

The Rewards of Caring: An Interpretative Phenomenological Analysis of Experiences of
Compassion Satisfaction in Psychologists Working with Justice-Involved Youth

by

Chayse Marie Haldane

A thesis submitted in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

in

Counselling Psychology

Department of Educational Psychology

University of Alberta

© Chayse Marie Haldane, 2024

Abstract

Psychologists who work with justice-involved youth face numerous workplace stressors, which can negatively impact the psychologists' well-being and the care they provide to their clients. Identified as a potential protective factor against adverse reactions to helping work, compassion satisfaction is the pleasure gained from helping others in the course of one's work. Although there is growing evidence of the positive effects of compassion satisfaction, the majority of research on compassion satisfaction is quantitative and does not adequately represent helpers across all areas of helping. In particular, there has been a lack of research on psychologists' experiences of compassion satisfaction in counselling justice-involved youth. Such research may contribute to psychologists' well-being and success in this challenging area of practice.

The purpose of this study was to explore the experience of compassion satisfaction from the perspectives of psychologists counselling youth in the justice system. With this purpose in mind, I used interpretative phenomenological analysis (IPA) methods (Smith et al., 2022) and conducted in-depth interviews with five registered psychologists from across Western Canada. In keeping with the idiographic emphasis of IPA studies, I analyzed each individual case first and wrote a vignette that described the unique context and ideographic themes of each participant. Next, I completed a cross-case analysis, which produced six group experiential themes: relationship building and client engagement; witnessing client success; self-efficacy in promoting client change; sense of meaning and purpose; interconnectedness between personal and professional lives; and impact of workplace factors. Based on the findings from this study, compassion satisfaction may play an important role in helping psychologists working in the youth justice system to persist in their work and maintain their mental wellness, despite the many challenges they face. Implications for ways to support psychologists working in this area are

discussed, in addition to a discussion of the present study's limitations and directions for future research.

Preface

This dissertation is an original work by Chayse Marie Haldane. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “The Rewards of Caring: An Interpretative Phenomenological Analysis of Experiences of Compassion Satisfaction in Psychologists Working with Justice-Involved Youth,” No. Pro00112226, August 31, 2021. No part of this thesis has been previously published, and no funding was received to conduct this research.

Dedication

I dedicate this work to my mom, whose countless sacrifices have allowed me to pursue my dreams.

Acknowledgments

First and foremost, I would like to extend my heartfelt appreciation to the participants of this study. Their generosity in sharing their experiences, despite the participants' demanding work schedules, was instrumental in the completion of this project.

Next, I thank my supervisor, Dr. Jessica Van Vliet. Her exceptional mentorship and unwavering support have been invaluable in helping me through the many challenges of my graduate journey.

My sincere thanks also go to Drs. Rebecca Hudson Breen and Jacqueline Pei, whose feedback and expertise were instrumental in shaping this study. Additionally, I would also like to extend a special thanks to Dr. Kate Pratt whose kindness, encouragement, and expertise helped me to refine my writing skills and complete this manuscript.

I sincerely appreciate the love and support I have received from my family and friends. Their ongoing encouragement and understanding, especially when my work got in the way of our time together, were crucial in helping me persevere.

Finally, to my fiancé - words cannot express how thankful I am for your boundless support, encouragement, and patience. Thank you for pushing me to be the best version of myself, standing by me, and always believing in me. I can't wait to start the next phase of our lives together.

Table of Contents

Abstract.....	ii
Preface.....	iv
Dedication	v
Acknowledgments	vi
Table of Contents	vii
List of Tables	x
Glossary of Terms.....	xi
Chapter One: Introduction	1
BACKGROUND.....	1
STATEMENT OF PURPOSE AND RESEARCH QUESTIONS.....	3
RELEVANCE TO COUNSELLING PSYCHOLOGY	3
<i>Supporting the Therapeutic Relationship</i>	<i>4</i>
<i>Protecting Psychologist Well-Being</i>	<i>5</i>
IMPLICATIONS FOR CAREER AND WORK	6
RESEARCHER’S BACKGROUND AND POSITION	9
OVERVIEW OF DISSERTATION	10
Chapter Two: Literature Review	12
OVERVIEW OF TERMS	12
<i>The Costs of Caring.....</i>	<i>12</i>
<i>Rewards of Caring.....</i>	<i>13</i>
COMPASSION IN THE HELPING PROFESSIONS.....	13
<i>Compassion Theory</i>	<i>14</i>
<i>Empathy</i>	<i>16</i>
<i>Neuroscience of Compassion.....</i>	<i>18</i>
<i>Self-Compassion in the Helping Professions.....</i>	<i>21</i>
<i>Compassion-Based Interventions for Helping Professionals</i>	<i>21</i>
COMPASSION SATISFACTION.....	22
<i>Conceptualization of Compassion Satisfaction</i>	<i>23</i>
<i>Benefits of Compassion Satisfaction.....</i>	<i>25</i>
WORKING WITH JUSTICE-INVOLVED YOUTH	26

<i>Justice-Involved Youth in Canada</i>	27
<i>Characteristics of Justice-Involved Youth</i>	28
<i>Role of Psychologists</i>	31
<i>Helping Professionals in Youth Justice</i>	32
<i>Compassion Satisfaction in Correctional Environments</i>	35
SUMMARY	36
Chapter Three: Methodology	38
INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS	38
PHILOSOPHICAL FOUNDATIONS	38
<i>Epistemology</i>	38
<i>Theoretical Perspective</i>	39
METHODS	43
<i>Participants and Recruitment</i>	43
<i>Data Collection</i>	44
<i>Data Analysis</i>	45
METHODOLOGICAL INTEGRITY	47
<i>Credibility</i>	48
<i>Transferability</i>	49
<i>Dependability and Confirmability</i>	50
ETHICAL CONSIDERATIONS	50
Chapter Four: Findings	54
PARTICIPANT VIGNETTES	54
<i>Paul</i>	54
<i>Thomas</i>	57
<i>Jaco</i>	60
<i>Taylor</i>	64
<i>Brittany</i>	68
COMMON THEMES	71
<i>Participants Included in Group Experiential Themes (GETs)</i>	72
<i>Relationship Building and Client Engagement</i>	72
<i>Witnessing Client Success</i>	75

<i>Self-Efficacy in Promoting Client Change</i>	78
<i>Sense of Meaning and Purpose</i>	80
<i>Interconnectedness of Personal and Professional Lives</i>	82
<i>Impact of Workplace Factors</i>	84
Chapter Five: Discussion	90
DISCUSSION OF KEY FINDINGS	90
<i>Relationship Building and Client Engagement</i>	90
<i>Witnessing Client Success</i>	93
<i>Self-Efficacy in Promoting Client Change</i>	96
<i>Sense of Meaning and Purpose</i>	97
<i>Interconnectedness Between Personal and Professional Lives</i>	100
<i>Impact of Workplace Factors</i>	101
IMPLICATIONS AND RECOMMENDATIONS	104
<i>Recommendations for Psychologists</i>	104
<i>Recommendations for Organizations</i>	106
<i>Recommendations for Systemic-Level Changes</i>	108
CONSIDERATIONS AND LIMITATIONS	108
IMPLICATIONS FOR FUTURE RESEARCH.....	111
CONCLUSION.....	113
References	115
Appendix A: Recruitment Flyer	146
Appendix B: Participant Demographics Form	147
Appendix C: Interview Protocol	148
Appendix D: Study Information and Consent Form	150

List of Tables

Table 1 Participants Included in Group Experiential Themes (GETs)72

Glossary of Terms

Burnout: Response to prolonged work-related stressors characterized by feelings of exhaustion, cynicism, and disengagement with work, as well as reduced feelings of personal accomplishment (Maslach, 1976; Maslach & Leiter, 2016).

Compassion: Awareness of the suffering of oneself or others, along with the desire to alleviate it (Gilbert, 2009).

Compassion fatigue: Stress that follows from the active and empathetic engagement with with another's suffering (Figley, 1995); includes secondary traumatic stress and burnout (Figley, 1995).

Compassion satisfaction: The pleasure experienced from being able to help others through the course of one's work (Stamm, 2010).

Empathetic distress: An aversive personal reaction to the suffering of others characterized by the desire to withdraw and disconnect from the suffering and engage in depersonalizing behaviours to protecting oneself from distress (Klimecki & Singer, 2012).

Empathy: The ability to perceive what others are feeling and/or thinking (de Waal, 2010; Toussaint & Webb, 2005).

Helping professionals: Individuals whose work is primarily focused on providing care to others (i.e., health/ mental health care professionals, teachers, clergy, first responders, etc; Stamm, 2010).

Job satisfaction: The positive emotions associated with one's work (Martin & Schinke, 1998).

Life satisfaction: An overarching appraisal of one's life across domains (Diener et al., 1999).

Secondary traumatic stress: Experience of personal distress (e.g., sleep difficulties, intrusive images, avoidance behaviour) following exposure to the recounting of another's experience of trauma (Figley, 1995).

Self-efficacy: An individual's belief in their ability to meet situational demands (Wood & Bandura, 1989).

Post-traumatic growth: Positive cognitive, emotional, interpersonal and/or spiritual consequences resulting from how an individual coped following a traumatic experience (Tedeschi & Calhoun, 2004).

Vicarious post-traumatic growth: Personal growth after coping with symptoms of vicarious trauma (Arnold et al., 2005).

Vicarious resiliency: Personal growth from witnessing resiliency in clients (Hernández et al., 2010).

Vicarious trauma: A series of cognitive and personality changes from indirect exposure to traumatic material (McCann & Pearlman, 1990).

Chapter One: Introduction

Background

Working in the helping professions has the potential to impact all facets of a professional's life, both positively and negatively. The existing research on how helping professionals are affected by their work focuses predominately on negative consequences, such as compassion fatigue and burnout (see Glossary of Terms, as well as Overview of Terms section in chapter two), which are associated with emotional, relational, and professional difficulties for helping professionals (Baqeas et al., 2021; Figley, 1995; Salston & Figley, 2003). Aside from the toll compassion fatigue and burnout have on the helper, they may also adversely impact workplaces, as both compassion fatigue and burnout have been shown to contribute to turnover intention (Barthauer et al., 2020; Cao & Chen, 2021; Hunsaker et al., 2015; Jiang & Jiang, 2024; Lambert et al., 2012), absenteeism, and low workplace morale (Lambert et al., 2012). Moreover, high levels of compassion fatigue and burnout have been associated with various outcomes related to sub-optimal client care, including increased risk of misdiagnosis, inadequate treatment planning, and client abuse (Bride et al., 2007). Recognizing the potential for these negative outcomes warrants additional research exploring how to protect helping professionals from adverse reactions to human services work, especially in difficult areas of helping that are marked with multiple risk factors for compassion fatigue and burnout.

One area where helpers are especially at risk of being impacted negatively by their work is in the field of corrections. Psychologists and other mental health professionals who work in corrections tend to show a relatively high rate of burnout, compared to similar professionals working in other areas (Mivshek & Schriver, 2024; Senter et al., 2010). Within corrections, psychologists who work with youth must build a rehabilitative therapeutic relationship with mandated clients who are often unmotivated to change (Creaney, 2015). Furthermore, justice-involved youth are disproportionately impacted by trauma (Branson et al., 2017), and professionals who are exposed to secondary trauma and violence may be impacted vicariously by such exposure (Frost & Scott, 2022). In addition to vicarious exposure to trauma, psychologists working with justice-involved youth may experience adverse reactions from witnessing traumatic experiences first-hand given the high rates of suicide attempts, self-harm, and violence among this client group (Bell et al., 2019). Moreover, being exposed to verbal and physical aggression from clients can impact clinicians years after the initial exposure (Kind et al., 2018).

Given the many unique challenges experienced by psychologists who work with justice-involved youth, research is urgently needed on how to protect these psychologists from negative work outcomes.

Despite the challenges faced by helping professionals both within and beyond corrections, not all helpers are afflicted with compassion fatigue or burnout. In fact, many helping professionals across areas report feeling positively about their work helping others (Stamm, 2002). Consequently, researchers have started exploring rewarding and enriching aspects of helping relationships. One such phenomenon, compassion satisfaction, is the pleasure gained from working within the helping professions (Stamm, 2010). Compassion satisfaction has been associated with numerous positive outcomes for helping professionals including improved personal well-being (Davies et al., 2023; Rossi et al., 2012; Samios et al., 2013; Thomas, 2013), physical health (Ryu & Shim, 2022), work engagement (Audin et al., 2018), and coping strategies (Davies et al., 2023; Kraus, 2005; Reyes-Quilodran et al., 2022). In addition, compassion satisfaction may protect helpers from the potential adverse effects of vicarious trauma (Craig & Sprang, 2010; Cummings et al., 2021; Hunter, 2012; Zeng et al., 2023), exposure to workplace violence (Jiang & Jiang, 2024), compassion fatigue, and burnout (Bahari et al., 2022; Cummings et al., 2021; Hunt et al., 2019; Jiang & Jiang, 2024; Laverdière et al., 2019; Wagaman et al., 2015).

Although evidence of the positive effects of compassion satisfaction is growing, there remains major gaps in the literature concerning the impact of compassion satisfaction on helping professionals. In particular, the majority of the existing studies on compassion satisfaction are quantitative in nature and focus on the prevalence and impact of compassion satisfaction across various demographics and workplace settings. A limitation of such studies is that they depend primarily on the only existing instrument to measure compassion satisfaction (see the Professional Quality of Life Scale [ProQOL]; Stamm, 2009). Despite its important contributions to the literature, the ProQOL may not be representative of all helping professionals.

In addition to the limitations of the available quantitative research, there is a relative lack of qualitative research on compassion satisfaction in general and none specifically with psychologists who work with justice-involved youth. Additional qualitative research may help to build a nuanced understanding of the experience and meaning of compassion satisfaction, within the context of diverse and unique settings. In particular, a qualitative exploration of compassion

satisfaction from the perspective of psychologists working with justice-involved youth may help to better contextualize compassion satisfaction in a way that acknowledges the unique challenges and rewards of this area of clinical practice. Building understanding of the experience of compassion satisfaction from this previously unexplored perspective may be used to inform training, policies, and supports to help psychologists persist in their careers and provide effective care to clients.

Statement of Purpose and Research Questions

To help address the above-noted gap in the literature, the purpose of the present study was to explore the experiences and meaning of compassion satisfaction from the perspective of psychologists working with justice-involved youth. My specific research questions were: (a) What are psychologists' experiences of compassion satisfaction when working with justice-involved youth? and (b) What does compassion satisfaction mean for psychologists in this context? A qualitative methodology was appropriate for my research purposes since qualitative research focuses on building nuanced, rich, and contextualized understandings of lived experiences and the meaning that such experiences hold for people. More specifically, I used interpretative phenomenological analysis (IPA) to explore psychologists' experiences of compassion satisfaction. IPA is a methodological framework for exploring participants' worldviews and attempting to understand a phenomenon from the participants' perspective (Smith, 1996). In the interest of building a more in-depth understanding of compassion satisfaction, IPA allowed me to focus on the meanings and experiences of compassion satisfaction with attention to the nuances and context of providing psychological services to youth in the justice system. The results of this study may be used to inform compassion satisfaction theory and suggest recommendations for fostering compassion satisfaction in psychologists working with justice-involved youth.

Relevance to Counselling Psychology

While this study may have implications for several areas of psychology, I have situated it within the broad specialization of counselling psychology. As a discipline, counselling psychology focuses on enhancing and promoting the positive growth and well-being of individuals, groups, and the community at large (Canadian Psychological Association [CPA], 2017). At its core, counselling psychology adheres to values that highlight the strengths and resilience of people, with attention to diverse sociocultural factors (CPA, 2017). By focusing on

the strengths and resilience of helping professionals, the present study represents an unexplored area of research that is congruent with the values of counselling psychology. In the following section, I describe the study's relevancy to major aspects of counselling psychology, in particular the therapeutic relationship, psychologist well-being, and career development.

Supporting the Therapeutic Relationship

The therapeutic relationship can be defined as the feelings and attitudes that a client and therapist have related to each other and how these perceptions and emotions are expressed (Norcross, 2010). Within the values of counselling psychology is the presumption that the therapeutic relationship is a primary mechanism of therapeutic change (CPA, 2017).

Psychologists who work with justice-involved youth face unique challenges in maintaining the therapeutic relationship. These challenges, which I discuss in more detail in chapter two, include issues associated with dual relationships (Creaney, 2015; Gannon & Ward, 2014; Ward, 2013), working with mandated clients (Creaney, 2015; Lambert et al., 2015), and separating the client from their past criminal behaviour (Harris et al., 2015; Myles-Wright & Nee, 2020). Fostering compassion satisfaction in psychologists working with justice-involved youth has the potential to improve aspects of the therapeutic relationship, more specifically, empathy and the working alliance.

In the context of therapy, empathy can be defined as the therapist's perceptiveness and desire to understand their client's perspectives while considering the client's thoughts, feelings, and challenges (Rogers, 1957). Being able to understand the perceptual experience of the client allows the therapist to accurately communicate their understanding of the client's experience back to the client in ways the client can understand and appreciate (Norcross, 2010). The current state of research suggests that empathy is (a) necessary for the therapeutic relationship (Lambert & Barley, 2001; Moreno-Poyato & Rodríguez-Nogueira, 2021; Norcross, 2010), (b) helpful for client outcomes (e.g., Bohart et al., 2002), and (c) in some cases, harmful for the clinician (Duarte & Pinto-Gouveia, 2017; Figley, 1995). Since empathy is an important component of the therapeutic relationship (Lambert & Barley, 2001; Norcross, 2010), more research should focus on how to protect clinicians without diminishing their empathy. Although the available studies in this area are scant, the existing research indicates that compassion satisfaction correlates positively with certain forms of empathy (Laverdière et al., 2019; Stosic et al., 2022). Furthermore, compassion satisfaction has been identified as a protective factor against

compassion fatigue and burnout (Davies et al., 2023; Jiang & Jiang, 2024; Pelon, 2017; Rossi et al., 2012; Stamm, 2002), conditions associated with reduced empathy (Sinclair et al., 2017; Sorenson et al., 2016).

Another aspect of the therapeutic relationship that may be impacted by compassion satisfaction is the working alliance. The working alliance is of utmost importance for effective therapy and contributes to approximately a quarter of the variance predicting client outcomes (Horvath et al., 2011). According to Bordin (1979), the alliance is the formation of a collaborative relationship between therapist and client, ultimately resulting in positive client change. Although the working alliance has similar processes across client groups, therapists may experience difficulties in creating an alliance with offenders (Ross et al., 2008). There are many factors that may influence alliance formation with offenders, such as therapist expectations due to client history or diagnoses, aversive experiences from hostile client behaviour, and a lack of client motivation (Ross et al., 2008). Importantly, compassion satisfaction may have the potential to contribute to a positive working alliance for therapists working with offenders. In a study by Carmel and Friedlander (2009) on predictors of the working alliance, compassion satisfaction was identified as the most important single factor in the perceptions of the working alliance for therapists who work with sex offenders. Building an understanding of compassion satisfaction within the context of youth justice may provide important insights into how psychologists working in this area are able to experience compassion satisfaction, despite the specific challenges they face.

Protecting Psychologist Well-Being

Therapists and counsellors depend on continually engaging in the use of the self as a primary tool for practice (Duncan et al., 2010). Psychologists, therefore, have an ethical responsibility to monitor and manage their psychological well-being to prevent professional impairment (Canadian Psychological Association [CPA]; 2017). Impairment refers to a condition that impedes the psychologist's ability to practice to an extent that may harm clients or render the provided services ineffective (Munsey, 2006). Psychologist impairment may result from personal difficulties, work-related variables, or the combined impact of both. Although psychologists are often encouraged to maintain their well-being, the existing literature lacks guidance on how psychologists, particularly those working within the youth justice system, can maintain their wellness amidst work-related stressors.

