gratitude, resilience and burnout in professional mental health counselors. The study will be an online survey format (using Qualtrics) and will utilize Structural Equation Modeling to test theoretical model and analyze data.
Sample Size: 200-600
Number of Times Administered: 1
Project Duration: 6 months
Assessment Method: internet/ electronic survey (using Qualtrics or Survey Share)

Teague, Emily **<eteague4@uncc.edu>**

Hi Dr. Davidson,

Thank you so much for the opportunity to use the CD-RISC. Attached is the signed user agreement and I just submitted payment via PayPal. I look forward to receiving the user manual and instrument!

Warmly,
Emily

Jonathan Davidson, M.D. **<jonathan.davidson@duke.edu>**

Dear Emily:
Thank you for your reply and sending payment. It is my pleasure to attach copies of the scale and manual.
Wishing you much success with your research,

Jonathan Davidson

From: Teague, Emily <eteague4@uncc.edu>
Sent: Friday, April 7, 2017 4:37 PM
To: Jonathan Davidson, M.D.
Subject: Re: Request Form from: Emily Teague Palmieri

2 Attachments

Teague, Emily **<eteague4@uncc.edu>** May 11

Hi Dr. Davidson,

I was hoping to have access to the 10 item version of the CD-RISC as well. After much consideration, my dissertation committee has requested that I use the abridged version. Could you send that to me?

Thank you!

Jonathan Davidson, M.D. **<jonathan.davidson@duke.edu>**

Hello Emily:
Thank you for your email. I have pleasure to enclose the CD-RISC-10.
Best regards,
Jonathan Davidson

APPENDIX D: EMAIL CORRESPONDENCE WITH GQ-6 AUTHOR

Writing dissertation on gratitude

Teague, Emily <eteague4@uncc.edu>

Hi Dr. Emmons,

My name is Emily Palmieri and I am currently a staff counselor at Wake Forest University and working on my dissertation towards the completion of my doctorate at the University of North Carolina at Charlotte. I am honestly a little humbled and nervous in reaching out to you and hope it is ok. I have thoroughly enjoyed reading many of your articles on gratitude and plan to use the GQ-6 as one of my instruments in the survey to measure dispositional gratitude.

I am exploring the relationship of gratitude (dispositional gratitude and the practice of gratitude), resilience and burnout in professional mental health counselors using an exploratory structural equation modeling design. I am particularly interested in capturing what types of gratitude practices clinicians are already engaging in, the frequency of their practices, how long they've engaged in this, and their perceived benefit/ importance of their practices in their daily life. To capture this, I am in need of an instrument for gratitude practice and have not found one. Therefore I am developing one and would absolutely appreciate an expert's (a) reactions to this thought in general, (b) impressions of the questionnaire I've developed (that of course has not yet been used other than a handful of peers trying it out for readability), (c) hear any concerns/ thoughts you have that may help to improve the questionnaire.

I am in the proposal process so no hearts or dreams will be broken by critiques :-) My dissertation chair does know that I am reaching out to you.

Of course I completely understand if you are not in a place to do this at the moment and greatly appreciate your time in reading my email. If you are up for consulting/ taking a peak at the questionnaire in development, let me know and I will send it to you.

Thank you so much for your time!

Warmly,
Emily

Emily Teague Palmieri, MS, EdS, LPC, NCC
Doctoral Candidate, Counselor Education and Supervision
University of North Carolina Charlotte
2016-2017 Chi Sigma Iota Leadership Fellow

Robert Emmons <robertemmons42@gmail.com>

I am happy to take a look at your measure. Super important research.
Bob Emmons

Teague, Emily <eteague4@uncc.edu>

Thank you so much!!! Attached is a draft of the gratitude practice questionnaire.

Warmly,
Emily

Teague, Emily **<eteague4@uncc.edu>**

Hi Dr. Emmons,
I am following up with you to see if you received the draft of the gratitude practice questionnaire I am putting together to use with a dissertation on the relationship between gratitude practice, dispositional gratitude, resilience and burnout in mental health counselors. I have attached the questionnaire draft to this email for ease of reference.