Work-related responses that can adversely impact psychologists' well-being and professional functioning include compassion fatigue and burnout. Although there is relatively limited research on psychologists who work with justice-involved youth specifically, the existing literature suggests that psychologists who work in corrections report higher rates of burnout compared to psychologists working in other areas (Senter et al., 2010). Given the increased risk for compassion fatigue and burnout, it is imperative that psychologists working within the justice system manage their psychological well-being and professional functioning.

Research into compassion satisfaction has important implications for protecting the well-being of psychologists, while at the same time protecting the quality of care the psychologists provide. Indeed, compassion satisfaction may protect clinicians from impairment by mitigating against or preventing the effects of compassion fatigue and burnout (Collins & Long, 2003; Conrad & Kellar-Guenther, 2006; Davies et al., 2023; Jiang & Jiang, 2024; Killian, 2008). Additionally, compassion satisfaction may help foster clinician career longevity, fulfilment, and general well-being (Radey & Figley, 2007). Recognizing the potential positive effects and the protective quality of compassion satisfaction against adverse reactions to helping work, the results of the present study may be used to inform strategies to support the quality of life of psychologists who work with justice-involved youth and the care these psychologists provide to their clients.

Implications for Career and Work

Career is an important aspect of counselling psychology's holistic understanding of human wellness (CPA, 2009). Although compassion satisfaction may have important implications for supporting the careers of people in the helping professions, there is currently very little research exploring how psychologists who work with justice-involved youth experience this phenomenon. However, research exploring helping professionals' experiences of job satisfaction, a similar but distinct concept to compassion satisfaction, provides some evidence of how psychologists may be impacted by their work in this area. Although the two concepts are likely related for individuals in the helping professions, job satisfaction is a broader concept that refers to one's positive emotions related to one's work (Martin & Schinke, 1998), whereas compassion satisfaction refers more specifically to the positive aspects of work helping others. Across studies on professionals working in the justice system, job satisfaction has been associated with increased organizational commitment and reduced turnover intent among police

officers (Lambert et al., 2021) and professionals working with youth (Matz et al., 2012; Wells et al., 2016).

Research exploring job satisfaction and overall life satisfaction provides additional support for the proposition that compassion satisfaction may impact correctional psychologists both at work and at home. Simply defined, life satisfaction is an individual's general appraisal of one's life across global domains (Diener et al., 1999). Although there is no research directly relating compassion satisfaction to life satisfaction for psychologists who work with justice-involved youth, the existing research on the impact of job satisfaction on helping professionals working in the justice-system shows mixed results. For instance, a research study conducted by Lambert et al. (2005) indicated that for helping professionals in corrections, job satisfaction was positively associated with overall life satisfaction. In contrast, Senter et al. (2010) found that psychologists working in correctional settings with high levels of burnout and low levels of job satisfaction did not report lower overall life satisfaction. It is possible that professionals providing therapy in correctional environments may be satisfied with providing services to clients while at the same time being dissatisfied with other aspects of their work, such as administrative responsibilities (Ferrel et al., 2000). These conflicting findings suggest that there are likely multiple contributors affecting how psychologists working within the justice-system are impacted by their work.

Job stress is another aspect of work that may impact experiences of satisfaction with work and is associated with concerns across multiple domains. On an individual level, job stress is associated with physical and mental health concerns, substance abuse issues, and interpersonal issues (Lambert et al., 2005; Lambert & Paoline, 2008). According to research on staff working in the youth justice system, job stress relates to overall lower job satisfaction (Wells et al., 2016). Furthermore, across samples of correctional staff, job stress has consistently been found to be negatively associated with job satisfaction and positively associated with organizational commitment (Lambert & Paoline, 2008). In addition to the personal impact job stress has on helpers, clients may be affected when job stress impacts the clinician's effectiveness (Finn, 2001). Related to youth justice, Wells and colleagues (2009) found that job satisfaction and self-efficacy predicted job stress among staff working with juvenile offenders. In this particular study, self-efficacy was defined as "personal efficacy in working with youth" (Wells et al., 2009, p. 249). Although the study focused on self-efficacy and not on compassion satisfaction, the

concepts are considered related, as compassion satisfaction involves a belief in one's ability to do good work (Stamm, 2002). The possible role of compassion satisfaction in protecting against workplace stressors further justifies the need for research into compassion satisfaction in psychologists who work with justice-involved youth.

Despite being a potential source of stress, work is important for personal development and can provide individuals the opportunity for creating meaning in their lives (Dik & Duffy, 2012). Briefly stated, *meaning* is how an individual perceives and makes sense of something, including its significance or purpose (Pratt & Ashforth, 2003). Meaning is influenced by the individual's social and environmental context and can be either positive, negative, or neutral (Wrzesniewski et al., 2003). In terms of work, the meaning might be to get paid, to have something to do, or to respond to a personal calling (Pratt & Ashforth, 2003). Moreover, work can be subjectively experienced as being *meaningful*. Meaningful work holds positive significance and meaning for an individual (Rosso et al., 2010), such as seeing one's work as a calling. For psychologists, meaningful work is associated with increased work satisfaction, professional well-being, and improved client outcomes (Michalchuk & Martin, 2019). For helping professionals more broadly, meaningful work has been linked to numerous positive outcomes including compassion satisfaction (Itzick et al., 2018), job satisfaction (Rosso et al., 2010), motivation, performance, personal fulfilment (Rosso et al., 2010), and work engagement (Albrecht et al., 2021). It has been theorized that meaningful work may allow helping professionals to feel compassion satisfaction, even while experiencing high levels of burnout or compassion fatigue (Conrad & Kellar-Guenter, 2006; Stamm, 2002).

Although meaningful work is associated with numerous positive outcomes for helping professionals (Albrecht et al., 2021; Itzick et al., 2018, Michalchuk & Martin, 2019; Rosso et al., 2010), psychologists who work with justice-involved youth are particularly underrepresented in research on the meaningful work. The existing research indicates that helping professionals working with clients who have committed sexual offences find meaning in serving humanity and protecting members of society from potential harm (e.g., Dean & Barnett, 2011; Russell & Harvey, 2016; Shevade et al., 2011; Slater & Lambie, 2011). Since compassion satisfaction focuses on the rewards of helping work, the current study contributes to a more complete understanding of how to promote the rewards of working with justice-involved youth, thus helping psychologists derive meaning from their work.

In summary, exploring compassion satisfaction from the perspective of psychologists working with justice-involved youth can provide insight into the strengths and resiliency of helping professionals working in a challenging and underrepresented area of work. By exploring how these psychologists experience compassion satisfaction, the current study can contribute to a more complete understanding of compassion satisfaction and inform strategies to foster compassion satisfaction that are sensitive to the unique context of working within the youth justice system. Moreover, the understanding generated through this study has the potential to support the well-being of these helping professionals and the care they provide to their clients.

Researcher's Background and Position

In the interest of transparency and to encourage deliberate reflection on my biases and assumptions, I believe it is important to explicitly describe my professional experience and assumptions that informed the study. Thus, in the remainder of this section, I have outlined relevant aspects my experience and assumptions that relate to compassion satisfaction for psychologists working with justice-involved youth.

Regarding my professional experience, my first role in the helping professions involved working as an aide in a psychiatric hospital. Through this position, I developed an interest in supporting forensic clients and, more specifically, justice-involved youth. After gaining experience across various units of the hospital for several years, I eventually started working in the hospital's youth forensic program. After completing my undergraduate degree, I also began volunteering on a community distress line and moved into a staff role shortly thereafter. Witnessing the profound impact of supporting distress line callers on both myself and my colleagues, I conducted an independent research study exploring the experiences of distress line volunteers during challenging calls. At the time, I was still employed as an aide at the hospital. After performing both jobs for several months, I became exhausted and experienced elements of compassion fatigue and burnout. I recognized the need to prioritize my wellness and decided to leave the distress line. I maintained my position as a psychiatric aide with justice-involved youth until I eventually moved into an addictions counsellor position. As an addictions counsellor, I counselled youth receiving substance abuse treatment and adolescents who had committed sexual offences. In addition to my professional experiences outside of school, I also completed practicums and a pre-doctoral internship through my graduate program in counselling psychology. Through these experiences, I had the opportunity to work with children, adolescents,

and adults in community counselling centres, hospitals, and an outpatient cancer treatment program. Near the end of my graduate studies, I began working as a registered psychologist, conducting counselling and assessments in private practice and school-based settings. Across all of these experiences, I developed a deep appreciation for the helping field. This appreciation, coupled with inspiration from my clients, motivated me to overcome challenges and continue pursuing a career in this field.

In addition to my professional experiences, I believe aspects of my identity influence my perspective. I am a Caucasian, able-bodied, cis-gender woman. Therefore, I recognize that I have certain privileges that can impact how I interpret my relationships with others in my workplace and likely how I experience compassion satisfaction. Acknowledging the impact these privileges would have on my expectations of participant experiences, I provided space during interviews for participants to discuss unique aspects of their identities and positions in their workplaces. Additionally, although my own experiences of working within the youth justice system may have influenced my expectations of participant experiences, I have never worked as a psychologist with justice-involved youth. My experiences are based on the confines of my role, and therefore, the distinction between my experiences and my participants' experiences can help me focus on the unique aspects of compassion satisfaction from the psychologists' perspectives.

Related to my biases and assumptions about compassion satisfaction, I believe that focusing on positive experiences can help illuminate essential and underrepresented aspects of work. However, notwithstanding the importance of focusing on positive experiences, I believe that systemic and organizational factors can lead to difficulties in experiencing compassion satisfaction. I do not want to minimize the challenges of work in these areas, nor do I believe that solely focusing on positive experiences is enough to solve genuine, systemic issues within a psychologically or physically dangerous professional environment. Instead, I believe it is important to learn how people can maintain their resilience by highlighting the rewards of working in the helping professions.

Overview of Dissertation

The remainder of this dissertation contains four chapters. In the second chapter, I review existing theory and research on compassion and compassion satisfaction, as well as relevant literature on working with justice-involved youth; and compassion satisfaction in correctional environments. The third chapter includes a discussion of the philosophical assumptions, study

procedures, and the steps taken to enhance the trustworthiness of the study, as well as a discussion of relevant ethical considerations. In the fourth chapter, I present the study's findings, including salient themes within and across participant cases. Last, in the final chapter, I position these findings within the existing literature, discuss the study's limitations, make recommendations for future research, and discuss implications for psychologists working with justice-involved youth.

Chapter Two: Literature Review

This chapter begins with an overview of some of the main terms that appear in the literature on the costs and rewards of caring. Next, I review the literature on compassion in the helping professions, as well as existing research on compassion satisfaction broadly. I then summarize the research on working with justice-involved youth and on compassion satisfaction in correctional environments. Due to the limited amount of existing research that focuses specifically on psychologists who work within the youth justice system, I will draw from other areas of the helping professions to describe how psychologists may be impacted by their work with justice-involved youth.

Overview of Terms

The literature on both the positive and negative consequences of working in the helping professions uses a myriad of terms to describe similar phenomena, sometimes with little differentiation in meaning. Despite continued efforts to distinguish between these terms, research has been largely unsuccessful in identifying significant and persistent differences across concepts (Killian et al., 2017; Manning-Jones et al., 2015; Michalchuk & Martin, 2019; Stamm, 2010). Notwithstanding the conceptual challenges, the following overview attempts to define many of the terms that appear in the literature on the experiences of helping professionals.

The Costs of Caring

The phrase “the costs of caring” has been used in reference to compassion fatigue (Figley, 1995); however, vicarious trauma, secondary traumatic stress, and burnout all contribute to understanding the way helpers may be negatively impacted by their work. Initially conceptualized by McCann and Pearlman (1990), *vicarious trauma* involves cognitive and personality changes resulting from indirect exposure to traumatic material. In contrast, the term *compassion fatigue*, originally coined by Joinson (1992), has been adapted by Figley (1995) to include domains related to indirect exposure to traumatic material (secondary traumatic stress) and burnout. Compassion fatigue encompasses emotional and physical reactions from empathizing with others’ suffering (Hatcher & Noakes, 2010; Sorenson et al., 2016). Comparatively, vicarious trauma necessitates indirect exposure to trauma and involves more emphasis on cognitive and personality changes (Hatcher & Noakes, 2010; Sorenson et al., 2016). Another concept often cited in the literature, burnout, has been defined as a response to enduring and persistent stressors at work (Maslach, 1976). Burnout is characterized by emotional

exhaustion and cynicism, detachment from one's work, feelings of ineffectiveness and a lack of personal accomplishment (Maslach, 1976; Maslach & Leiter, 2016). In comparison to vicarious trauma and compassion fatigue, burnout is more related to work characteristics, is more likely to be gradual, and can affect workers outside of the helping professions (Lambert et al., 2015; Hunsaker et al., 2015).

Rewards of Caring

Representing the positive impact that helping work can have on helping professionals, some of the main concepts that appear in the literature on the rewards of caring include compassion satisfaction, vicarious resiliency, and vicarious post-traumatic growth. The broadest of all the rewards of caring concepts, compassion satisfaction, is defined as the pleasure from being able to do work well (Stamm, 2005; 2010). Compassion satisfaction involves feeling positive about one's ability to help others or contribute to the greater good of society (Stamm, 2005; 2010). In contrast, vicarious resiliency and vicarious post-traumatic growth refer to a helper's personal growth that occurs through exposure to client experiences (Arnold et al., 2005; Hernández et al., 2010). More specifically, vicarious resiliency stems from witnessing resiliency in clients (Hernández et al., 2010) and vicarious post-traumatic growth is a helping professional's personal growth following exposure to client traumatic materials (Arnold et al., 2005). Compared to vicarious resiliency and vicarious post-traumatic growth, compassion satisfaction relates most directly to the act of providing care to others.

Compassion in the Helping Professions

The terms *compassion fatigue*, and to a lesser extent *compassion satisfaction*, have been used consistently in the literature on helping professionals. Despite being included in the name, the meaning of "compassion" is rarely defined or explored in this research. Additionally, the terms *compassion* and *empathy*, when defined, are done so inconsistently and in some cases lack conceptual clarity. Thus, prior to discussing the potential consequences of human service work, it is important to define and differentiate between these concepts.

Definitions of compassion vary but, ultimately, compassion "is a basic kindness, with a deep awareness of the suffering of oneself and of other living things, coupled with the wish and effort to relieve it" (Gilbert, 2009, p. 13). In contrast, empathy is the ability to understand what others are feeling and thinking (de Waal, 2010; Toussaint & Webb, 2005). Moreover, empathy is

the skill required to experience an awareness of the suffering of another, whereas compassion includes an awareness of suffering, along with the additional desire to relieve it.

Understanding the complexities of both compassion and empathy provides further insight into how helping professionals are impacted by their work. Indeed, it is problematic to assume that either compassion or empathy causes fatigue, given that both are integral to the care provided by helping professionals. In health care, empathetic communication and compassion have been linked to increased team resilience and effectiveness, with higher levels of morale, improvements in quality of care, and fewer patient complaints (Christiansen et al., 2015; Lown, 2014). On the other hand, when staff are fatigued or burnt out, they may experience a reduced capacity for empathy (Wilkinson et al., 2017), making them less likely to respond compassionately and more likely to provide sub-optimal care (Bride et al., 2007). Diminished compassion, coupled with organizational and systemic problems, can result in negative outcomes, including conflict with clients (Jeon et al., 2018), as well as client neglect and abuse (Lown et al., 2011). As a result, there has been a growing interest in improving the quality of care by encouraging providers to be compassionate (Christiansen et al., 2015). With this push towards compassionate care and the continued warnings about compassion fatigue, helpers are receiving conflicting information. Specifically, helpers are being asked to be more compassionate while at the same time receiving the message that being too compassionate causes fatigue (Hofmeyer, 2020).

Compassion Theory

Although compassion is not a new principle, the scientific and psychological study of compassion began in the past 20-30 years. In the discipline of psychology, Paul Gilbert (e.g., Gilbert, 2009, 2013) and Kristen Neff (e.g., Neff, 2003, 2007) have been among those at the forefront of research on compassion and self-compassion. Given the increasingly large body of research that has emerged on compassion, a complete review would be beyond the scope of this chapter. Instead, I provide an overview of compassion theory with special attention to the areas that are relevant for providing compassion to others in the context of the helping professions.

Grounded in evolutionary psychology, attachment theory, and Buddhist principles, Gilbert's (2009) biopsychosocial theory of compassion provides a comprehensive basis for understanding the significance and mechanisms of compassion. Central to Gilbert's theory is the role of three primary emotion regulation systems: (a) the threat and protection system; (b) the

incentive and resource-seeking system; and (c) the soothing and contentment system. Although each system serves a distinct purpose, relying too heavily on one system over the other can lead to impairments in psychological functioning. The main function of the threat and protection system is to recognize and respond to a perceived threat or danger. To respond quickly, the threat and protection system activates the amygdala and releases cortisol, thus initiating the “fight, flight, or freeze” response. After the perception of a threat, this system initiates emotional reactions such as anxiety, fear, anger, disgust, and other threat-based emotions to encourage a response to the threat. In contrast, the evolutionary purpose of the incentive and resource-seeking system, as conceptualized by Gilbert, is to provide motivation for gathering resources and acquiring rewards. This system functions by secreting dopamine following achievement or resource accrual, which results in the experience of pleasure. Pleasurable experiences serve as an incentive and reinforce the achievement, thus producing a continued motivation towards resource-seeking. The final system in Gilbert’s theory, the soothing and contentment system, is associated with the release of oxytocin and subsequent experiences of compassion, affection, calmness, and the ability to soothe and be soothed. According to Gilbert, the soothing system helps to de-escalate a sense of threat and, therefore, is particularly important for compassion focused therapy and self-compassion interventions (see later section on compassion-based interventions for helping professionals). Importantly, Gilbert (2009, 2010) has described how the soothing and contentment system can be activated by receiving compassion from others, or by directing compassion towards others, or to the self (Gilbert, 2009, 2010). Based on this theory, being caring and compassionate to others may be a positive experience for the caregiver (i.e., helping professional providing compassionate care) by activating the provider’s soothing and contentment system.

Although providing care and compassion to others can help to activate the soothing system, providing compassion to others is not always a positive experience. Indeed, a person’s upbringing, attachment style, or personality may be associated with fear and other aversive responses to affiliative emotions, including compassion (Mikulincer & Shaver, 2017). In instances where an individual does not feel safe to express or feel compassion, compassion may actually trigger the threat system (Gilbert, 2010; Gilbert et al., 2011). For example, individuals with a general discomfort towards closeness may experience negative emotions when confronted with requests for compassion (Mikulincer & Shaver, 2017). In contrast, it is also possible for an

individual to feel distressed when attempting to be compassionate towards others due to difficulties with emotion regulation in the face of others' distress or an anxious preoccupation with being compassionate (Gilbert, 2014; Gilbert et al., 2011; Mikulincer & Shaver, 2017).