I did not provide much information to you regarding my own experience/ reflections of the questionnaire and think that may have been helpful to you. Here are my own unsettled thoughts on the questionnaire:

1. I originally presented my own interpretation of a definition of gratitude at the start of the questionnaire and had the feedback from a peer that a citation would be useful for her, so I wonder a) do you agree with the need for a citation on the definition or is the construct of gratitude now commonly known enough to not cite, b) if you think I'd built trust with participants through citation for definition, is it ok that I cite you (Emmons & McCullough, 2003), and c) want to make sure that you agree with my interpretation of the definition of gratitude as worded.

2. I am currently hesitant of my use of meditation, mindfulness and prayer items as there is not as much evidence-based support in the literature specific to gratitude with these (especially as an intervention) and there is so much overlap/ opportunity for interpretation on the concepts. I had considered using only gratitude journals, lists, letters of thanks, and benefit finding. However, I do want to include mindfulness, meditation and prayer experiences somehow as I think they may be salient practices for many clinicians and I fear missing an opportunity/ discounting / skewing data.

Did you have some similar reactions? If so, do you have any thoughts on how to resolve these concerns? I am mainly a clinical practitioner and gravitate towards qualitative work, so I am struggling with how to make such abstract experiences clear-cut enough to be measurable without doing a disservice.

Thank you for your time reading this email. I'd love to continue this dialogue with you as time and willingness allows.

Warmest regards,
Emily

Emily Teague Palmieri, MS, EdS, LPC, NCC
Doctoral Candidate, Counselor Education and Supervision
University of North Carolina Charlotte
2016-2017 Chi Sigma Iota Leadership Fellow

Robert Emmons **<robertemmons42@gmail.com>**

Thanks Emily. I've been traveling this week and currently at a conference, but promise I will respond when I am back in the office next week.
Bob

APPENDIX E: WORK-SPECIFICS CHARACTERISTICS QUESTIONNAIRE

Work-Specific Questionnaire
(Teague-Palmieri, 2017)

Please answer the following questions regarding your counseling background and CURRENT practice.

1. Did you graduate from a CACREP-accredited counseling graduate program?
   Yes
   No
2. What is the highest counseling degree you have completed?
   Masters
   Doctorate
3. Although you may hold several licenses to reflect specialties or pertaining to other associated degrees, please select the option that reflects your current license that most identifies with the clinical counseling field.
   Provisional clinical counseling license requiring supervision (i.e. LPCA, LMHC-A, etc.)
   Full counseling license that is unrestricted and does not require supervision (i.e. LPC, LMHC, etc.)
   Counselor supervisor license requiring supervisor specific training in addition to years of clinical experience (i.e. LPCS)
4. How long have you been licensed and practicing in the field of counseling?
   Less than 1 year
   2-5 years
   6-9 years
   10-14 years
   15-19 years
   20 years or more
5. What is your **current** counseling practice setting? (check all that currently apply)
   College counseling center
   Emergency behavioral health
   Inpatient hospital
   Intensive In-home
   Intensive outpatient or partial hospitalization program
   Mobile crisis unit
   Outpatient private practice
   Residential facility (Mental Health, Substance Abuse, Eating Disorder)
   VA/ Military
   Other (please specify in 5 words or less)
6. How often do you seek clinical supervision/ consultation?
   Multiple times per day
   Daily
   Weekly
   Monthly
   Yearly

Rarely

7. Who provides your supervision? (check all that apply)
   - Informal peer unstructured/ more consultation in nature
   - My administrative supervisor
   - On-site clinical supervisor
   - Off-site contracted clinical supervisor
   - N/A

8. Do you find the supervision you receive helpful? (Yes, Sometimes, No, or N/A).
9. What age-range of clients do you work with primarily? (Select all that apply)
   - Children
   - Adolescents
   - Adults
   - Geriatric

10. Population primary issues served (select top five):
   - ADHD
   - Adjustment and interpersonal concern/ growth
   - Anxiety disorders
   - Behavioral concerns/ conduct disorders
   - Couple/Family Counseling
   - Eating Disorders/ Disordered Eating
   - Grief and Loss
   - Mood disorders
   - Non-suicidal self-injury
   - Personality disorders
   - Psychotic disorders
   - Sex addiction
   - Somatic illnesses
   - Substance Abuse
   - Trauma
   - Other (please specify in 5 or less words)

11. Do you have a specialty beyond being a generalist (i.e., certification for substance abuse or eating disorders, EMDR, etc.)?
   - Yes
   - No
   - If yes, please provide specialty (fill in)