Gilbert's theory of social mentalities offers another potential explanation for the differing effects that providing care to others can have on the care provider. Within this theory, Gilbert describes caregiving as one of four innate human motivations that have evolved over time that allows groups of people to function in social systems (Gilbert, 2017). According to Gilbert's (2014) conceptualization, people may respond differently to caregiving due to their internal versus external motivations. Simply put, intrinsic motivation is doing something because the task itself is rewarding; and extrinsic motivation is when the motivation for a task lies in the end result (Ryan & Deci, 2000). Related to caregiving, Gilbert (2014) posited that when caregiving is intrinsically motivating, caregiving can become reinforcing, as well as becoming an integral piece of a person's identity and a significant source of self-esteem. In contrast, caregiving that is extrinsically motivated may be associated with negative consequences such as compassion fatigue or burnout (Gilbert, 2014; Vitaliano et al., 2003). Accordingly, caregiving that is felt to be obligatory or beyond the ability or willingness of the provider can become draining (Gilbert, 2017; Gilbert & Choden, 2014; Vitaliano et al., 2003). Furthermore, when people are overworked and their caregiving capacity is overwhelmed, they may begin to lose their empathy capabilities and feel burnt out (Gilbert, 2014, 2017). Other conditions of caregiving that can lead to a negative impact on helpers include situations where caregivers criticize themselves or receive criticism from others for not meeting self-imposed or external standards for caregiving (Gilbert, 2017). If caregiving is a central component of an individual's self-concept, the reduced ability to provide care or criticism of the care provided can then contribute to additional negative self-evaluations (Gilbert, 2017).

Empathy

Empathy is an integral component of effective helping relationships (Gerdes & Segal, 2011), and therapist empathetic ability is paramount in facilitating client change (Elliott et al., 2011; Larson & Yao, 2005). Despite the vital importance of empathy in therapeutic relationships, a substantial body of literature suggests that empathy can also cause distress for helping professionals (Figley, 2002). The literature on the costs of caring spans across disciplines in human services, with empathy in helping relationships being portrayed as a double-edged sword.

Within the costs of caring literature, research indicates that over time expressions of empathy may lead to the eventual reduction of empathy, resulting in poorer mental health outcomes for both the client and the therapist (Figley, 2002). Figley's (2002) model suggests that empathy is the cause of compassion fatigue, though this idea is contested in the literature. Some studies demonstrate that empathy can, in fact, be helpful for clinicians (Laverdière et al., 2019; Wagaman et al., 2015) and may be an important factor in the development of vicarious post-traumatic growth (Manning-Jones et al., 2015). The existing literature on compassion fatigue and empathy is limited insofar as it is difficult to compare the results across studies due to the use of differing definitions and samples. Despite these limitations, there is evidence to suggest that various aspects of empathy relate positively to compassion satisfaction and may be protective against the development of compassion fatigue and burnout (e.g., Bahari et al., 2022; Duarte et al., 2016; Hunt et al., 2019; Laverdière et al., 2019; Stosic et al., 2022; Wagaman et al., 2015).

Generally, empathy is a complex, multidimensional process that allows one to identify with thoughts, feelings, and emotions of another (Gerdes et al., 2011; Gibbons, 2011). Since empathy is a multi-dimensional process, attention to the nuances across forms of empathy can help to explain conflicting findings on the relationship between empathy and compassion fatigue. For instance, a study by Laverdière and colleagues (2019) illustrated how different forms of empathy differentially affect therapists. In their sample of 240 therapists, the researchers found that cognitive empathy, or the ability to understand the perspective of others, was positively associated with compassion satisfaction and negatively associated with burnout. Furthermore, therapists who had high ratings of cognitive empathy reported higher levels of satisfaction with their work, independent of their work setting. High levels of empathetic concern, or feelings of compassion towards others, were also associated with compassion satisfaction. Based on the positive relationship between empathetic concern and compassion satisfaction, Laverdière et al. (2019) suggested that therapists who strongly wish to alleviate the suffering of others may feel more rewarded by their work. The above findings, however, were not borne out in a study by Hunt et al. (2019), where high levels of empathetic concern were positively associated with secondary traumatic stress but not with burnout or compassion satisfaction. Further differentiating the various facets of empathy as they relate to compassion satisfaction, some researchers have distinguished between positive empathy (sharing positively valenced emotions) from negative empathy (sharing in negatively valenced emotions) (Andreychik & Migliaccio,

2015). In a recent study that examined empathy in medical students, positive empathy was negatively associated with burnout and positively associated with compassion satisfaction (Stosic et al., 2022). Furthermore, both negative empathy and cognitive empathy were associated with reduced levels of compassion satisfaction.

Another important factor that may help explain the differing effects of empathy is the ability to distinguish between the suffering of others from one's own suffering (Hunt et al., 2019; Laverdière et al., 2019; Wagaman et al., 2015). A number of studies have found that an inability to differentiate between the suffering of others from one's own suffering is negatively associated with compassion satisfaction and positively associated with secondary traumatic stress and burnout (Hunt et al., 2019; Laverdière et al., 2019; Wagaman et al., 2015). It is possible that empathetic concern without appropriate resources and emotion regulation tools may contribute to this effect (Hunt et al., 2019; Wagaman et al., 2015). According to qualitative research on trauma therapists, setting boundaries and engaging in self-reflexivity were important components of how therapists were able to protect themselves from ongoing engagement with traumatic material (Ling et al., 2014).

The aforementioned research highlights the diverse impacts of empathy and caregiving on helpers. Although the existing literature suggests that certain forms of empathy may be related to compassion satisfaction, the nature of the relationships between these concepts not entirely clear. Additional research into compassion satisfaction may help to further clarify how empathy relates to compassion satisfaction and how helping work impacts the helper.

Neuroscience of Compassion

Developments in neuroscience help differentiate the neurological impact of compassion compared to that of empathy. More specifically, recent neurological research challenges the idea that compassion causes fatigue and highlights the possible positive effects of compassion. With the use of functional magnetic resonance imaging (fMRI) technology, the following studies explain how providing compassion may protect helpers from the harms of their work caring for others.

In a study by Klimecki and colleagues (2013), participants watched videos showing people in various emotional states. To prime a potentially distressing empathetic response, these videos included depictions of human suffering, such as a person crying (Klimecki et al., 2013). While participants watched the videos, the researchers recorded participant brain activity using

fMRI and asked participants to report how they were feeling. When exposed to the videos of suffering, participants initially reported feeling a shared negative affect with the suffering person. The fMRI data showed activation in the insula and anterior middle cingulate cortex, markers of the threat and protection system in the brain. Klimecki and colleagues described this shared negative affect as an empathetic response. To examine neural plasticity, the researchers introduced compassion-based meditation training to half of the participants. The compassion-based meditation focused on loving-kindness meditation and purposely evoked participants' expression of compassion to others and to the self. In contrast, participants in the control group completed a memory training intervention. After the training period, the participants were shown similar videos of people in various emotional states. Following exposure to the videos, the researchers examined fMRI data and participant self-report of their affect. Compared to the control group, participants trained in compassion meditation (a) reported feeling more positive affect, even when watching videos of suffering; and (b) showed stronger activation in brain regions that are typically associated with positive valuation, love, and affiliation. Counter to the hypothesis of the study authors, participants in the compassion-training group did not report less negative affect while watching the videos. Instead, participants felt concurrent positive affect such as warmth coupled with empathetic concern.

Expanding on this research in a way that is particularly significant for the work of helping professionals, Klimecki and colleagues (2014) studied how compassion training can protect against excessive negative emotions from repeated exposure to the distress of others. In their study, the researchers explored the differential effect of empathy training and compassion training on fMRI data and participant self-reported affective experiences. Using a repeated measures design, participants were initially shown videos of people suffering (e.g., due to injury or natural disaster). After collecting baseline scores from both experimental and control groups, the experimental group received empathy training, and the control group received memory training. The empathy training group was encouraged to resonate with the suffering depicted in the videos. Comparatively, the memory training group was instructed to recall a series of words. When later confronted with the videos of people suffering, participants in the experimental group reported feeling more negative affect compared both to their baseline scores and to the control group scores. On a neural level, the empathy training induced activation in areas associated with emotion regulation and pain processing. In the next phase of the study, participants in the

empathy training group received compassion training where they were taught to cultivate feelings of benevolence and friendliness towards individuals in the videos. Participants in the control group, on the other hand, were given additional memory training. Upon completing the training, both groups were shown similar videos of people in emotional states. The findings indicated that the compassion training counteracted the effects of the empathy training, returning negative affect back to baseline levels and increasing participant positive affective experience during the videos. Furthermore, following the compassion training, neural plasticity was shown through activation of brain areas associated with positive and affiliative affect. Importantly, the activated system is antagonistic to the system associated with threat. Klimecki et al. concluded that empathetic distress and compassion rely on antagonistic systems. This conclusion has significant implications, as it suggests that activating the reward and affiliative system through compassion may help de-escalate the threat system, which would be otherwise remain activated by prolonged empathetic distress.

These studies help to underscore the importance of distinguishing between compassion and empathy. An empathetic response involves sharing another's emotional experience, whereas compassion involves feeling concern for another coupled with a desire to relieve their suffering (Klimecki et al., 2013). Feeling the pain of another through a strictly empathetic response can activate areas of brain responsible for processing pain, and can be both overwhelming and distressful for the person experiencing empathy (Klimecki et al., 2013). Extensive empathetic distress can become exhausting (Klimecki, 2015) and may lead to self-protective withdrawal behaviours (Klimecki & Singer, 2012). For helping professionals, continued empathetic distress can lead to burnout (Klimecki & Singer, 2012). Conversely, when the suffering of another is met with compassion, the brain centres that are associated with reward, affiliation, and being protected from stress are activated (Klimecki, 2015). Therefore, while providing empathy for others can cause personal distress and result in fatigue, compassion can be enriching and rewarding and may help protect against the fatigue from empathetic distress (Klimecki & Singer, 2012). Accordingly, Klimecki and Singer (2012) suggested that the term *compassion fatigue* is a misnomer and should be replaced with *empathetic distress fatigue*. Klimecki and Singer (2012) further suggested that instead of avoiding empathetic responses, caregivers should learn to maintain high levels of empathy and transform empathy into compassion before becoming overwhelmed.

The above findings provide further evidence on how compassion may benefit the provider. Based on this research, future interventions should focus on educating helpers on how to protect themselves by using empathy appropriately and encouraging compassionate care. Fostering compassion in the workplace can be facilitated by building an understanding of the experiences of compassion across diverse areas of helping. Expanding current conceptualizations of compassion satisfaction can help illuminate the positive impact of providing compassion to others. Given the differences in experiences across areas of helping, such research should focus on underrepresented areas of helping.

Self-Compassion in the Helping Professions

In addition to the research illustrating the importance of compassion for helping professionals, research showing the benefits of self-compassion in the helping professions continues to grow (e.g., Germer & Neff, 2019; MacBeth & Gumley, 2012; Neff, 2003; Neff et al., 2007; Neff & McGehee, 2010; Wakelin et al., 2022). Broadly speaking, self-compassion is being kind towards oneself when confronted with challenges or perceived inadequacy (Brach, 2003). More specifically, Neff and colleagues (2007) describe self-compassion as consisting of three main components: (a) taking an understanding stance towards one's pain or failure, instead of being overly harsh and self-critical; (b) seeing one's experiences as being part of a common humanity; and (c) keeping mindful awareness of one's painful thoughts and feelings instead of overidentifying with one's pain.

For helping professionals, self-compassion has been associated with increased likelihood of using positive coping strategies (Keyes et al., 2023), improved work engagement (Babenko et al., 2019), greater professional life satisfaction (Babenko et al., 2019), and higher levels of compassion satisfaction (Buceta et al., 2019). Importantly, across diverse samples of health care workers, self-compassion has also been negatively associated with exhaustion (Babenko et al., 2019) and burnout (Babenko et al., 2019; Buceta et al., 2019; Gracia-Gracia, & Olivañ-Blaázquez, 2017; Román-Calderón et al., 2022). Using a sample of 248 psychologists, McCade et al. (2021) found that psychologists with high levels of self-compassion reported lower levels of burnout and fewer symptoms of depression, compared to psychologists with lower levels of self-compassion.

Compassion-Based Interventions for Helping Professionals

Recent applications of compassion and self-compassion in the workplace further justify the significance of compassion as being an enriching and positive experience. Applied across different caring-focused organizational settings, compassion-focused workplace interventions train caring professionals to practice exercising compassion towards themselves and towards others (e.g., Andersson et al., 2022; Corrigan et al., 2022; Neff et al., 2020; Santos et al., 2023). Generally speaking, these interventions use psychoeducation (Corrigan et al., 2022), compassionate imagery (Corrigan et al., 2022; Santos et al., 2023), breathing exercises (Andersson et al., 2022; Santos et al., 2023), and compassion-focused letter writing (Santos et al., 2023). The results of research focused on applying such compassion-focused interventions to helping professionals demonstrate that compassion-based interventions have the potential to improve the quality of care and relationship-building with clients (Boellinghaus et al., 2014), protect helping professionals against developing burnout (Corrigan et al., 2022; Neff et al., 2020; Santos et al., 2023), and increase helping professionals' general well-being (Andersson et al., 2022; Corrigan et al., 2022; Maratos et al., 2019; Sansó et al., 2017; Santos et al., 2023).

Although compassion and self-compassion have been associated with many positive benefits, there remain unanswered questions related to how providing compassion to others impacts the provider. Given that providing care is central to the work of helping professionals, more research should examine the positive effects of providing compassion to others in the context of other work-related stressors.

Compassion Satisfaction

Psychologists are exposed to numerous stressors in their work; yet many psychologists describe their work positively. For instance, psychologists often report experiencing satisfaction from helping others and a sense of meaning from making a permanent impact in a client's world (Norcross & Guy, 2007). As articulated by Norcross and Guy (2007), "there is no greater pleasure than knowing that you made a real, lasting difference in the life of another human being... one that never loses its special meaning" (p. 21). Psychologists may feel rewarded by pursuing a career that includes a variety of experiences, intellectual stimulation, freedom, independence and meaning (Norcross & Guy, 2007). These potential rewards, among others, help to explain how psychologists and other helping professionals are able to sustain themselves and even grow from their work helping others. Focusing on the positive impacts of helping can

help promote resiliency for helpers, despite the risk factors and challenges associated with working in the helping field.

Conceptualization of Compassion Satisfaction

While working with Figley on the Compassion Fatigue Self-Test (CFST; Figley, 1995; Figley & Stamm, 1996), Stamm (2002) realized that the measure was missing valuable information about the positive impact of helping. She recognized that although most helpers were exposed to traumatic material, relatively few developed secondary traumatic stress, and many actually felt rewarded or fulfilled by their work. As a result, Stamm and Figley (1996) developed the Compassion Satisfaction and Fatigue Test (CSF Test) to include positively oriented questions parallel to the pre-existing compassion fatigue items (Bride et al., 2007). In creating this measure, Stamm and Figley coined the term *compassion satisfaction* to refer to the positive impact caring work has on the helping professional (Stamm, 2002). According to this conceptualization, compassion satisfaction includes three elements: the general satisfaction from work, felt level of competency, and perceived level of collegiate support (Stamm, 2002).

Subsequently, the Compassion Satisfaction and Fatigue Test (CSF Test; Stamm & Figley, 1996) became the Professional Quality of Life Scale (ProQOL; Stamm, 2009). The ProQOL has since become the most widely used measure of compassion fatigue and, to my knowledge, remains the only measure of compassion satisfaction. A closer examination of the compassion satisfaction items on the ProQOL provides a more detailed understanding of how compassion satisfaction is defined by this measure. For instance, the compassion satisfaction scale of the ProQOL includes items about feeling satisfied or happy with one's work and oneself (e.g., "I am happy," "I have happy thoughts and feelings about those I help and how I can help them," and "my work makes me feel satisfied;" Stamm, 2010, p. 26). Additionally, there are some items that relate to self-image (e.g., "I am the person I always wanted to be," "I am proud about what I can do to help," "I am a very caring person") and to self-efficacy (e.g., "I have thoughts that I am a 'success' as a helper"; Stamm, 2010, p. 27). Within the compassion satisfaction scale, there are also items referring to pride, feelings of connection to others, and general life satisfaction. As previously argued by Sinclair and colleagues (2017), the ProQOL does not seem to measure any aspects of compassion. Aside from the aforementioned feelings of happiness and satisfaction, the compassion satisfaction scale is missing experiential descriptors of the satisfaction specifically from being compassionate to others.

Although the addition of the compassion satisfaction scale represents a significant step towards a more complete understanding of how helping professionals are impacted by their work, this scale is limited in several ways. As the compassion satisfaction items of the ProQOL were created based on the compassion fatigue items, this representation of compassion satisfaction is fused with compassion fatigue. Indeed, although Stamm's (2002) theory suggests compassion satisfaction and compassion fatigue are distinct concepts, there is debate about whether they are truly distinct or, in contrast, two polar ends of the same construct (Geoffrion et al., 2019). Furthermore, despite the widespread use of the ProQOL, attempts to validate the tool across different settings and with different populations have brought to light psychometric limitations of the measure (Hemsworth et al. 2018, Hotchkiss & Wong, 2022; Lazăr et al., 2023; McClure, 2022), especially in relation to its factor structure, reliability, and validity (Geoffrion et al., 2019; Hemsworth et al. 2018; Lazăr et al., 2023; McClure, 2022). In addition, the results of a meta-analysis combining the results of various validation studies on the ProQOL suggests that although compassion satisfaction represents a distinct factor, some of the items across subscales do not load correctly onto their respective factors (Hotchkiss & Wong, 2022). In-depth research that explores compassion satisfaction in ways that attend to context and nuances in the phenomenon may help illuminate some of discrepancies found in the literature.

Furthermore, depending almost exclusively on quantitative approaches in an area of research leads to the research being constrained by the limitations of the measurement tools. Qualitative research into the experience of compassion satisfaction may help to broaden the understanding of the positive impacts of helping others. Although there are no qualitative studies on compassion satisfaction for psychologists working with justice-involved youth, the few qualitative studies from other areas of helping show the breadth of individual experiences of compassion satisfaction.

As an example, a grounded theory study by Hunter (2012) explored the experiences of compassion satisfaction and vicarious traumatization from the perspective of couples and family therapists. Although the participants described the personal risks of repeatedly listening to stories of trauma, they also described these risks as being worth taking. Moreover, participants described feeling privileged to listen to their clients' accounts (Hunter, 2012). In the study, the therapists described their work as a "sacred journey" as they are "walking in sacred spaces" with their clients (p. 185). More recently, a phenomenological study on compassion satisfaction from

the perspective of social work educators highlighted four main elements of compassion satisfaction, including achievement, support, balance, and empathy (Shubair et al., 2023). Further illustrating diverse experiences of compassion satisfaction across the helping professions, in a mixed methods study on the experiences of cross-disciplinary care providers, participants defined compassion satisfaction as seeing one's work as meaningful and feeling supported to manage work stressors (de Figueiredo et al., 2014).

By highlighting the different experiences across areas of the helping professionals, these qualitative studies contribute to a deeper understanding of compassion satisfaction. In particular, insights from these unique perspectives provide additional information about the rewards and challenges that are specific to work contexts. Consequently, these findings provide further justification for continued research to better understand experiences across areas of helping.

Benefits of Compassion Satisfaction

Generally, compassion satisfaction is associated with numerous positive outcomes for helping professionals and indirectly, their clients. To this point, several studies have found an association between higher levels of compassion satisfaction and lower levels of anxiety (Davies et al., 2023; Samios et al., 2013), depressive symptoms (Davies et al. 2023), psychological distress (Rossi et al., 2012; Thomas, 2013), and vicarious post-traumatic stress (Gibbons et al., 2011). Further, other studies suggest that compassion satisfaction is associated with increased resilience, alignment between one's values and one's work (Killian, 2008; Wagaman et al., 2015), empathy (Duarte & Pinto-Gouveia, 2017; Laverdière et al., 2019; Stosic et al., 2022), and work engagement (Audin et al., 2018; Ray et al., 2013).

Importantly, compassion satisfaction is also often negatively associated with compassion fatigue (DePanfilis, 2008; Davies et al., 2023; Jiang & Jiang, 2024; Kraus, 2005; Pelon, 2017; Rossi et al., 2012; Stamm, 2002) and burnout (Bahari et al., 2022; Burnett & Wahl, 2015; Davies et al., 2023; Gomes et al., 2022; Sansó et al., 2015; Smart et al., 2014; Thompson et al., 2014), which raises the possibility that compassion satisfaction may be a mitigating or protective factor against negative responses to helping work. However, another potential explanation for this pattern is that without compassion satisfaction, helping professionals may lose motivation, and be prone to higher stress levels, depression, secondary traumatic stress, and burnout (Smart et al., 2014; Sorenson et al., 2016). Given that research exploring the relationships between

compassion satisfaction, burnout, and compassion fatigue is correlational, it is only possible to speculate on the nature of these relationships.

Although compassion satisfaction often negatively correlates with compassion fatigue and burnout, it is possible for high levels of compassion satisfaction to co-occur with high levels of compassion fatigue and burnout (Conrad & Kellar-Guenter, 2006; Gomes et al., 2023; Stamm, 2002; Yelvington et al., 2024). Theoretically, a helper may experience high levels of both compassion satisfaction and compassion fatigue in cases where the helper is impacted by the difficulty of their work while also experiencing feelings of altruism (Stamm, 2002). It could be that high levels of compassion satisfaction co-occurring with high compassion fatigue may help mitigate the experience of burnout (Conrad & Kellar-Guenter, 2006). In support of this explanation, a correlational study conducted by Gomes and colleagues (2022) found that compassion satisfaction moderated burnout and turnover intention for police officers. Specifically, when experiencing high levels of both burnout and compassion satisfaction, officers were less motivated to quit their job (Gomes et al., 2022). However, as articulated by Conrad and Keller-Guenter (2006), it is also possible that high compassion fatigue and compassion satisfaction combined with low burnout is indicative of staff turnover, where workers who had experienced high levels of burnout self-selected out of the sample by having already left their jobs.

The existing literature on compassion satisfaction has yielded promising results indicating that compassion satisfaction may have a protective quality against the challenges faced by helping professionals through their work. Importantly, the helping professions represent a heterogeneous group of helpers and work contexts. Across diverse areas of helping, professionals experience unique rewards and challenges that can impact the professionals' experiences of compassion satisfaction. Despite the protective potential of compassion satisfaction, not all areas of the helping professions are adequately represented in the current literature. Additional research exploring unique and context-specific sources of compassion satisfaction can help to develop the current conceptualization of compassion satisfaction and inform strategies to promote compassion satisfaction in a way that is sensitive to work contexts.

Working with Justice-Involved Youth

As helping professionals who are particularly underrepresented in the compassion satisfaction literature, psychologists who work with justice-involved youth face unique

challenges and work-related stressors that may impact lived experiences of compassion satisfaction. To contextualize the experiences of psychologists working with justice-involved youth, it is important to discuss the characteristics of the clients the psychologists support within the youth justice system.

Broadly speaking, justice-involved youth are young people who are between the ages of 12-17 years old and are accused of crime (Allen & Superle, 2016). Given the developmental level of these youth, it is important to recognize that adolescence is marked by increased impulsivity, risk taking, and susceptibility to peer pressure (Luna & Wright, 2016). Additionally, compared to adults, adolescents are more susceptible to stress and are less adept at weighing potential future consequences against the immediate benefits of an action (Luna & Wright, 2016). Although adolescence is associated with an increased risk of engaging in risky behaviours and criminal activity, justice-involved youth are often different from typical, non-offending youth in ways that further increase the risk of more serious criminal engagement. Specifically, justice-involved youth are significantly more likely to experience trauma and mental health concerns, which may contribute to a greater risk of becoming involved in crime.

Although most youth who commit crimes do not continue criminal behaviour into adulthood, estimates of recidivism for youth involved in the justice-system ranges from 33% (Snyder & Sickmund, 2006) to 85% across studies from the United States (Trulson et al., 2005). Importantly, the majority of adult offenders committed their first crime in adolescence (Farrington et al., 2012; Piquero et al., 2012). The relatively high rates of recidivism and continuation into adult criminal behaviour underscore the importance of intervention to prevent the continuation of criminal behaviour at this stage of development.

Justice-Involved Youth in Canada

According to 2016/2017 statistics, there were 7616 youth supervised by the Canadian justice system. Approximately three quarters of these youth are male, and the majority of youth (56%) admitted to the justice system are 16-17 years old (Malakieh, 2017). The overrepresentation of Indigenous youth in the justice system remains an ongoing issue. Although Indigenous youth consist of approximately 8% of the Canadian youth population, in 2017/2018, approximately half (48%) of youth admitted into custody were Indigenous (excluding information from Nova Scotia, Quebec, Alberta, and Yukon; Malakieh, 2019). Although youth

crime rates in Canada are on the decline, they remain a significant concern, as youth account for 7% of the population and 13% of persons accused of crime (Allen & Superle, 2016).

In Canada, the youth justice system is governed by the *Youth Criminal Justice Act* (YCJA, 2002). Based on the principles in the YCJA, youth are only charged if absolutely necessary and are only incarcerated as a last resort (Malakieh, 2017). Instead, the YCJA promotes the use of diversionary programming by offering community supports to address the youth's offending behaviour as opposed to relying solely on incarceration (Malakieh, 2017). The utilization of diversionary programming has a direct impact on youth and staff within the justice system. As the number of youths involved in correctional services continues to decrease, 89% of youth involved with the justice system are under community supervision (Malakieh, 2017). Although the overall rates of youth incarceration have decreased, official rates of violent youth offending have increased (Carrington, 2013). Thus, there are fewer youth in custody overall but a greater proportion of youth in custody have committed violent offences, such as homicide and attempted homicide (Alam, 2015). This new dynamic presents correctional staff with additional challenges in working with this group (Ricciardelli et al., 2019).

Characteristics of Justice-Involved Youth

Although justice systems vary across regions, similar characteristics of justice-involved youth have been documented across international studies, including findings from Canada (e.g., Odgers et al., 2005; Rezansoff et al., 2013; Stewart et al., 2016), the United States (e.g., Baglivio et al., 2014), the United Kingdom (e.g., McElvaney & Tatlow-Golden, 2016), Austria (e.g., Sevecke et al., 2010), and Spain (e.g., Alvarez-Lister et al., 2016). Many of the common characteristics of justice-involved youth are also criminogenic risk factors. Criminogenic risk factors are characteristics that are generally associated with criminal involvement and subsequent reoffending (Andrews et al., 1990). The eight characteristics that represent criminogenic risk factors include: criminal history; family and parenting circumstances; education and employment; peer relationships; substance abuse; leisure and recreation; personality and behavioural characteristics; and attitudes (Andrews & Bonta, 2010). Although some of these risk factors are static and unchangeable (i.e., criminal history), others are considered dynamic and changeable (e.g., peer relationships, substance use issues, attitudes) (Andrews & Bonta, 2010). These dynamic risk factors are also referred to as criminogenic needs, which, when addressed appropriately, are thought to reduce future risk of reoffending (Andrews & Bonta, 2010).

Prevalence of Childhood Maltreatment. Akin to justice-involved individuals more broadly, there is a prevalent “victim-offender overlap” among youth involved in the justice system (Lauritsen & Laub, 2007). Across studies, 80-90% of justice-involved youth have experienced at least one type of trauma in childhood (Kerig & Becker, 2012). Compared to non-offending peers, youth who commit crime are more likely to experience violent victimization (Baglivio et al., 2014), physical and sexual abuse, exposure to domestic violence, and exposure to violence in school or their communities (Abram et al., 2004; Branson et al., 2017). Furthermore, youth involved with the justice system are also likely to have experienced various adverse childhood experiences including parental incarceration (Baglivio et al., 2014; Geller et al., 2009; Murray & Farrington, 2008), poverty, and familial discord (Baglivio et al., 2014). Moreover, many justice-involved youth have experienced multiple forms of trauma, also referred to as poly-victimization (Charak et al., 2019). For instance, Abram and colleagues (2004) reported that 84% of incarcerated youth from a sample in the United States had experienced one kind of victimization with approximately half of the sample reporting six or more types of traumatic events. Similar results were found in a Canadian sample, where 95% of the justice-involved youth included in the study had experienced at least one instance of childhood adversity, compared to approximately 66% prevalence in the general population (Vitopoulos et al., 2019). In addition to prior exposure, youth may experience traumatic events while involved in criminal behaviour (Adshead & Ferrito, 2015; Ferrito et al., 2017) and may be re-traumatized while in care (Dierkhising et al., 2013). For instance, while involved in the justice system, youth may be subjected to invasive and harmful practices such as strip searches, pat-downs, punitive seclusion, and physical restraints, all while having limited or no access to their families (Dierkhising et al., 2013).

The experiences of childhood maltreatment and abuse can profoundly affect neurological development (McCrary et al., 2011) and contribute to difficulties in emotion regulation, impulse control, and peer relationships (Kerig & Becker, 2015). Youth who have experienced childhood maltreatment are also more likely to engage in dangerous activities such as fighting, perpetuating dating violence, carrying a weapon, bullying, self-injurious behaviours, and attempting suicide (Evans-Chase, 2014). Indeed, many of the consequences of childhood maltreatment are also associated with multiple risk factors of criminal activity (Adams, 2010). In addition to the impact adverse childhood experiences has on the likelihood of being involved in the justice-system,

greater exposure to adverse experiences is associated with poorer outcomes once involved with the justice system (Baglivio et al., 2014; Fox et al., 2015; Zettler et al., 2018) and an increased likelihood of engaging in serious and chronic reoffending (Fox et al., 2015; Perez et al., 2018; Yohros, 2023). Taken together, the consequences of childhood maltreatment impact both the likelihood of youth being involved with the justice system as well as the types of support the youth require while involved.

Mental Health Concerns. Justice-involved youth have significant mental health needs. Studies estimate that at least 50% of justice-involved youth have diagnosable mental health disorders (Abram et al., 2004), with one study placing the estimate as high as 100% (Chitsabesan & Bailey, 2006). This prevalence contrasts to an incidence of 10-20% of youth in the general population (Mental Health Commission of Canada, 2013). A recent meta-analysis on the prevalence of mental disorders among justice-involved youth in custody across 19 Western countries reported that when compared to adolescents in the general population, detained youth were significantly more likely to have major depression, attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), conduct disorder, and psychotic disorders (Beaudry et al., 2021).

Youth who experience mental health concerns are particularly vulnerable to becoming involved with the justice system and for staying involved for longer (Nagel et al., 2016). Relatively common disorders such as ADHD, depression, and anxiety can affect the young person's propensity for delinquency and how the youth experience the justice system (Nagel et al., 2016). Experiencing mental health concerns can interact with various environmental factors in ways that lead to increased risk for criminal behaviour (Nagel et al., 2016). Mental health symptoms may impair peer relationships or make youth more susceptible to negative peer influence (Nagel et al., 2016). Where impulsivity is present, youth with ADHD are more prone to engaging in risky behaviours, are more likely to be caught breaking the rules, and are less likely to acknowledge the seriousness of their choices (Nagel et al., 2016). Conduct disorder, which is also common among justice-involved youth, is associated with impaired moral reasoning skills (Stadler et al., 2007) and increased likelihood of engaging in criminal behaviour (Fairchild et al., 2009). Additionally, since youth are already likely to make impulsive decisions due to the youths' developmental stage, youth with mental disorders may be doubly impacted from the combined influence of their developmental level and mental disorder (Grisso, 2008).

Regarding treatment, justice-involved youth with mental health challenges are likely to require secure confinement and additional services while involved with the justice system (Nagel et al., 2016). Subsequently, youth experiencing mental disorders are also at higher risk of reoffending following release, compared to other justice-involved youth (Nagel et al., 2016).

Role of Psychologists

The high rates of trauma and mental health concerns among justice-involved youth underscore the importance of having qualified mental health professionals, such as psychologists, to work with this group. In addition to the importance of effectively identifying mental health concerns early, therapy is a critical component of the treatment for youth involved in criminal behaviours (Nagel et al., 2016). Consequently, psychologists and other helping professionals attempt to treat the mental health and criminogenic needs of these youth (Nagel et al., 2016). Nagel and colleagues (2016) note that adequate mental health assessment and treatment within juvenile justice facilities can help treat mental disorders, thereby decreasing the youths' criminogenic needs and risk of reoffending.

Psychologists who work in correctional environments are often tasked with psychological assessments, group and/or individual therapy, crisis and suicide intervention, and risk management (Malkina-Pykh, 2017). Often, these psychologists are expected to complete high-stakes risk assessments with limited time and resources (Shingler et al., 2020). Additionally, correctional psychologists are also likely to provide services to staff and work in management or administrative capacities over and above the psychologists' clinical work (Malkina-Pykh, 2017). In particular, it is estimated that correctional mental health professionals spend approximately 30% of their time completing administrative tasks (Ricks et al., 2019). Furthermore, correctional psychologists face the increasing difficulties of providing care in a system with demands for efficiency and limited available resources (Magaletta et al., 2016; Shingler et al., 2020).

In addition to covering a breadth of tasks, psychologists in correctional settings need to balance issues related to dual relationships (Ward, 2013). Balancing such relationships is ethically demanding, requiring adherence to principles from two different systems, namely, the justice system and the mental health system (Ward, 2013). Each system has overall goals, with the justice system prioritizing public safety and with the mental health system prioritizing offender welfare (beneficence) and autonomy (Ward, 2013). Professional regulations may help remedy ethical issues; however, managing the competing demands of each system may lead to

values conflicts as well as conflicting expectations of practitioners (Ward, 2013). Managing dual relationships may have important implications for the therapeutic alliance. More specifically, helpers working with justice-involved youth must manage a therapeutic relationship geared towards treatment and rehabilitation, coupled with being a disciplinarian and reporting to the court (Creaney, 2015). In some cases, an overemphasis on risk and behavioural management can compromise therapeutic interventions (Gannon & Ward, 2014). Furthermore, correctional psychologists need to support the mental health needs of their clients while considering the potential overlay of criminogenic thinking, substance abuse, brain injury, aggression, and disruptive behavioural or personality disordered issues (Magaletta et al., 2016).

Despite the importance of the therapeutic alliance for psychologists working with offenders (Marshall et al., 2003; Serran et al., 2003), there are no established guidelines on what works to create and sustain positive working relationships with justice-involved youth (Creaney, 2015; Papalia et al., 2022). Additionally, aspects of the therapeutic alliance may be impacted when working with offenders. For instance, psychologists working with offenders may encounter clients who demonstrate a willingness to work on goals in the therapy session but fail to follow through on these tasks in other settings (Ross et al., 2008). While working in corrections, psychologists are also likely to have aversive encounters with clients (Ross et al., 2008). As a result of these encounters, a psychologist may wish to stop working with a particular client, or the client may refuse to work with the psychologist (Ross et al., 2008). Complicating the development of a strong therapeutic bond, therapists may have difficulties attempting to separate the client from their criminal behaviour (Myles-Wright & Nee, 2020). Further, clients that do well in therapy may quickly relapse following release, contributing to therapist cynicism, which can impact relationships with future clients (Farrenkopf, 1992). The unique challenges associated with establishing a therapeutic relationship with justice-involved youth offers insight into the experiences of psychologists working with these youth, yet fails to fully describe the actual impact of these challenges on psychologists.

Helping Professionals in Youth Justice

There is a considerable amount of published literature on the challenges for youth in the justice system, but there is markedly less on the people who work with these youth (McElvaney & Tatlow-Golden, 2016). Within the already scarce literature, much of the existing research in youth justice relies upon interdisciplinary samples (Bell et al., 2019; Lambert et al., 2010b;

McElvaney & Tatlow-Golden, 2016; Pelech et al., 2021; Wells et al., 2009) or focuses on experiences working specifically with youth who had engaged in sexually harmful behaviour (Almond et al., 2014; McElvaney & Tatlow-Golden, 2016; Pelech et al., 2021). These studies often sample from “correctional staff,” a term that is defined inconsistently across studies (Lambert et al., 2015). Samples of correctional staff may focus solely on correctional officers or include mental health professionals, nurses, counsellors, and teachers (Lambert et al., 2015). These inconsistencies make it difficult to compare samples across studies.

In addition to the limitations related to using interdisciplinary samples, the studies that use more homogenous samples tend to focus on the experiences of correctional officers (e.g. Gould et al., 2013; Klinoff et al., 2018; Ricciardelli et al., 2019). The lack of role-specific research is problematic given that role can impact staff experience (Bell et al., 2019; Lambert et al., 2010a). With so few available studies on staff who work with justice-involved youth and with even less profession-specific research, it is difficult to interpret the implications of working in this area for psychologists. Notwithstanding these limitations, the existing qualitative research on helping professionals more broadly highlights how individuals from different professional backgrounds experience working in this setting.

A relatively common experience described across qualitative studies is the emotional toll on helping professionals from hearing accounts of abuse at the perpetrator and victim level (Pelech et al., 2021). For instance, social workers working with youth who had engaged in sexually harmful behaviour described the importance of being able to emotionally detach from emotions of “disgust” or “abhorrence” that they felt towards a client’s behaviour (Myles-Wright & Nee, 2020, p. 2063). Notably, helping professionals in these studies emphasized the importance of managing their emotional reactions towards their clients and empathizing with their clients in the interest of building a therapeutic relationship and promoting client outcomes (Myles-Wright & Nee, 2020; Pelech et al., 2021; Russel & Harvey, 2016; Umamaheswar, 2012). Across several studies, helping professionals have also described how their work impacted their worldview and relationships outside of work (Almond, 2014; Chassman et al., 2010; Pelech et al., 2021). In particular, some studies suggest that helping professionals working with youth who had engaged in sexually harmful behaviour may experience increased hypervigilance and paranoia outside of work (Chassman et al., 2010; Pelech et al., 2021; Shevade et al., 2011).

In addition to the impact of exposure to traumatic material, participants across qualitative studies describe the organizational and systemic challenges of meeting the complex needs of the youth in the justice system. At the organizational level, participants across multiple studies suggest that the impact of unmanageable workloads, having limited time to spend with clients, feeling undervalued, and working within high expectations are all significant sources of stress for helping professionals working with justice-involved youth (Pelech et al., 2021). According to the social workers in Reyes-Quilodran and colleagues' (2022) study, demanding caseloads, inadequate peer support, and low pay contributed additional stressors to their work with justice-involved youth in Chile.

Regarding the broader system, the impact of supporting clients amidst a lack of high-quality community programs is a challenge shared by helping professionals in the United Kingdom (UK) (McElvaney & Tatlow-Golden, 2016; Myles-Wright & Nee, 2020) and probation officers in Canada (Haqanee et al., 2015; Umamaheswar, 2012). In particular, helping professionals in Ireland described how limited resources, an overreliance on the medical model, and problematic interagency collaboration adversely impact client treatment (McElvaney & Tatlow-Golden, 2016). These professionals described challenges of working within a “traumatising” system that does not meet the needs of clients with complex issues and high rates of trauma (McElvaney & Tatlow-Golden, 2016).

Although less prevalent than quantitative studies, some qualitative research on experiences of working with justice-involved youth also highlights the positive impact that this work can have on providers. For instance, research exploring the experiences of helping professionals working with youth who had engaged in sexually harmful behaviour suggests that helping professionals may experience increased self-awareness and tolerance towards others from their work (Almond, 2014). Additionally, these helping professionals describe how commitment to protecting their clients and other potential victims from future harm is rewarding and motivates them to continue working in this area (Pelech et al., 2021; Russel & Harvey, 2016; Shevade et al., 2011).