12. Overall Acuity Level
   - Low (mentally and emotionally stable, little concern for high-risk behavior)
   - Moderate (baseline is mostly stable with some high-risk behavior, some need for referral to high level of care periodically)
   - High (chronic high- risk behavior and emotional disturbance; chronic suicidal, homicidal or psychotic presentations/ may need residential treatment at some points)

13. How many hours of direct client contact do you engage in per week?
   - 8-15
   - 16-20

21-30
31-40

14. What is your average number of contacts/ sessions per client per year?
    1-2
    3-6
    7-10
    11-20
    20 or more
15. What type of funding supports your practice? (check all that apply)
    Client out of pocket pay (may provide a superbill for client to seek insurance reimbursement)
    Private insurance
    Medicaid/ Medicare
    Grant/ Donations
    University/ college fees
    I don't know
16. Do you have an additional high-demand job outside of your role as a mental health counselor?
    Yes
    No
17. Do you feel you are appropriately compensated for your counseling work as compared with counseling pay ranges typically expected in your location and setting?
    Yes Sometimes No
18. Do you have good relationships with your co-workers?
    Yes To some degree No
19. Do you have a strong clinical referral network?
    Yes Somewhat No
20. Does your work environment support self-care through flexibility of hours, paid-time off, wellness leave, etc.?
    Yes To some degree No
21. Do you feel supported by your work environment overall?
    Yes Occasionally No
22. Do you engage in professional development regularly through organizational leadership, trainings, etc.?
    Yes To some degree No
23. Would you choose the counseling profession again?
    Yes Maybe No

APPENDIX F: COUNSELOR BURNOUT INVENTORY

Counselor Burnout Inventory
(Lee, Cho, Kissinger & Ogle, 2010)

1. I do not feel like I am making a change in my clients.
   Strongly disagree Disagree Neutral Agree Strongly agree
2. I am not confident in my counseling skills.
   Strongly disagree Disagree Neutral Agree Strongly agree
3. I feel frustrated by my effectiveness as a counselor.
   Strongly disagree Disagree Neutral Agree Strongly agree
4. I feel I am an incompetent counselor.
   Strongly disagree Disagree Neutral Agree Strongly agree
5. I feel frustrated with the system in my workplace.
   Strongly disagree Disagree Neutral Agree Strongly agree
6. I feel bogged down by the system in my workplace.
   Strongly disagree Disagree Neutral Agree Strongly agree
7. I feel negative energy from my supervisor.
   Strongly disagree Disagree Neutral Agree Strongly agree
8. I am treated unfairly in my workplace.
   Strongly disagree Disagree Neutral Agree Strongly agree
9. I feel I have poor boundaries between work and my personal life.
   Strongly disagree Disagree Neutral Agree Strongly agree
10. I feel I do not have enough time to spend with my friends.
    Strongly disagree Disagree Neutral Agree Strongly agree
11. I feel like I do not have enough time to engage in personal interests.
    Strongly disagree Disagree Neutral Agree Strongly agree
12. My relationships with family members have been negatively affected by my work as a counselor.
    Strongly disagree Disagree Neutral Agree Strongly agree
13. I am not interested in my clients and their problems.
    Strongly disagree Disagree Neutral Agree Strongly agree
14. I have become callous toward clients.
    Strongly disagree Disagree Neutral Agree Strongly agree
15. I have little empathy for my clients.
    Strongly disagree Disagree Neutral Agree Strongly agree
16. I am no longer concerned about the welfare of my clients.
    Strongly disagree Disagree Neutral Agree Strongly agree
17. Due to my job as a counselor, I feel tightness in my back and shoulders.
    Strongly disagree Disagree Neutral Agree Strongly agree
18. Due to my job as a counselor, I feel overstressed.

Strongly disagree Disagree Neutral Agree Strongly agree

19. I feel exhausted due to my work as a counselor.

Strongly disagree Disagree Neutral Agree Strongly agree

20. Due to my job as a counselor, I feel tired most of the time.

Strongly disagree Disagree Neutral Agree Strongly agree

APPENDIX G: 10-ITEM CONNOR-DAVIDSON RESILIENCY SCALE

Connor Davidson Resiliency Scale 10-item

(Cambell-Sills & Stein, 2007; Connor & Davidson, 2003)