Findings from the above studies are consistent with the quantitative literature underscoring the difficulties and potential rewards experienced by helping professionals working with justice-involved youth. The studies illustrate the organizational and systemic challenges as well as aspects of this work that can be meaningful. Although these studies do not specifically

address psychologists, they provide context related to the challenges of working in this field from a helping perspective.

Compassion Satisfaction in Correctional Environments

There is a shortage of research exploring compassion satisfaction in diverse environments. More specifically, there is currently no research on compassion satisfaction for psychologists who work with justice-involved youth. Due to the lack of research on psychologists in this area, one must turn more broadly to research conducted with other helping professionals to understand how compassion satisfaction is experienced in correctional settings.

Despite the many challenges of working in correctional environments, helping professionals across studies report having average to moderate levels of compassion satisfaction while working with justice-involved clients (Carmel & Friedlander, 2009; Collins, 2014; Reyes-Quilodran et al., 2022). For instance, the results from an unpublished doctoral dissertation found that the majority of forensic psychologists sampled reported average levels of compassion satisfaction (62%); and 38% of these psychologists endorsed above-average levels of compassion satisfaction (Collins, 2014). Similarly, moderate levels of compassion satisfaction were reported across a sample of therapists who work with individuals who had committed sexual offences (Carmel & Friedlander, 2009) and social workers working with justice-involved youth in Chile (Reyes-Quilodran et al., 2022).

Though limited, the available research on compassion satisfaction in the justice system suggests that high levels of compassion satisfaction may be associated with positive outcomes for helping professionals and their clients. For example, in a study that surveyed 106 therapists who worked with clients who had committed sexual offences, compassion satisfaction was identified as the most important single predictor of therapist perceptions of the working alliance (Carmel & Friedlander, 2009). The authors speculated that having high levels of compassion satisfaction may make it easier for therapists to develop a strong working alliance or that therapists who establish strong relationships with clients are more inclined to feel compassion satisfaction (Carmel & Friedlander, 2009). With the potential to positively impact the working alliance, therapist experiences of compassion satisfaction may facilitate positive outcomes for clients in addition to protecting therapists against the adverse consequences of helping work.

Within the literature on compassion satisfaction in correctional environments, one study examined the relationships between self-care, compassion satisfaction, burnout, and compassion

fatigue among therapists working with adolescents convicted of sexual offences (Kraus, 2005). In the study, self-care influenced levels of compassion satisfaction, but not compassion fatigue or burnout (Kraus, 2005). Although research from other areas of helping suggest that self-care may impact helping professionals' experiences of compassion satisfaction, compassion fatigue, and burnout (Al Barmawi et al., 2019; Hotchkiss, 2018; Stamm, 1996), an implication of Kraus' findings (2005) is that self-care can only partially explain helping professionals' experiences with work. As posited by Neff (2020), it is possible that self-care is limited in protecting individuals from work-related stressors, as most self-care strategies happen away from the workplace.

Although the aforementioned research highlights the presence and benefits of compassion satisfaction among helping professionals in correctional settings, it is important to note that the presence of compassion satisfaction does not necessarily mean the absence of compassion fatigue, burnout, or secondary traumatic stress. Illustrating this point, in a study where therapists working with clients who had committed sexual offences reported moderate levels of compassion satisfaction, moderate levels of compassion fatigue and burnout were evident (Carmel & Friedlander, 2009). Similarly, in a study focused on social workers in the youth justice system in Chile, moderate levels of compassion satisfaction were accompanied by moderate levels of secondary traumatic stress and burnout (Reyes-Quilodran et al., 2022). Comparatively, the vast majority of forensic psychologists in Collins' (2014) unpublished dissertation showed average to above average levels of compassion satisfaction and scored below threshold for burnout and secondary traumatic stress. Further illustrating the differences across samples, Kraus (2005) found that compassion satisfaction was negatively associated with burnout, but not compassion fatigue, among therapists working with adolescents convicted of sexual offences. Due to the lack of research exploring the differences across professional experiences working with justice-involved clients, it is unclear whether the differing results are due to differences in professional role, client group, work setting, geographical location, or another variable. However, the limited research available comparing compassion satisfaction levels across staff roles suggests that role matters, as mental health professionals endorsed having higher rates of compassion satisfaction compared to other staff such as correctional officers (Bell et al., 2019).

Summary

Findings from the existing research on compassion satisfaction are promising; however, there are currently no studies exploring compassion satisfaction with psychologists who work with justice-involved youth. Further, the existing literature shows varying experiences of compassion satisfaction for professionals in different areas of work, as well as specific client and organizational characteristics that may impact helpers' experiences. Much of the research on compassion satisfaction depends on correlational methods, with most studies relying exclusively on the same measure of compassion satisfaction. Furthermore, the research on compassion satisfaction is entangled with compassion fatigue and may lead professionals to believe that being compassionate may cause them harm. Despite such limitations in the existing research of compassion satisfaction, there is evidence to suggest that compassion satisfaction is associated with several positive outcomes for helpers and their clients.

Given the potential of compassion satisfaction to protect against adverse reactions to work, more research should focus on exploring compassion satisfaction in difficult and underrepresented areas of helping. To help address this gap in the literature on compassion satisfaction, the present study aimed to build understanding of compassion satisfaction from the perspectives of psychologists working with justice-involved youth. Through qualitative exploration, the current study contributes to a much-needed understanding of compassion satisfaction. Ultimately, findings from this study may be used to inform strategies and future research aimed at fostering compassion satisfaction among psychologists working in the youth justice system.

Chapter Three: Methodology

I begin this chapter by providing a general summary of interpretative phenomenological analysis (IPA), the chosen methodology for my study on psychologists' experiences of compassion satisfaction in working with justice-involved youth. Next, I outline the philosophical foundations of IPA, followed by a description of the data collection and analysis methods used in conducting this research. Last, I describe the relevant ethical considerations and steps taken to maximize the study's methodological integrity.

Interpretative Phenomenological Analysis

The present study was informed by Smith and colleagues' (2009, 2022) guidelines for conducting IPA studies. I chose IPA as the methodology since it involves an in-depth exploration of experience from the perspective of specific people (Smith et al., 2022). In IPA, there are no presumed *a priori* hypotheses. Instead, the approach is flexible rather than prescriptive, and the questions are broad, allowing for unexpected results to emerge during the interview or analysis (Smith, 2004). Using IPA for my research purposes allowed for participant experiences and meaning making to inform a contextualized understanding of compassion satisfaction.

Philosophical Foundations

The philosophical foundations underlying a research approach include assumptions that guide research decisions and provide an overall rationale for the approach (Crotty, 1998). These foundations include broad epistemological assumptions about the nature of knowledge as well as philosophical assumptions that inform IPA. For the present study, the social constructionist epistemological position and the philosophical foundations of phenomenology, hermeneutics, and idiography are particularly important for understanding the logic and rationale underlying the study's methodological decisions.

Epistemology

As is the case across qualitative methods, at the core of IPA is an underlying theory of knowledge, known as epistemology (Crotty, 1998). Epistemology is concerned with the kinds of knowledge that can be exchanged between the "knower" (participant) and the "would-be knower" (researcher; Ponterotto, 2005, p. 131). Epistemological assumptions circumscribe the questions a research study can answer and justify the extent to which the knowledge produced is legitimate (Crotty, 1998). The present study adhered to a social constructionist epistemological position. Unlike objectivist positions, the social constructionist position assumes that in the

social sciences, there is no objective truth to be discovered (Crotty, 1998). Instead, this perspective implies that “truth” only exists based on the meaning imposed by engagement with our world (Crotty, 1998). Therefore, meaning is constructed and influenced by previous experiences, perceptions, and interactions between people (Ponterotto, 2005). In other words, a social constructionist perspective assumes that reality is constructed through social interactions, including the understandings, practices, and language shared between people (Schwandt, 2000). Based on this premise, there can be multiple equally valid social realities (Schwandt, 1994), and the interaction between the researcher and participants is paramount for co-constructing findings. Consistent with these assumptions, I do not aim to represent a single truth, or attempt to completely remove my influence on the study. Although I believe it is impossible for all aspects of my influence to be known, I documented my explicit influence on the interpretation of the study findings through ongoing reflexive engagement.

Theoretical Perspective

Crotty (1998) defined a theoretical perspective as the philosophical stance that informs the logic of a methodology. IPA’s theoretical perspective is informed by the philosophical traditions of phenomenology, hermeneutics, and idiography (Smith et al., 20022). A brief review of some of the historical influences on these philosophical traditions is described below.

Phenomenology. Phenomenology is concerned with understanding human experience and the bounds of our “lived world” (Smith et al., 2009). Phenomenologists attempt to describe phenomena as they occur in the experiencer’s consciousness (Moran, 2000). Beginning with Edmund Husserl, Husserl emphasized the importance of describing conscious experience as it occurs and identifying the underlying “essence” of the experience (Smith et al., 2022). Furthermore, he described the automatic, assumptions-laden “habits of thinking” common in everyday life as intellectual barriers to understanding true experience (Husserl, 1913/1983). To overcome these barriers, he suggested adopting a “phenomenological attitude” through a deliberate and reflective examination of the particulars of the experience (Smith et al., 2009). Accordingly, Husserl developed an in-depth and rigorous method to study experience, including the phenomenological concept of *epoche* (also known as bracketing), a process used to suspend previous assumptions and prior knowledge to make the phenomenon of interest clearer (Husserl, 1913/1983). Husserl’s philosophical stance is most reflected in post-positivistic, descriptive

phenomenological approaches (see Giorgi, 1970), in contrast to more interpretive and social constructionist approaches such as IPA.

Following Husserl, Martin Heidegger continued with the phenomenological pursuit (Smith et al., 2009). Although a student of Husserl's, Heidegger digressed from Husserl's philosophies in significant ways (Smith et al., 2022). Heidegger saw the phenomenological method and theory as a means of understanding the existence of people within historical and temporal contexts (Palmer, 1969). Throughout his work, Heidegger uses the term *dasein* to describe human "being" and existence, representing the very nature of being human (Heidegger, 1927/1962). Heidegger described *dasein* as being continually engaged in the process of understanding one's existence (Heidegger, 1927/1962). Heidegger's idea, "being-in-the-world," underscores his belief that human existence is inseparable from the context in which humans are immersed, as humans are born into a world that holds meaning based on the existence of other people and objects (Heidegger, 1927/1962). Given humans' immersion in a world of meaning, Heidegger asserted, it is impossible for people to be completely objective; therefore, all knowledge is interpretative (Smith et al., 2009).

Heidegger's relativistic stance is woven throughout the methods and assumptions of IPA, as it aims to interpret individuals' meaning-making processes (Smith et al., 2022). This can be seen, for instance, in the practice of bracketing—a concept that originated in Husserl's phenomenological attitude but that takes on more of a social constructionist form in most IPA studies. Bracketing is used in IPA to help researchers carefully and deliberately reflect on how their own experiences may impact the researchers' interpretations (Smith et al., 2009). During this process, assumptions are made explicit, and, thus, the researcher attempts to separate their biases as much as possible from the interpretation to focus on the information presented in the data (Moran, 2000). However, consistent with Heidegger's assumption that humans are immersed within a world of meaning, an important assumption inherent in IPA is that it is not possible to fully rid oneself of bias (Smith et al., 2022). Therefore, these biases are believed to always have some influence on the interpretation (Smith et al., 2022).

Hermeneutics. While phenomenology describes how people experience their lifeworld, hermeneutics is a theory of interpretation and sense making (Smith et al., 2009). Three prominent hermeneutic philosophers whose theories inform IPA include Friedrich Schleiermacher, Martin Heidegger and Hans-Georg Gadamer.

Friedrich Schleiermacher helped to define the interpretive process of hermeneutics as an art form (Schleiermacher, 1838/1998). He emphasized the importance of using language to understand thought, as he believed that thinking was “inner speaking” and, thus, was not possible without words (Schleiermacher, 1838/1998, p. 9). According to Schleiermacher, understanding any expression requires knowledge of the entire historical context from which it emerged (Schleiermacher, 1838/1998). Consistent with this assumption, Schleiermacher described *grammatical* and *psychological* interpretation as being two equally important levels of the interpretation of language (Schleiermacher, 1838/1998). To Schleiermacher, grammatical interpretation was focused on the objective meaning of a text, and psychological interpretation involved understanding the individuality and intention of the text’s author (Smith et al., 2022). Based on this theory, understanding happens through the interaction between comparing the “parts” or segments of text with the “whole,” the larger context and psychic process of the author (Schleiermacher, 1838/1998). Schleiermacher emphasized the interconnectedness between the parts and the whole, suggesting that each part is made significant through its relation to the entire text (Schleiermacher, 1838/1998). This non-linear interpretive process represents one aspect of the hermeneutic circle, which is evident across many hermeneutic philosophies and in IPA (Smith et al., 2009).

For Heidegger, hermeneutics focused on understanding the very nature of human existence, as opposed to merely interpreting texts (Smith et al., 2022). Heidegger posited that all interpretation is grounded in a pre-existing understanding of the world, or *vorhabe*, translated as “what we have in advance” or “what we have before us” (Heidegger, 1927/1962, p. 191). The concept of *vorhabe* is also known as “fore-structure” and describes how all interpretation is embedded in language, relationships with others, and time (Heidegger, 1927/1962). In addition to the iterative engagement between the parts and the whole, Heidegger described a cyclical and iterative interaction between the interpreter’s preconceptions (fore-structure) and their engagement with the phenomenon (Smith et al., 2022). To this point, Heidegger described how the fore-structure can influence interpretation and how only through engaging with the phenomenon one becomes aware of what elements of the fore-structure are relevant (Smith et al., 2022). Notably, Heidegger also believed that the interpreter’s true influence on the resulting interpretation is never fully known (Smith et al., 2009).

Similar to Heidegger, Hans-Georg Gadamer suggested that through interpreting new information, the interpreter brings forward relevant previous learnings, which can then be manipulated and adapted based on the new information (Smith et al., 2009). He suggested remaining “open to the meaning of the other person or text” by “situating the other meaning in relation to the whole of our own meanings or ourselves in relation to it” (Gadamer, 1960/1989, p. 271). Thus, as the interpreter engages with interpretation, the new learning interacts with previous learning, and both enrich each other (Palmer, 1969). Gadamer described the interaction between new information and experience as beneficial as this interaction created opportunity to gain new understanding (Gadamer, 1960/1989). Moreover, interpreting from the vantage points of both the part and whole over time can continually offer unique insights into the overall text (Debesay et al., 2008).

Influenced by the hermeneutic traditions described above, the IPA data analysis process involves interpreting the individual parts of data in the context of the data as a whole, while at the same time interpreting the whole data in the context of the individual segments (Debesay et al., 2008). Consistent with Heidegger’s position that relevant aspects of the fore-structure only become known after engaging with the text, IPA bracketing methods are described as being nonlinear and cyclical (Smith et al., 2022). Accordingly, it is recommended that the researcher continually engage in bracketing preconceived knowledge and assumptions as they engage with the text. Aligning with Gadamer’s perspective, the interpretive element that the researcher adds is considered a strength as opposed to a limitation (Smith et al., 2022).

The process of IPA includes what Smith (2004) referred to as a *double hermeneutic* (Smith, 2004). The double hermeneutic describes how the participant is interpreting and making sense of their world, while at the same time, the researcher is interpreting the participant’s meaning making (Smith, 2004). Acknowledging the influence of both the participant’s and researcher’s ascribed meaning, the goal of IPA is to illuminate the understanding of a phenomenon through interpreting a participant’s description of their experience while recognizing the researcher’s influence on the interpretation (Smith et al., 2022). This dynamic is facilitated by keeping a research journal to bring awareness to the process of learning through engagement with data (Smith et al., 2009).

Idiography. Another significant influence on IPA is idiography (Smith et al., 2022). Generally, idiography is the study of the particular (Smith et al., 2022). Compared to nomothetic

approaches, idiographic approaches focus on the individual (Ponterotto, 2005). The idiographic emphasis in IPA is evident in two major ways (Smith et al., 2022). First, IPA strives for a high level of detail and thoroughness to encourage the depth of inquiry into the particular (Smith et al., 2022). Second, IPA commits to the systematic process of focusing on particular phenomena as understood from the perspective of particular people in specific contexts (Smith et al., 2022). Thus, samples are purposively selected and carefully situated (Smith et al., 2009). Data analysis focuses on identifying themes in each individual case before proceeding to cross-case analysis. Focusing on individual cases first encourages a more cautious understanding of the common patterns across cases (Smith et al., 2009).

Methods

Participants and Recruitment

Consistent with the guidelines for conducting IPA studies as described by Smith et al. (2009, 2022), I recruited participants based on their ability to provide perspectives on the phenomenon of compassion satisfaction within the specific context of working with justice-involved youth. As IPA aims to provide a detailed interpretation of complex human experiences, studies that use this methodology benefit from a more concentrated, in-depth analysis based on relatively few cases (Smith et al., 2009). In IPA studies, samples are relatively homogenous, where participants are similar enough on theoretically relevant phenomena that the analysis can focus both on common elements and variations of a phenomenon (Smith et al., 2022). There are no definitive recommendations for the required sample size in IPA studies since there are multiple factors that influence the adequacy of a sample (Smith et al., 2009). In particular, the adequacy of a sample is determined largely by the quality of the data (Morrow, 2005) and when the sample provides enough information to interpret meaningful similarities and differences across participants (Smith et al., 2009).

Informed by these recommendations, I recruited five registered psychologists from across western Canada using purposeful snowball sampling. In order to be eligible for the study, a participant had to: (a) be a registered psychologist; (b) work with youth who are accused of a crime, and thus, mandated for treatment; (c) conduct counselling of some kind in their work with this group; and (d) be able to describe their work-related experiences of compassion satisfaction. To recruit initial participants, I shared the study advertisement (see Appendix A) with social media groups, regulatory bodies, professional associations, programs that serve justice-involved

clients, and existing professional contacts. I then used snowball sampling and asked each participant after their interview to share the study information with other potential participants.

The resulting sample included three participants who self-identified as male and two who self-identified as female. Participant ages ranged from early 40s to mid 60s, with a mean age of 51.6 years old. Four participants self-identified as having a “European/ European Canadian” ethnic/ cultural background, and one participant indicated having an “African/ African Canadian” ethnic/ cultural background. Regarding level of education, two participants had master’s degrees, and three participants had Doctor of Philosophy degrees (PhDs). Participants described their psychology degree specializations as counselling, forensic, personality, and clinical. In terms of their work experience, study participants had an average of 18.6 years (range: 8-35 years) working in clinical practice, with an average of 16.6 years (range: 4-35 years) working with justice-involved youth. Participants worked in custodial settings, private practice, group-treatment programs, or a combination of these settings.

Data Collection

Guided by the recommendations of Smith and colleagues (2022), I conducted one-on-one semi-structured interviews to gather in-depth data on participants’ experiences. The semi-structured nature of the interview allows for considerable flexibility while the interviewer uses prompts to encourage the participants to elaborate and reflect on their experiences (Smith et al., 2022).

Given the COVID-19 pandemic and restrictions in place at the time of the study, the interviews occurred through socially distant strategies (i.e., video and phone). Prior to scheduling initial interviews, I offered participants the option of completing their interview on the phone or through online video software, doxy.me (Welch & Turner, 2022). As a result, one interview was conducted by video and four were done over the phone. After scheduling their initial interview, I sent participants a brief demographics form (see Appendix B) and a copy of the interview protocol (see Appendix C). Since previous research had suggested that participants may be unfamiliar with the term compassion satisfaction (de Figueiredo et al., 2014), I briefly defined compassion satisfaction in the interview protocol and study advertisement as “the positive impact that comes from helping others.” This definition was intentionally general and open-ended to encourage participants to share how they interpreted the meaning of compassion satisfaction. All follow-up interviews were conducted over the phone.

At the onset of the initial interview, I reviewed the study's consent form and offered to answer any questions that the participant had about the study. We then started the semi-structured interview, based on the interview protocol containing open-ended questions about participant experiences working with justice-involved youth (see Appendix C). Although I was unable to see participants' non-verbal cues in most of the interviews, I listened carefully for paralinguistic signals including the tone, pitch, and cadence of the participants' voices. Throughout the interviews, I checked in with participants about how they were feeling to ensure the participants were not upset or overwhelmed. I also reminded participants that they were able to share as much or as little information about certain topics as the participants felt comfortable. Following the initial interview, and in the process of conducting idiographic analyses of the interviews (see Data Analysis section below), I conducted a follow-up interview with participants to gain additional clarification or elaboration on their responses. Consistent with the recommendations of Morrow (2005), I completed field notes of participant paralinguistics and my own reactions during and following all interviews. Each interview was audio-recorded and then transcribed verbatim.

Consistent with the IPA guidelines for conducting semi-structured interviews (Smith et al., 2009, 2022), I allotted approximately 90-minutes for each initial interview and 30 minutes for the follow-up interview. In this study, the average initial interview length was 63 minutes. Four out of five participants completed the follow-up interview, and the average follow-up interview was 17 minutes. Despite multiple attempts to reach one of the participants, the participant did not reply to requests to complete the follow-up interview.

Data Analysis

Throughout the data analysis process, I referenced guidelines described by Smith et al. (2022). Although Smith et al. (2022) describe data analysis *steps*, these steps are not intended to represent a linear or prescriptive process. Thus, although I describe my data analysis procedures sequentially, the process was iterative, and at times, the stages were not completely distinct. Throughout the data analysis, I used a qualitative data software, ATLAS.ti 7.5.18 (Scientific Software, 2024) to document notes and codes.

To capture idiographic elements of participants' experiences, I began analysis with a detailed examination of each case individually. In the initial stage, I focused on each participant's account by rereading the interview transcript and listening to the audio recording in

its entirety. Focusing on the whole interview first provided important context for the subsequent interpretation of the parts. As I reviewed the transcript and listened to the audio recording, I created notes of my initial impressions, observations, and feelings to help slow down the reviewing process and allow my focus to remain on the participant's account. In later readings of the transcript, I began the process Smith et al. (2022) refer to as *exploratory noting*. At this stage, I created detailed and specific notes on anything of interest related to the participant's experience in relation to the phenomenon being explored.

After reviewing the interview data and creating exploratory notes, I began creating codes, or what Smith et al. (2022) refer to as *experiential statements*. At this stage of data analysis, the codes remained at relatively low level of abstraction and included descriptive and interpretative comments on the participant's meaning, language, and context. Moreover, this stage of analysis was both descriptive and interpretive, as I looked for indicators of the participant's meaning with attention to the participant's choice of language, context, and the commonalities or discrepancies across the participant's personal account. I attempted to articulate the most important features of the participant's experience, while still representing the complexity of the participant's account.

After coding, I began organizing the experiential statements into meaningful categories based on the similarities and differences in meaning among experiential statements. These categories, also referred to as *Personal Experiential Themes* (PETs), are meant to reduce the transcript and experiential statements into themes that maintain the nuanced nature of the participant's experience (Smith et al., 2022). Through the process of organizing experiential statements into PETs, the analysis moves to higher levels of abstraction (Smith et al., 2022). The hermeneutic circle was evident while developing PETs, as I went back and forth between discrete sections of the transcript and the experiential statements.

Next, I organized the PETs by focusing on the connections across themes to create categories that represented the most salient aspects of the participants' accounts. At this stage, some smaller themes became sub-themes within a larger, superordinate theme, while other smaller themes remained superordinate themes in and of themselves. Ultimately, this process required organizing themes in a way that meaningfully represented how the themes were related to and distinct from one another. Through the process of organizing the themes, I continually referred to the transcript to ensure that the themes represented the participants' accounts. After organizing experiential statements into PETs, I wrote a brief vignette describing the participant's

context and themes based on the participant's interview. As part of the member checking process, I provided participants and opportunity to review and provide feedback on their respective vignettes.

As suggested by Smith et al. (2022), I then applied the same method of analysis used on the first case to each subsequent case. Completing the same process of analysis on each case helped me to focus on the specificities and nuances of each interview. While applying the same process to every subsequent case, I attempted to bracket my learnings from prior cases to allow my focus to remain on the transcript of interest. Although I believe it is impossible to remove the influence and learning from the first case completely, as much as possible, I allowed the themes to develop from each individual interview by following the steps above.

After completing the individual analysis of each case, I completed a cross-case analysis to create what Smith et al. (2022) refer to as *Group Experiential Themes* (GETs). To develop GETs that were representative of the commonalities across participants accounts, I looked for patterns and similarities across the PETs from each participant interview. To highlight the nuances within and between cases, I described within the cross-case analysis how representations of higher-order themes varied across participant accounts. At this stage of analysis, I also returned to the “parts” of each interview by returning to sections of transcripts, experiential statements, and PETs to form a new perspective of the parts that is influenced by the “whole” of the data. Consistent with the recommendations of Smith et al. (2009), I considered a theme common when it occurred in at least half (i.e., three or more) of the participants' transcripts.

Methodological Integrity

Methodological integrity refers to the quality of a qualitative research study (Levitt et al., 2017, p. 9). Procedures to support the methodological integrity of the present study were informed largely by Lincoln and Guba's (1985) framework for establishing trustworthiness and Smith et al.'s (2022) recommendations for supporting the quality of IPA studies. In the context of qualitative research, trustworthiness is an indicator of the merit of the research methodology and results (Lincoln & Guba, 1985; Morrow, 2005) and includes the criteria of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985), as I describe in the sections below. Additionally, Smith et al. (2022) emphasize the importance of determining how well the research design and methodological approach fit the study purpose and findings. Applied to IPA studies specifically, Smith et al. (2022) describe markers of high-quality IPA

studies which include data quality, depth and complexity in interpretation, and transparency in analytic process.

Credibility

Consistent with the theoretical perspective of the current study, credibility is the ability to adequately represent multiple, constructed realities (Lincoln & Guba, 1985). Credibility relates to whether the findings predominantly represent participants' perspectives, as opposed to researcher biases and assumptions (Marshall & Rossman, 2016). Additionally, the findings and research process should be articulated such that another researcher can determine that the findings do, in fact, match participant perspectives (Morrow, 2005). Based on these assumptions, I promoted the credibility of the present study by including a comprehensive description of the analysis, engaging in reflexivity, as well as completing member checks and a peer review. For instance, as part of member checking, I verified with each participant whether the written vignette fit with their experience and perspective.

Producing detailed and descriptive data is an important aspect of ensuring the credibility of research (Morrow, 2005) and supporting the quality of IPA studies (Smith et al., 2022). Among the main qualities of detailed and descriptive data are the richness of the interview data and "thick description" of participant experiences (Morrow, 2005, p. 252). Rich data include "abundant, interconnected details" through the participant's description of the phenomenon of interest (Stake, 2010, p. 49). Thick description integrates these details within the interpretation of the context in which the phenomenon occurs (Stake, 2010). To produce rich data, I asked participants for clarification and elaboration throughout the interview, with the intention of gathering enough information to fairly represent their reality. To contextualize and provide a thick description of the participants' unique experiences, I included a vignette of each participant's account describing their work setting, job tasks, demographics, and unique perspectives with the research findings. Aligned with the recommendations of Smith et al. (2022), I provided contextualized quotes from participant interviews to support interpretive claims with participant material.

Ongoing self-reflection can help to enhance the credibility of a qualitative study (Morrow, 2005). In IPA, bracketing is an iterative process throughout every stage of the research process that encourages self-reflection (Smith et al., 2009, 2022). Aligned with the hermeneutic influence of IPA, I believe that it is impossible to be completely aware of my biases or

assumptions or completely remove their influence on my research. Instead, I deepened my awareness of these biases by bracketing throughout the research process and conducting a peer review with my supervisor. To facilitate bracketing, I stated my relevant assumptions and context prior to starting the research and kept a research journal. Keeping a research journal helped me to bracket by continually reflecting on my experience throughout the research process. Additionally, I conducted a peer review with my supervisor at various stages, which helped me to gain insights into analysis from another perspective. As part of the peer review, my supervisor reviewed codes and themes to ensure they were clear, well-differentiated, and grounded in the data.

To further promote the credibility of the study, I completed a member check and follow-up interview with participants. For the member check, each participant was given the opportunity to review and approve their interview transcript, and to correct any inaccuracies or remove information that the participants did not want to be included in the analysis. All participants approved the use of their transcript and did not request any changes. In the follow-up interview, I asked participants to review their respective vignette, as well as provide clarification and additional information while I was completing the idiographic analysis of their interview. Of the participants who completed the follow-up interview, two approved the vignette as written and two suggested minor changes. Requesting feedback from participants at these stages gave participants the opportunity to explain how well the data and findings represented each participant's versions of reality.

Transferability

As the purpose of this study was to understand the phenomenon of compassion satisfaction from a selective sample of individuals, I did not attempt to produce findings that would be externally valid and generalizable to a population. Instead, I intended to produce research that adhered to standards of transferability as described by Lincoln and Guba (1985). Transferability refers to producing findings that are descriptive enough for a reader to determine the applicability of the results to other settings (Lincoln & Guba, 1985). To promote the transferability of this study, I provided detailed descriptions and transparency about aspects of the research that may help a reader determine how the findings apply to their context. I included a clear statement of my biases, assumptions, and background in order to allow readers to understand my influence on the results. I also included thick descriptions of the participants and

the research context. According to Morrow (2005), including such information in sufficient detail can help the reader determine how the research may apply to their setting.

Dependability and Confirmability

Replicability is traditionally associated with reliability, where the intention is to clearly articulate research procedures to allow another researcher to complete the same study and find the same results (Merriam & Tisdell, 2016). However, the social constructionist approach that undergirds my study maintains that because interpretations are varied and influenced by unique perspectives, the exact results are not expected to be replicated if they were interpreted by someone else or applied to a different sample. Instead, I sought adherence to the principles of dependability and confirmability, which means that an external review would deem the research process and findings to be reasonable, given the presenting data (Lincoln & Guba, 1985).

To support the dependability and confirmability of my research study, I completed what Smith et al. (2022) describe as an independent audit, which refers to the process of thoroughly and transparently documenting the research process. Accordingly, I kept a detailed audit trail of research decisions influencing research questions, data collection, and analysis, including an ongoing chronology of emerging themes and analytic decisions. Along with my research journal, the audit trail helps to explain how I arrived at the results and provides an opportunity for others to assess the trustworthiness of the study. To further support the dependability and confirmability of the study, my supervisor completed peer reviews and reviewed aspects of transcripts, PETs, GETs, and helped to make justifiable methodological decisions throughout the research process.

Ethical Considerations

I recognize that engaging ethically with research is an ongoing and dynamic process. To guide my ethical decision making in conducting this study, I followed the standards, ethical principles, and values for research studies with human participants as outlined by the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association [CPA], 2017) and the *Canadian Tri- Council Policy Statement for Ethical Conduct for Research Involving Humans* (Canadian Institutes of Health Research [CIHR] et al., 2022). Informed by these standards, principles and values, I took several precautions prior to and throughout the research project to support the ethical integrity of the study. For an independent audit of relevant ethical considerations, I sought and received approval from University of Alberta Research Ethics Board (REB) prior to starting participant recruitment.

Adhering to the CPA principle of respect for persons and their autonomy (CPA, 2017), I included a detailed informed consent process in the study. To this end, I provided participants with information that clearly described the study's purpose, procedures, and any foreseen potential risks and benefits to participating (see Appendix D - Study Information and Consent Form). Additionally, I was transparent with participants throughout the study progression and provided numerous opportunities for participants to ask questions.

To ensure that participants did not feel pressured or coerced to participate in the study, I took several precautions. For instance, I informed participants that they could withdraw their involvement in the study at any time without penalty. During the initial consent discussion and during member checking, I explained to participants that they could withdraw their data from the study prior to the onset of data analysis. To reduce the potential for pressure to participate and to protect participant privacy while using snowball sampling, interested participants were asked to contact me directly and were not expected to share their decision to participate with the recruiter. Although participants received a \$25 gift card as an incentive to participate, the participants were working psychologists and therefore, it was deemed unlikely that the financial incentive would be enough for the participants to disregard the risks of the study.

Throughout the research process, I was sensitive to the potential risks of the study and was transparent with participants about them. Although an advantage of a semi-structured interview format is that it allows for flexibility to focus on what is important to the participant and to avoid topics that are difficult or overwhelming, it is also impossible to predict all topics that will be covered in the interview. Therefore, I was not able to completely prepare participants in advance for all topics that would be covered. Acknowledging the risk (albeit minimal) that some participants might have felt upset talking about aspects of their work, I allowed participants to opt out of answering any questions that they did not want to answer. I also paid attention to participants' emotional reactions throughout the interview. Following the interview, I debriefed the process with participants, asked how they were feeling, and provided them another opportunity to ask questions. No participant said they felt distressed after the interview, and several described appreciating the opportunity to reflect on the positive aspects of their work.

Other ethical considerations related to privacy and confidentiality (CPA, 2017; CIHR et al, 2022). To protect confidentiality, participants were given a pseudonym at the time of the interview. During the interview, I did not ask participants for unnecessary personal information

that would identify them, their particular worksite, or their clients. When the participant divulged identifiable information, I removed or de-identified it during the transcription process. I informed participants of the risk that even after removing or de-identifying information, there might still be a remote possibility that others may believe they can identify the participants based on the context of their workplace. Acknowledging this risk, I gave each participant the opportunity to review the vignette that was written based on their interview, so the participants could determine whether they were comfortable with how they were described. At this time, participants were able to request changes if the participants felt the description was too identifying. In the interest of protecting privacy, interview recordings were transferred to an encrypted memory stick and stored in a locked filing cabinet separate from the de-identified transcripts.

There are inherent risks to privacy and security when using electronic communication such as video interviewing and emailing (CPA, 2017; CIHR et al., 2022). These risks were explained to the participants at the onset of the interviews and are outlined in the consent form (see Appendix D). Although some risks are unavoidable when using these strategies, I took additional precautions to mitigate these risks. For instance, I conducted interviews and email communication on a password-protected network and on an encrypted computer with updated antivirus and firewall software to mitigate the risk of security breaches. While conducting video interviews, I used a video platform that included end-to-end encryption, did not video record, and did not save user information. Following the interview, I downloaded audio recordings to an encrypted password-protected computer and deleted the recordings from the recording device.

Summary

Exploring the phenomenon of compassion satisfaction from the perspective of psychologists working with justice-involved youth is a novel undertaking. IPA was an appropriate methodology for this inquiry, given IPA's ability to provide an in-depth and contextualized understanding of human experience, meaning, and perspectives related to specific phenomena. In exploring this topic, I conducted individual semi-structured interviews with five psychologists who were working with justice-involved youth followed by data analysis informed by Smith and colleague's (2009, 2022) guidelines. To promote the methodological integrity of the study, I utilized participant member checks, peer review, an audit trail and reflexivity, among other strategies. Throughout the research process, I adhered to the standards of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2017) and the *Canadian*

Tri- Council Policy Statement for Ethical Conduct for Research Involving Humans [Canadian Institutes of Health Research (CIHR) et al., 2022)]

Chapter Four: Findings

This chapter describes the findings from the present study. First, I provide vignettes that represent an idiographic and contextualized interpretation of each participant's experiences as described in their interviews. Next, I present findings from the cross-case analysis based on commonly occurring themes found across participants. To protect the privacy of participants, I changed participant names to pseudonyms and removed any other potentially identifying information from the vignettes and theme descriptions.

Participant Vignettes

Paul

Paul, who self-identified as a man with a European-Canadian ethnic background, was a registered psychologist with approximately five years of experience working with justice-involved youth. At the time of the interview, he was working part-time in a correctional facility in Western Canada that housed justice-involved youth between the ages of 12 and 20 years. Paul described his work as being focused on monitoring and supporting the safety and overall wellness of the youth in the centre. To support and monitor the youth, he and other members of the mental health team engaged in regular check-ins with the youth, including providing more frequent check-ins with those who were experiencing crises or safety risks. Paul and his team would then communicate with correctional officers and other staff in the centre to give updates on the youth and make recommendations for safety protocols. At times, Paul also provided grief counselling, helped clients process difficult news, and managed the emotional aftermath of crisis situations that occurred in the centre.

For Paul, a major source of compassion satisfaction was building relationships with youth, often through the process of engaging with the youth in fun and light activities. As an example, he would “break the ice” by playing sports and games with his clients, as a way of encouraging them to open up:

I think it adds to satisfaction because it's a little bit of fun, and they can connect with you in different ways. Some are not very comfortable talking about feelings and talking about serious stuff, but they are happy to hang out with you and play around.

Developing relationships with clients who were initially guarded was another aspect of Paul's experience of compassion satisfaction:

It's actually quite satisfying when you sense that transition from somebody that really doesn't like you and doesn't want to talk to you, to [when] you can sense that they're pleased, almost comforted a little bit by your presence, the connection, and the relationship.

From Paul's standpoint, one sign of a deepening relationship was when his clients stopped swearing at him and engaged more in conversations. In contrast, Paul experienced frustration and a sense of regret when he was unable to develop a relationship with some youth: "There's a bit of a sense of frustration sometimes when you know the kids aren't doing well, but it's hard to get them to really talk about things that they're not comfortable talking about."

In order to better understand his clients and experience less frustration with their behaviour, Paul emphasized the importance of separating his clients' behaviour from their inherent worth:

I try to convey that their behavior may have been wrong, but they themselves as kids still have inherent worth and we're not worried about what they did, we're worried about trying to help them basically be healthy and do better when they can get out.

By differentiating between his clients' behaviour and their inherent value as human beings, Paul felt he was better able to help the youth and, thus, experienced an increased sense of compassion satisfaction.

Paul described helping others as being intrinsically rewarding and felt privileged to be in a helping profession. He stated that people have a natural inclination to help one another, and that helping others generates positive feelings for the helper. Thus, feeling positive emotions were an unintended consequence of his work:

It feels good honestly being able to be in a helper role... It's actually good for the person that's giving supports to other people. It's not why you do it, but it really is a nice side effect of the job that to me, is very gratifying and satisfying.

Paul even taught the youth he works with about these benefits: "You're going to be happier when you get out of here, and you're doing good work, and you're being a helper in your community, and you're helping your friends and family."

Compassion satisfaction was especially salient for Paul when helping people who were most in need, which he felt he had ample opportunity to do as part of his work in correctional facilities. Within the correctional facility, he felt especially rewarded from supporting the most

vulnerable and distressed youth. One way Paul helped particularly vulnerable clients was by easing their transition into the facility:

We know that upon admission, especially the first time, that they are really anxious and really worried, ...and we just reassure them that the staff are good and that they are going to be okay... So, to me, it is satisfying to be able to help them when they're really struggling, especially if they're really vulnerable or afraid.

Paul also felt compassion satisfaction from seeing the positive impact of his work, including when a client followed his advice or “turned a corner.” For example, Paul recalled a time when he requested medical intervention for a client who was experiencing a drug poisoning. After receiving medical attention and detoxing, the client started to trust Paul, refrained from aggression towards staff members, and eventually stopped being readmitted to the centre. Although seeing the positive impact of his work was satisfying for Paul, it was rare for him to see clients after they improved and stopped engaging in criminal behaviours. As he explained, staff in correctional setting do not follow-up with youth after they are released, and the youth only return if they are not doing well: “Sometimes the unfortunate part of this work is [if] your clients keep coming back, it just means they're not really managing themselves in the community.”