For each item, please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

1. I am able to adapt when changes occur.
   Not true at all Rarely true Sometimes true Often true True nearly all the time
2. I can deal with whatever comes my way.
   Not true at all Rarely true Sometimes true Often true True nearly all the time
3. I try to see the humorous side of things when I am faced with problems.
   Not true at all Rarely true Sometimes true Often true True nearly all the time
4. Having to cope with stress can make me stronger.
   Not true at all Rarely true Sometimes true Often true True nearly all the time
5. I tend to bounce back after illness, injury, or other hardships.
   Not true at all Rarely true Sometimes true Often true True nearly all the time
6. I believe I can achieve my goals, even if there are obstacles.
   Not true at all Rarely true Sometimes true Often true True nearly all the time
7. Under pressure, I stay focused and think clearly.
   Not true at all Rarely true Sometimes true Often true True nearly all the time
8. I am not easily discouraged by failure.
   Not true at all Rarely true Sometimes true Often true True nearly all the time
9. I think of myself as a strong person when dealing with life's challenges and difficulties.
   Not true at all Rarely true Sometimes true Often true True nearly all the time
10. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.
    Not true at all Rarely true Sometimes true Often true True nearly all the time

APPENDIX H: GRATITUDE QUESTIONNAIRE

The Gratitude Questionnaire-Six Item Form (GQ-6)

Please indicate your level of disagreement or agreement with the following items.

1. I have so much in life to be thankful for.
   Strongly disagree Disagree Neutral Slightly agree Agree Strongly agree

2. If I had to list everything that I felt grateful for, it would be a very long list.
   Strongly disagree Disagree Neutral Slightly agree Agree Strongly agree

3. When I look at the world, I don't see much to be grateful for.*
   Strongly disagree Disagree Neutral Slightly agree Agree Strongly agree

4. I am grateful to a wide variety of people.
   Strongly disagree Disagree Neutral Slightly agree Agree Strongly agree

5. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history.
   Strongly disagree Disagree Neutral Slightly agree Agree Strongly agree

6. Long amounts of time can go by before I feel grateful to something or someone.
   Strongly disagree Disagree Neutral Slightly agree Agree Strongly agree

APPENDIX I: GRATITUDE PRACTICES QUESTIONNAIRE

Gratitude Practice Questionnaire
(Teague-Palmieri, 2017)

Gratitude is a positive emotional response in recognition of the cause of something good coming from a source beyond one's self. These emotional responses can be immediate and short-term or long-lasting. Gratitude practices are intentional activities that express gratitude, thankfulness or appreciation. The following questionnaire asks for information on several frequently reported types of gratitude practice.

Please answer the following questions in each section regarding your own personal experience with gratitude practices. As response options may not exactly fit, please choose your closest descriptor.

Gratitude journals could be listing the things one is grateful for in the day, writing about the good of the day, or a close variation in intentional written form.

1. Within the past 6 months, how often have you engaged in this practice?
   N/A Infrequently Monthly Weekly Daily
2. How important or beneficial do you feel this practice is to you?
   N/A None Little Some Greatly
3. How long have you been engaging in this practice?
   N/A Days/New Weeks Months Years

Letters of gratitude are intentionally written letters, emails or texts to another person (beyond a verbal "thanks" in passing) with the specific purpose of showing your gratitude towards recipient.

4. Within the past 6 months, how often have you engaged in this practice?
   N/A Infrequently Monthly Weekly Daily
5. How important or beneficial do you feel this practice is to you?
   N/A None Little Some Greatly
6. How long have you been engaging in this practice?
   N/A Days/New Weeks Months Years

Gratitude meditation is a conscious contemplation of the good experienced in the world with the purpose of eliciting/ expressing the feeling of gratitude.

7. Within the past 6 months, how often have you engaged in this practice?
   N/A Infrequently Monthly Weekly Daily
8. How important or beneficial do you feel this practice is to you?
   N/A None Little Some Greatly

9. How long have you been engaging in this practice?
   N/A Days/New Weeks Months Years

Gratitude prayers are silent, spoken or sung expressions of gratitude typically in the context of religious worship or personal devotional practice.

10. Within the past 6 months, how often have you engaged in this practice?
    N/A Infrequently Monthly Weekly Daily
11. How important or beneficial do you feel this practice is to you?
    N/A None Little Some Greatly
12. How long have you been engaging in this practice?
    N/A Days/New Weeks Months Years

Mindfulness practices of gratitude are intentional practices of being in the present moment and being thankful, such as savoring a meal and/or thinking of the interconnectedness of the world's resources in bringing a simple meal to one's plate.