In addition to rarely seeing clients after they improved, Paul acknowledged how environmental and organizational limits impacted his experiences of compassion satisfaction. Paul described how some youths do not stay long enough to be stabilized: “I've noticed it can be a little bit of a barrier to feeling good about the work because you feel like you haven't had quite enough time to connect to some of the kids... Sometimes they're released too soon.” He also experienced difficulties finding appropriate placements for clients before their release. In addition to these challenges, there were organizational limitations while working in the centre that presented as barriers to connecting with youth. These limitations included needing to schedule time with clients around safety checks, school attendance, and court appearances. Additionally, COVID restrictions limited the amount and quality of time spent with youth. Furthermore, Paul felt that when his program and programs outside of the centre had opposing views on how to treat clients, it often became a barrier to effectively helping the youth and also interfered with his experience of compassion satisfaction.

In describing his experience of compassion satisfaction, Paul also discussed the reciprocal impact of his work, his feelings, and his life outside of work. He experienced wellness and happiness from his work, which made him feel more positive in his personal life. When he felt more positive, he felt he was better at his job. The satisfaction that he felt from his work provided him a strong source of motivation, “I think just the fact that it is gratifying, it just makes me feel good about my work in general, which makes me then do that even more.” Although Paul described the positive impact that work had on both his personal life and his desire to keep working, he also described taking difficult experiences home and sometimes feeling drained from doing the same tasks all day. From his perspective, working part-time helped protect against these negative effects.

Thomas

Thomas was a registered psychologist who self-identified as a man from a European-Canadian ethnic background who had been working with justice-involved youth for over 20 years. At the time of our interview, Thomas was working in a forensic private practice in Western Canada, where he provided therapy and assessment services to youth and adults involved with the justice system. More specifically, Thomas often supported youth identified as “high risk, high need” in both community and custodial settings. Regarding the therapy component of his work, he primarily conducted individual therapy but sometimes also provided group, couples, and family therapy. On a typical day, he would see approximately 5-6 clients, supervise staff, and complete business administrative tasks.

For Thomas, the process of engaging with youth and developing strong therapeutic relationships with his clients were significant sources of his compassion satisfaction. According to Thomas, a strong therapeutic relationship included “great client interactions,” where the client was engaged in meaningful and sometimes difficult work. He specified that feeling connected to his clients through the therapeutic relationship had sustained him in his career. By using creative engagement activities, such as playing sports, eating meals, and laughing with the youth, Thomas was able to build therapeutic relationships with his clients. For instance, Thomas recounted how he interacted with one of his clients through playing hockey with him after he had been released from custody:

When he got out, he wanted to play hockey, and so we’d go to the rink, and he was a goalie, so you know, I’d be taking shots on him ..., and that’s our session, right? It’s part

of that and part of the joking that goes along [with] those moments of lighter engagement, where you see them doing something they love.

It is through such creative engagement activities that Thomas felt he could connect with youth, meet them where they were at, and orient to what was important to them.

In addition to appreciating engaging with the youth through fun activities, Thomas felt compassion satisfaction from the intellectual challenge involved in his work. Moreover, he used a “thoughtful and strategic orientation to relationship building” to build connections with youth who were generally guarded and unwilling to work with him. Thomas described how the challenge involved in navigating multiple systems and using appropriate interventions to support his clients made his work intellectually rewarding:

I think that it’s also not just emotionally rewarding, it’s somewhat intellectually rewarding because a lot of thought and strategy goes into creating these kinds of working relationships and how to navigate them and how to deal with the clinical issues, psychopathology and risk factors and all the rest of the stuff that’s happening within this. So, it’s kinda like you’ve solved a bit of mystery or you’re playing a video game and you actually got to the end.

Another source of compassion satisfaction for Thomas was celebrating client successes. Thomas acknowledged the challenges his clients faced and felt a sense of satisfaction in being able to help them through these challenges. He indicated, “There’s a satisfaction in helping people get to where they need to go when it’s really difficult to get them there.” Thomas regarded client success as being client-specific. He provided examples of watching a client graduate from high school and having a client finally share the real story about what happened during a homicide. Although all client successes generated feelings of pride for Thomas, in some instances, he felt elated, whereas other instances felt more sombre. In describing his response to a client sharing the truth about a homicide, Thomas stated: “I think there’s a sombre feeling, but again, it’s going to sound weird, but I mean there’s still that ... sense of pride for that person that they were able to do this.”

Related to sombre successes, Thomas described feeling satisfied when he was able to go to “dark places” with youth. These dark places included opportunities to discuss serious matters or painful experiences. He acknowledged how difficult it is for justice-involved youth, who are typically distrusting, to be vulnerable and allow him into these spaces:

They're allowing you to sort of kinda walk with them through that dark part of their life that, for a lot of these individuals the defence mechanisms that they built are so high that for them to do that, it isn't easy.

Thomas admired the bravery of his clients for being vulnerable, and he described feeling humbled by bearing witness to the “worst part of someone” or the part of themselves that a person would most want to keep hidden.

While discussing his experiences of compassion satisfaction, Thomas provided important insights into how his experience of compassion satisfaction evolved throughout his career. He noted that compassion satisfaction had always been present in varying degrees but that his ability to notice and appreciate these moments changed at specific times. More specifically, Thomas described how being busy and feeling stressed impacted his ability to capture and foster moments of compassion satisfaction. He elaborated that when he was too busy, he would have fewer opportunities to engage with youth creatively and then would have fewer opportunities to experience compassion satisfaction:

If I have too much on my plate, or if I'm distracted, if I'm stressed, or if I'm jumping from one thing to the next thing, then my capacity to catch those moments and sit in them is less because some of those moments, it's not that they always need to be manufactured, but they definitely need to be captured.

Thomas also connected varying levels of personal wellness to his ability to notice and appreciate compassion satisfaction moments. He explained, “If you're not in that sweet optimal zone of feeling good then, you may miss that stuff, not attend to it, or not make the most of it.”

Related to personal well-being and compassion satisfaction, Thomas described his work and personal life as being “intertwined and interconnected.” He articulated an overlap between his work and home life as well as a cyclical relationship between personal wellness and work. Specifically, how one feels going into work impacts their work: “If you come into work miserable, it's going to make your work miserable, and then you're going to go home miserable.” In contrast, “When you have those [compassion satisfaction] moments, it's energizing and invigorating. Then you feel better and when you feel better, you carry that on with you.” According to Thomas, having a good day at work also meant being more willing to engage in positive activities outside of work, as opposed to having a bad day and feeling quieter, less energized, and just wanting to “sit in front of the TV.”

Reflecting on compassion satisfaction more generally, Thomas described compassion satisfaction as being a source of meaning and purpose. He explained how he believes that helpers who work with justice-involved youth are often motivated by wanting to make a difference. In Thomas' view, experiencing compassion satisfaction provides feedback to helpers that they are fulfilling their purpose and making a difference in people's lives:

I think it enhances our quality of life ... I think people who *do* this work often go into it because they want to make a difference. And so, if you are experiencing feedback that says that's what you're doing and not only can you see it, but you can feel it, it's palpable, you know, an emotional experience that says, "Yeahhh!". Then, your sense of, "I'm being true to my course of what I wanted to do," again, just makes you feel more fulfilled.

Thomas also explained how during difficult times, compassion satisfaction moments can redirect helpers back to their purpose. He described how compassion satisfaction reminded him why he chose to do this work and helped to push him to do challenging work. He stated, compassion satisfaction "becomes like a little oasis, or like a little flashlight, a little reminder of like, 'Okay, you gotta get back to what's important.'" Thomas added that doing meaningful work impacted his overall quality of life and contributed to meaning in life, "I think that just makes you feel more fulfilled, which makes you feel happier, which makes you feel more positive, which makes you be willing to do all sorts of more healthy things in your life."

Jaco

Jaco self-identified as a man of African/African-Canadian ethnic background who had worked with justice-involved youth for over 20 years. During our interview, Jaco was working as a registered psychologist in multiple community treatment programs in Western Canada, where he conducted individual, group, and family therapy with youth who committed sexual offences and had high treatment needs. In addition, Jaco served as a clinical supervisor to other psychologists working with justice-involved youth.

Connecting with his clients in the context of the therapeutic relationship was a prominent source of Jaco's experience of compassion satisfaction. He acknowledged that there was no guarantee that a positive relationship would form with a client and that such relationships generally started with the youth not wanting to talk to him. To help connect with his clients, Jaco balanced setting firm limits with having fun with clients, when appropriate. As an example, he

described a particular session with a client and their mother, where the client made a joke. The laughter that ensued “lifted the temperature so much” in the session and led to a deepening of the bond between Jaco, the client, and the parent. Recalling this event, Jaco elaborated on how the therapeutic relationship with this particular client deepened through the use of humour:

I remember leaving [the session] feeling really good, and for the next day, I kept thinking about that joke and started laughing. Then when I saw him again, he started calling me by a nickname. We were bantering quite a bit [from the start] but then that became more spontaneous, and we would just exchange sarcastic comments—and teenagers are sarcastic—so there was a lot of bantering going on, and our relationship deepened a lot.

In addition to developing relationships through humour, Jaco also commented on how relationships with his clients could deepen through going through difficult experiences together:

In any therapeutic relationship there are times where the client is mad at you, or don't like you for a reason, or don't like what you've said, or don't like what's going on, and once you've managed to work through that, that actually deepens the relationship because then, and hopefully it works out like that, is that you get to the other side of resolving a situation like that and there's some positive outcome there. There's perhaps a new way of doing things and then the client can experience how you can solve a problem without it being a wrecking ball.

As relationship building contributed significantly to Jaco's experience of compassion satisfaction, he felt less satisfied when working with clients where he thought it was not possible to develop relationships with them.

Witnessing client progress was another significant contributor to Jaco's experience of compassion satisfaction. While acknowledging that client progress was not guaranteed, he recounted numerous examples of client successes that had occurred over the course of his long career. For Jaco, client progress often involved seeing youth drop layers of self-protection, become more authentic, and connect with their values. Reflecting on one such case, Jaco stated:

I think that's the compassion satisfaction that I get from that and just to see him [the client] being the kind of person that he really is, or could be, and couldn't see before because he was so guarded and semi-aggressive.

Jaco also appreciated witnessing the strengthening of bonds between clients and parents, as in the following recollection of a breakthrough moment between a client and their mother in session:

They just seemed to have experienced a moment that they don't experience often. They weren't arguing and they were actually able to communicate with each other without insults and put downs ... They both were emotional, but it was emotional from relief ... It was that sense of "Thank God" [laughs]. And it was good to be part of that.

In addition to feeling rewarded from witnessing client progress, separating clients from their behaviour helped Jaco increase his experience of compassion satisfaction. He emphasized the importance of not taking clients' problematic behaviours personally and understanding the reasons behind their actions. By looking past challenging behaviours, he was better able to facilitate his clients' progress:

It doesn't mean that you condone that person's behaviour or that you agree with what he says, or you like him. It means, okay, I can see how come he's like that. I can see why that's happening ... To me that's, that's more compassion if you can get along with someone despite the things that they do that works on your nerves. That's a win, and you can achieve something together.

Although there were difficult components of Jaco's work, he described important relationships between compassion satisfaction and difficult work. He explained how experiences were more satisfying when he had to work hard for them: "I think that's part of the satisfaction in a sense, because you work for it, you work really, really hard." Jaco also discussed how he derived compassion satisfaction from the taxing work of extending compassion to all people:

So, people we don't like or don't agree with are more of a challenge ... than the people that we like. It's so easy to just like the people that we like, but I don't know if that really is compassion. To me that's just easy and I don't think compassion is easy. I think compassion is a push. It's work, and you don't get any satisfaction through compassion if you didn't work for it.

According to Jaco, compassion satisfaction also made difficult work possible. He did not originally intend to work in forensics; however, the compassion satisfaction he gained from his work helped to sustain him in his career over time.

Despite the difficult nature of his work, Jaco experienced compassion satisfaction from feeling that his work was meaningful. For Jaco, a sense of meaning came from believing that his work with justice-involved youth was positively contributing to society. In particular, he felt he was able to contribute to society by reducing his clients' risk of reoffending, thereby and therefore, protecting members of the public. Furthermore, Jaco perceived the meaningfulness of his work was as being more important than earning a high income. He explained:

I wouldn't get the same kind of satisfaction if I had a job that makes a lot of money but I'm not contributing towards society in general ... Even if I were like a multimillionaire and I can buy anything I want and do anything I want, I think it would be a sort of bottomless pit of it's never enough ... I don't think I would feel satisfied. I would feel comfortable, but I don't think I'd feel satisfied. My work would be a job, right? That this is not. I don't see it as a job. I see it as something that's meaningful.

While discussing factors influencing Jaco's experience of compassion satisfaction, he highlighted the importance of workplace characteristics. These characteristics included team dynamics, having autonomy in clinical work, and a preference for working with adolescents as opposed to adults. Regarding team dynamics, Jaco described having positive relationships with his coworkers at his current workplace. Specifically, his coworkers were like-minded and depended on each other to make difficult decisions as a team. In contrast, Jaco described previous work environments with "toxic staff dynamics":

I've worked in some settings before where the staff dynamics are so toxic that just being at work is stressful. Just arriving there, just because you work in that atmosphere, and you come across it every day. And that really zaps and taps your energy, and it makes it harder to work with difficult kids when you're stressed because of who [the staff] you are working with.

Related to autonomy in clinical work, Jaco emphasized the importance of being able to make decisions about his work without an excessive amount of interference from management:

We're lucky in the sense that we can follow our clinical direction and have freedom that way. I schedule my own appointments. Management is not telling us what approach to follow or getting us to do things that are not within our scope.

Jaco also described a preference for working with adolescents instead of adults and that he would not be able to work with sexual offending behaviour in adults. He highlighted how adolescents

appear to be more flexible and responsive to intervention than adults: “It’s easier to detect their needs, and it’s easier to respond to [them].” Furthermore, he described working with adolescents as being more fun: “I like teenagers because they’re playful, and it’s fun with them.”

Taylor

Taylor self-identified as a woman of European/European Canadian ethnicity and was a registered psychologist with approximately 10 years of experience working with justice-involved youth. At the time of our interview, Taylor worked exclusively in private practice, where she provided counselling and assessment services to her clients. However, she also had prior experience working in the public sector, as part of a multi-disciplinary public-sector group treatment program that supported youth who had committed sexual offences and were mandated to attend treatment. Thus, Taylor was able to share her experience of compassion satisfaction in the context of both the private and public sectors. In the group treatment program, Taylor’s responsibilities generally involved providing group and individual therapy, as well as interacting with the youth during meals or recreational activities. Comparatively, in private practice, she typically saw youth who were advised by their lawyers to attend counselling prior to sentencing. She regularly provided therapy to youth or their families and also served as a consultant to group homes on managing client behaviour.

For Taylor, compassion satisfaction came in large part from engaging clients over time through recreational activities and casual interactions, which in turn helped foster genuine therapeutic relationships with clients. Building authentic relationships through fun activities helped her identify client strengths and see the youth holistically:

It really felt like you were on the same team as this kid and you would often be on the same team, like playing a game, you were interacting with them in like all of the natural ways, and so that was really satisfying because ... you’d be able to see these kids for like real people, like real human beings with all of their warts but also all of their little strengths.

Seeing positive changes in clients was another source of compassion satisfaction for Taylor. Specific examples of such changes included improvements in clients’ social skills, authenticity, compassion, and compliance with staff direction. Taylor used the term “treatment joy” to describe the positive experience of seeing a client express genuine emotion. Through witnessing change, she felt more hopeful for the client’s future and more motivated to work with

them. Taylor also emphasized the importance of appreciating small successes. She elaborated that unrealistic expectations put too much pressure on both client and clinician, and that incremental progress can contribute to life-altering changes:

You're not going to fix everything in their life. But a small win, like being able to teach them how to have a better conversation or be excited about doing well in school or excited about talking to their parents about things that are hard, those are those tiny little wins. And so, maybe not mentionable in terms of risk assessments, ... but in terms of their personal goals and their personal lives, I think it's really, really satisfying to watch these kids make tiny little changes that eventually add up to larger changes.

Unfortunately, despite the satisfaction that came from witnessing client progress, Taylor rarely received updates from clients after they left the group treatment program; and in private practice, she had to depend on parents for updates.

For Taylor, her clients' investment in their treatment seemed directly related to her own experience of compassion satisfaction. When Taylor perceived a client as being invested and collaborative, she felt "a sort of emotional calm, ... knowing that I'm not fighting against someone, I'm working with them, so collaborative feelings as opposed to just pushing." Conversely, she felt exhausted and frustrated when clients were mandated to attend, unwilling to participate in, or disengaged with treatment.

Taylor's experience of compassion satisfaction also involved feeling helpful and effective in her work. More specifically, she described compassion satisfaction as:

the feeling that you have done and can do all that you can do, and you're having a positive impact, and both of you walk away feeling like you got something out of that treatment session, and being able to know that you've made even just a tiny little difference.

Furthermore, she explained how there was a feedback loop between how she felt about her work and how she felt about herself:

[If] you feel you're doing better, you do better work. And then it's a feedback loop that's really satisfying versus, when you don't feel you're doing really well, maybe you're not doing as good of work, you're getting frustrated, your countertransference is activated and then all of a sudden neither you nor the kid you're working with is enjoying the process and then it's over.

Whereas compassion satisfaction went hand in hand with feeling effective and wanting to persist in her work, a lack of compassion satisfaction made Taylor not want to continue working. Taylor associated a lack of compassion satisfaction with feeling powerless, ineffective, and incompetent. She noted how at the end of a workday, she would second guess her work decisions and feel badly about herself. For Taylor, the experience of going home with a sense of accomplishment was in stark contrast to going home with feelings of ineffectiveness:

If you feel like you've done some solid work, you go home and you feel tired. But it's a satisfying type of tired, like running in a race tired or doing a strong physical activity where it's like, "Oh, I worked hard for this. I've done a good job. I've done something good. I'm just tired and I'm going to sleep at the end of night," as opposed to just being burnt out.

In addition, Taylor noted that her compassion satisfaction increased when she started working with justice-involved youth, compared to her previous experience working with adults in the justice system. She appreciated how adolescents were more likely to be themselves in correctional settings, in contrast to the adults, who were more guarded:

[Youth] were not as protected as adults were in correctional settings, because [with] adults it doesn't matter if it's psychology or correctional officers that they were talking to, they recognized that anything they say can potentially be used against them ... Kids, they also know that and they can be quite reserved, but also they forget sometimes. So they let more of themselves out, which oftentimes, the kids underneath all of their little crusty criminal exteriors are quite lovely.

She also believed that youth had more hope and potential for change compared to adults. From her perspective, adolescents often had less "baggage," were less "foggy" from medications, and were less likely to have long substance abuse histories compared to adults:

The kids were less mentally ill. Even if they were severely mentally ill, it wasn't as vegetative, so there was more opportunity for them to just sort of be themselves. And I think that was important because you got to see these actual human beings that weren't riddled with medications and long histories of major mental health, as well as copious amounts of substance use and the effects of that has on them, so - their brains were less foggy, I guess.