13. Within the past 6 months, how often have you engaged in this practice?
    N/A Infrequently Monthly Weekly Daily
14. How important or beneficial do you feel this practice is to you?
    N/A None Little Some Greatly
15. How long have you been engaging in this practice?
    N/A Days/New Weeks Months Years

Benefit finding is intentionally identifying the good in challenging situations and experiences.

16. Within the past 6 months, how often have you engaged in this practice?
    N/A Infrequently Monthly Weekly Daily
17. How important or beneficial do you feel this practice is to you?
    N/A None Little Some Greatly
18. How long have you been engaging in this practice?
    N/A Days/New Weeks Months Years

APPENDIX J: RECRUITMENT EMAIL

Email Recruitment for Participation

Subject: An invitation to my survey - Safeguarding the Counselor Heart

Dear Clinical Counselor,

As counselors closely witness human suffering daily, safeguarding the counselor heart is essential to maintain practice longevity. Recommendations for burnout prevention usually are tied to self-care practices that prove difficult for many to maintain and may bypass processing the complexity of the day. You are invited to complete a brief survey exploring the relationships between burnout, resilience and gratitude while attending to a multitude of work-specific considerations.

I am recruiting licensed clinicians (including associate level and supervisors as well) who

1. have earned a masters or doctorate in the field of counseling
2. are currently working with clients providing direct care at least eight hours per week
3. primarily identify professionally as a clinical counselor providing direct care

The survey will take approximately **20 minutes** of your valuable time and will provide needed insight into a multitude of issues currently impacting practicing counselors whose experiences often go unheard. Implications for this study include counseling, consulting, teaching and supervision as well as professional advocacy.

Participants who complete this survey are eligible to enter a drawing for one of ten **$25 visa gift cards**.

Please follow the link provided to participate in the survey. A consent form is included which will provide more information about this project.

Please follow this link to the survey: http://uncc.surveyshare.com/s/AYA6GKD

Thank you for your time and consideration! I look forward to honoring your experiences through your participation.

Warmly,
Emily Teague Palmieri, MS, EdS, LPC, NCC
Doctoral Candidate, University of North Carolina at Charlotte

APPENDIX K: REMINDER EMAIL

Follow-Up Reminder Email

Subject: An invitation to my survey - Safeguarding the Counselor Heart

Dear Clinical Counselor,

This is a gentle reminder to consider participating in the brief survey exploring the relationships between burnout, resilience and gratitude while attending to a multitude of work-specific considerations. The survey will take approximately **20 minutes** of your valuable time and participants who complete the survey are eligible to enter a drawing for one of ten **$25 visa gift cards**.

I am recruiting licensed clinicians (including associate level and supervisors as well) who

1. have earned a masters or doctorate in the field of counseling
2. are currently working with clients providing direct care at least eight hours per week
3. primarily identify professionally as a clinical counselor providing direct care

Please follow this link to the survey: http://uncc.surveyshare.com/s/AYA6GKD
A consent form is included which will provide more information about this project.

Thank you for your time and consideration! I look forward to honoring your experiences through your participation.

Warmly,
Emily Teague Palmieri, MS, EdS, LPC, NCC
Doctoral Candidate, University of North Carolina at Charlotte

APPENDIX L: FINAL REMINDER EMAIL

Final Reminder Email for Participation

Subject: An invitation to my survey - Safeguarding the Counselor Heart

Dear Clinical Counselor,

This is a final reminder to participate in the survey exploring the relationships between burnout, resilience and gratitude while attending to a multitude of work-specific considerations. The survey will take approximately **20 minutes** and participants who complete the survey are eligible to win one of ten **$25 visa gift cards**. **This will be the last email regarding this project.**

I am recruiting licensed clinicians (including associate level and supervisors) who

1. have earned a masters or doctorate in the field of counseling
2. are currently working with clients providing direct care at least eight hours per week
3. primarily identify professionally as a clinical counselor providing direct care

Please follow this link to the survey: http://uncc.surveyshare.com/s/AYA6GKD
A consent form is included which will provide more information.

Thank you for your time and participation!

Warmly,
Emily Teague Palmieri, MS, EdS, LPC, NCC
Doctoral Candidate, University of North Carolina at Charlotte