Drawing from her experience working in both the public sector and in private practice, Taylor identified specific challenges of working in both areas, where such challenges impacted her experience of compassion satisfaction. In the group treatment program, organizational challenges were particularly salient for her. Taylor explained how it was difficult to experience compassion satisfaction when management or bureaucracy prevented her from being able to do the work that she thought would be beneficial to her clients. She recounted, “It’s really, really challenging to be able to enjoy your job when you feel like you can’t actually do the job you want to do because of politics or bureaucracy.” Additionally, she explained how conflicting approaches among coworkers about treatment modality or the use of punishment sometimes interfered with her experience of compassion satisfaction.

Taylor also articulated specific challenges of seeing justice-involved youth in private practice. In general, she experienced lower levels of compassion satisfaction working in private practice compared to the group treatment program. In the former setting, she found that seeing each client less frequently decreased her ability to build relationships. Additionally, she felt it was more difficult to challenge clients in private practice, since they paid more money to attend. She noted that clients in private practice appeared to be less genuine and less invested in change, as they were attending in order to make themselves look better prior to sentencing:

It’s unfortunate because I *really, really* do enjoy the work, but [private practice] is hard because you don’t see the kids as often. They’re just there to tick a box for legal reasons and the parents often are there for the same reason. So, there’s zero buy in, and it actually is exhausting. You just sit with a kid for an hour trying to teach them about certain things, and they’re just there because they have to be. And it’s kind of different because you can’t challenge them as much because they are paying you a lot of money, and you know that they’re not going to be there for the long haul.

Although Taylor appreciated the autonomy of private practice, she explained that this additional freedom came with a greater sense of responsibility. She had to make difficult decisions alone and felt more worried about her clients and her decisions. As she shared her experiences of making difficult decisions, such as intervening in the case of clients’ suicidal ideation, she stated, “It feels sometimes like I’m the first and last step before someone dies..., and I really don’t like that feeling.” Comparatively, she described feeling more motivated working in a team setting and having a team to help manage client risks.

Brittany

Brittany self-identified as a woman of European-Canadian ethnic background who had worked with justice-involved youth and young adults for approximately ten years. Throughout our interview, she discussed her experiences of working in detention and open-custody facilities in Western Canada. Although she worked with the general forensic population and violent offenders, the majority of her clients were youth who had committed sexual offences. In her work with these clients, Brittany provided assessment services and individual therapy. She also presented to other staff groups and programs on how to support justice-involved clients.

Within her therapeutic work, Brittany experienced compassion satisfaction during moments of connecting with her clients. She considered these experiences of connection as the best and most rewarding parts of her day. In one example, Brittany's bond with a client enabled the client to be vulnerable and discuss their suicidal ideation with Brittany. This difficult conversation then led to Brittany initiating an emergency services intervention to protect the client: "It was a very rewarding moment where I had really put in some time to try to connect with this youth, ... and then I think it ultimately helped keep her safe." Although Brittany cherished moments of connection, she noted that it was not always possible to connect with her clients and that she felt frustrated and helpless when she was unable to develop a strong relationship with a client.

An especially salient component of relationship building and compassion satisfaction for Brittany was earning the trust of her clients. Since she felt that the youths she worked with had legitimate reasons to be distrustful, she made a concerted effort to be seen as trustworthy, and did not take clients' trust for granted:

I find almost all [justice-involved youth] come in with the attitude of "I can't trust this person," and that might be because they have their own trust issues. It might be because I'm a symbol of the system, oftentimes it's both, but I work very hard to ... earn their trust and I don't expect it to be given.

She described feeling a "sense of victory" and gratitude when the youth started to trust her. Not only did the youth's increased trust in her feel like a victory in terms of building a strong therapeutic relationship, but Brittany also viewed such trust as a potential gateway for the youth starting to trust others as well.

Another significant source of compassion satisfaction for Brittany was observing client success. For Brittany, working towards goals that were within reach for her clients and recognizing any sign of progress, however small, were paramount for her experience of compassion satisfaction. She emphasized the importance of acknowledging the difficulties clients overcame to make meaningful changes:

Sometimes we are working with people who have serious impulse control issues, lots of distorted thinking or antisocial attitudes because of how they were raised or how they came up. And so, to me, it's just looking at it realistically and seeing progress as change as opposed to seeing like just this end goal of okay, well would we love him to never commit crimes again? Absolutely. Am I going to consider it a success if he just doesn't ever assault anyone again? I think that's success too because it's better.

Client-related factors such as level of engagement and motivation to change often impacted Brittany's experience of compassion satisfaction. Although she enjoyed helping to motivate ambivalent clients, she felt the most satisfaction when working with clients who were ready to take action. In contrast, working with youth who were not motivated to change presented unique challenges: "If they sort of aren't buying in that there are benefits to changing, then that can lead to reduced compassion satisfaction because I can feel like I'm sort of spinning my wheels."

Being seen as helpful and effective was important for Brittany and she described feeling a sense of fulfillment through being of benefit to others. This was apparent in how she defined compassion satisfaction as "the benefits you get from feeling like you are being beneficial to others." For Brittany, compassion satisfaction helped her to feel that her work was purposeful and meaningful. Given her unique skillset and strengths, she felt that by working with justice-involved clients, she was able to fulfil her life's purpose and do the most amount of good for society:

And that's maybe where [working with] the justice-involved youth I get more of a sense of compassion satisfaction because I do believe that fewer people like to do this work, and fewer people are good at it, and so I kind of feel like I get some satisfaction from believing this is where I am kinda supposed to be in terms of the most benefit I can bring to people.

Brittany expressed feeling that her work was important and meaningful, even when she felt ineffective. She explained, “I definitely have the feeling sometimes that what I do isn’t working, but I don’t have the sense that what I do doesn’t matter.”

Related to being seen as helpful, Brittany’s sense of competence increased her experience of compassion satisfaction. She reflected on external factors that helped increase her sense of confidence and competence including training and experience:

I think it actually gets better as I move along because I have more confidence in my abilities and I also know better how to respond and help people than I did at the start, of course. And so that directly feeds back into my satisfaction with what I’m doing.

While client successes increased her sense of competence, she felt negatively about herself when she was uncertain about how to support her clients: “It can be a very challenging position, and so when you’re also not feeling like you’re doing it well, like on top of the stress that you’re feeling about just the general work, I can get self-critical.”

Given the challenging nature of her work with justice-involved youth, Brittany articulated how compassion satisfaction helped to counterbalance stressful work. She described how, at times, she felt her work was unnoticed, unappreciated, or even criticized. Despite these difficulties, compassion satisfaction helped sustain Brittany in her career:

I think that compassion satisfaction and that sense of purpose and fulfilment is the counterbalance to all of that stress, and what makes it worthwhile for me. So, I actually think that without compassion satisfaction in this position, I don’t know that I’d be here. I don’t know that this would be the type of work that I’d be doing or that I could do it.

In addition to the perceived connection Brittany felt between compassion satisfaction and work-related stress, she described a feedback loop between her personal mental health and compassion satisfaction. Specifically, when her mental health was better, she was more receptive to experiencing compassion satisfaction. Then, by being more receptive to compassion satisfaction, she experienced further improvements in her well-being, and the cycle continued. Although this feedback loop worked to improve her well-being and compassion satisfaction, it also worked in the opposite direction:

When I’m struggling to find that meaning, which is really, for me, what is connected with compassion satisfaction, then I can become more depressed. And I think it feeds back

into each other because I also think that if I'm feeling depressed then I can struggle to find that satisfaction in helping people.

Other factors that impacted Brittany's level of compassion satisfaction included her work relationships and workload. With regard to her work relationships, Brittany described mutual support and equal distribution of responsibilities as positive factors in her experience of compassion satisfaction. She often enjoyed and looked forward to going to work due to the team camaraderie. However, at times, Brittany also expressed frustration with staff who were unwilling to learn about how best to support the youth:

Where I really struggle is when the supports that are in place not only don't understand but aren't willing to be open to learning. That's probably where I find the biggest sort of barrier for me. It's when I feel like, "My gosh you are the people who are supposed to be able to help him and I can't even get you to understand what's going on or how to help."

In terms of the impact of her workload, Brittany explained that it was difficult to experience compassion satisfaction when her work demands felt unmanageable: "Definitely I would say probably my entire workload would matter in terms of when I'm feeling overworked and burnt. I feel like I'm doing less good work, and I don't probably get the same sense of satisfaction." Furthermore, she described being unable to put sufficient time towards preparing for sessions, updating parents, and including more specific recommendations in reports when she felt overworked.

Common Themes

In the subsequent sections, I describe six group experiential themes (GETs) that were common across participants. Table 1 indicates which participants' accounts contributed to each theme.

Table 1***Participants Included in Group Experiential Themes (GETs)***

GETs	Participants				
	Thomas	Paul	Jaco	Taylor	Brittany
Relationship Building and Client Engagement	•	•	•	•	•
Witnessing Client Success	•	•	•	•	•
Self-Efficacy in Promoting Client Change	•	•	•	•	•
Sense of Meaning and Purpose	•	•	•	•	•
Interconnectedness Between Personal and Professional Lives	•	•		•	•
Impact of Workplace Factors	•	•	•	•	•

Relationship Building and Client Engagement

All participants described the unique experience of building relationships and engaging with justice-involved youth as being sources of compassion satisfaction. Participants emphasized the significance of being able to connect with clients who were often guarded, aggressive, distrustful, and unwilling to talk. Across their accounts, participants highlighted how the youth developed these defenses through difficult life circumstances and the nature of being involved in the justice system. Recognizing these challenges, the participants described difficult initial stages of their therapeutic relationships with justice-involved youth and feeling uncertain of whether developing a relationship would be possible. Illustrating this point, Jaco explained how

developing relationships with his clients was not guaranteed and that these interactions often started with clients being unwilling to engage:

You don't know if you're going to get there or not, but for the most part it's not there.

Usually, you start off a relationship with someone who doesn't want to talk to you, and you have to find ways around it.

From participants' perspectives, given that there was no guarantee that a relationship would form with the youth, moments of connection were especially rewarding. To this point, Thomas described the uncertainty and anticipation he felt during the initial rapport-building stage with a client:

Anticipating what that is going to be like, feel like, how it's going to go, and trying to work the evolution of developing a connection and then when you get there, *if* you get there and then you have a good working relationship, that's great.

Similarly, Paul provided an example of feeling compassion satisfaction from building relationships, even with some of the most guarded clients:

Some of these kids, let's be honest, are pretty antisocial and hardcore, actually. And you can connect even with them. And that's kinda cool, actually, that no matter how hard the exterior is, you can still connect with them... It just takes a bit of time.

A variation within the theme of developing relationships with justice-involved youth was how participants experienced compassion satisfaction from building relationships with particular youth, *despite* difficult initial interactions. Illustrating this point, participants provided numerous examples of building relationships with clients who were initially aggressive or had completely refused to participate in treatment. Thomas described his experience of being able to build a relationship with a client who, at one point, refused to work with him. Similarly, Brittany described feeling compassion satisfaction after earning the trust of a youth, who initially only complained about counselling. Brittany recounted her initial experience with this particular client, "I spent six months with her coming to my office telling me I was *boring*." She recalled the youth saying to her repeatedly, "You're boring, this is boring." Over time, Brittany's relationship with this youth developed to the point that Brittany was able to be a support person for her while she testified in court.

Given the challenging nature of developing relationships with justice-involved youth, participants described feeling a sense of relief when they saw evidence of a developing

relationship with their clients. They shared specific examples that signaled to them a relationship was forming. For instance, Paul described client behaviour changes that served as evidence of a developing connection:

I think they're maintaining their composure and patience, they're engaging with you, they're looking at you, they're speaking to you respectfully. They're calm, they're not swearing, they're not dismissive. Of course, if they don't know you and if they're first coming in, they often can be quite oppositional. You'll definitely get the f-bombs, you know, "F off" and stuff like that. Then once you know them, it's quite rare. So, that's actually quite satisfying.

Although there were numerous examples of compassion satisfaction from building relationships with youth, a variation of this theme included how being unable to form connections with some youth was a barrier to participants' experience of compassion satisfaction. For example, Taylor shared her experience of being unable to connect with certain clients:

And so, then you have like a kid that you see for *an hour* and they sit there and they're just like, "Meh, I'm not talking to you" and it's really unsatisfying because you don't like them as much, it's really hard to like a kid in that situation.

Similarly, Paul described an instance where he was unable to form a relationship with a particular youth, despite knowing that the youth was struggling:

I think of one young guy that was coming in regularly and he was not very open, ... right? He just wasn't very engaged, and he was very dismissive. You got the sense he was doing not great, but he would always say he's fine, ... he didn't need to talk. So that sometimes is a little tricky because you try to create that relationship and that safe space but not all kids are as open to that.

In light of the challenges inherent in building relationships with justice-involved youth, all but one participant described connecting with clients using creative approaches. These approaches included eating meals, playing sports, and playing games with the youth. Additionally, some participants used laughter, humour, and sarcasm to help break down the youths' barriers. Thomas highlighted the importance of engaging with these youth creatively:

I think when you work in youth forensics, you need to do those things because there's already pretty well-established defences in place, there's poor histories of relationship, poor histories of attachment, poor histories of bonding and poor histories of trust.

Participants explained how engaging with clients using fun and creative activities had implications for treatment outcomes. When participants were able to connect with the youth through these activities, the youth were encouraged to let down their guards, and trust could develop over time. For example, Paul reflected on how therapeutic interventions occurred during these moments of lighter engagement:

To me that's been a good way to kinda break the ice, sometimes have a little bit of fun, keep it light, but also slip in, just sort of what you might call a little bit of counselling or connecting, bonding really.

Similarly, Jaco described how joking helped to deepen his relationship with his client and the client became more trusting: "He's a lot more relaxed with me, and I think since then he's opened up a lot about other personal stuff that he hadn't told us before; so, I think his trusting is a lot better."

Beyond the clear benefits of engagement activities for clients, participants reported enjoying and appreciating the fun aspects of working with justice-involved youth. For instance, while discussing the benefits of using creative engagement activities, Thomas stated, "I enjoy doing these kinds of things and they work well." In similar sentiments, Jaco and Taylor both described appreciating being able to laugh and have fun with their clients. Taylor stated:

It was a fun job. The kids are funny, and working with teenagers and the things they say and do is sometimes so outrageous that you can't help but laugh. And they're a fun population to be around, even when they're being horrible [laughs].

Witnessing Client Success

Seeing clients succeed was another source of compassion satisfaction apparent in all participant accounts. Participants described experiencing pride, excitement, and hope for their clients when the participants witnessed client progress. In Thomas' words, "There's that feeling that you get right when you see somebody else smiling, happy, and feeling good about themselves, like it kind of energizes you." Within this theme, participants provided diverse examples of client successes, as well as some specific barriers that could impact client progress.

Regarding their appreciation for client successes, participants underscored the importance of acknowledging the difficulties clients overcame. When participants acknowledged these difficulties, it added to an appreciation of the clients' successes. Thomas spoke to this point, describing the significance of seeing a client graduate high school, despite the client's difficult life experiences:

I had a guy where, while he was in youth custody, he graduated. And knowing all that went into that and in that case, not only did he graduate but he became class valedictorian. So, he invited me to the prison to go out there and see him graduate and hear him do his speech, right? So, sitting there and watching him talk so articulately, this very damaged guy, who has been confined in an institution at these seminal ages of his life, to be able to stand up there and talk to his peers and staff in the way that he did—so those are, like, you know, those moments.

In other instances, acknowledging the youths' histories helped participants to redefine their expectations of success and celebrate small victories. For example, Brittany explained how she was able to redefine success for her clients:

I think because some of the people we work with are trying to dig themselves up from these intense holes of all sorts of things, maybe their own fault, likely social contributors too, I feel like we want to take success and we want to bring it within an attainable reach for them, rather than only considering success when things are all 100% better.

Similarly, Taylor described feeling optimistic when her clients showed incremental progress: "I would feel good even with kids that were not particularly successful would have their little breakthroughs."

Participants provided diverse examples of client successes. Both Thomas and Jaco described instances of seeing a youth, who was generally considered egocentric, showing care and concern for others as a sign of progress. In an example shared by Thomas, a youth expressed concern when Thomas coughed. Relatedly, Jaco described the experience of seeing a youth show consideration for others by allowing a resident to observe his session:

So, he agreed, and he didn't really want to, but he said, "Well I guess, you know, people need to learn so it's okay, let's do it." So, for him to say that and for him to be willing to let a stranger sit in and listen to his story—the thing is [to see] a kid that really at first looked like he's lost, and he's just on a downhill path, and we know we can't touch this

guy, actually reveal a part of himself that's actually quite considerate of others and not just about himself, not just self-centred all the time.

As another example of a client success, Taylor described the impact of seeing a client express a genuine emotion:

The joy of seeing somebody have a real emotion and not keeping it in is so satisfying, especially when all they do is keep it in, and so it just provides that little bit of hope and sort of ... The ability to see progress, I guess and seeing them as like thinking, feeling, human beings and not little robot boys who have been told to never show their feelings or anything. So, it's seeing them in a little bit of a fragile state, which ultimately is kind of a powerful process for therapy.

For Paul, not seeing a youth return to the centre after release was seen as an indicator of the client's progress:

It feels like one of the rare successes where he spent some time in here but then, after a string of admissions, he didn't return, even though he was only 17, he could have come in the last year, he didn't come in at all last year so. It seemed like he had turned that corner.

Other instances of client successes that participants shared included seeing clients being authentic, bonding with their parents, not being aggressive towards others, reducing substance use, processing traumatic experiences, and entering the workforce.

Although all participants shared experiences of client successes, the participants also included the caveat that client successes did not happen often or "all of the time." Further, participants identified specific factors that could impede a client's success, which subsequently impacted the participants' experiences of compassion satisfaction. These barriers to success included client-specific factors such as the client's low level of motivation and investment in treatment, and difficulties in understanding counselling concepts (e.g., being unable to differentiate thoughts from voices in their head). In addition, the participants cited barriers to client progress that were outside of the client's control such as family dynamics, poverty, and living situations. For instance, Taylor described her experience when family dynamics impact a youth's progress: "Their families aren't participating, and these kids are doing whatever they can do to participate; but having no support in their lives is actually really exhausting." From Paul's perspective of working in a custodial setting, he expressed frustration that some youth did not stay in the facility long enough to improve.

In addition to the barriers that prevented the youth from progressing in treatment, some participants reported that they often did not see client progress, even if clients might have been successful. These participants articulated how they rarely received updates about clients after finishing treatment, given the nature of their work. According to Brittany, “A lot of times their [probation] order ends with ‘good luck with life,’ ‘see you’ and I never hear anything about them.” Describing another barrier to witnessing client progress, Taylor speculated that clients were unlikely to reach out following treatment, since the clients’ time in treatment likely represented a negative time in the clients’ lives:

I think that’s probably unrealistic for most forensic settings with kids and adults, is you’re not really going to be able to know if you were being successful, because a lot of them sort of disappear. And you hope that they are doing well, but you don’t hear a lot because no one wants to be in contact with someone who reminds them of this really bad time in their life. So, it often is a mystery.

Paul explained how he would be unlikely to see youth if they did improve, since the youth only returned to the centre if they were still committing crimes:

That’s the thing about our work is again we don’t often get to see the successes and it’s a little bit of a drag. But really, at the same time, who cares because they’re doing better if they’re not coming in.

Self-Efficacy in Promoting Client Change

In addition to the positive emotions that participants felt for their clients when they showed signs of progress, all participants described how acknowledging their contributions to client progress impacted the participants’ self-efficacy and subsequent compassion satisfaction. The participants described instances of compassion satisfaction when they felt confident, competent, or a sense of achievement and victory from successful client interventions. Three participants also mentioned how a lack of client progress could be a barrier to compassion satisfaction, if the participants felt badly about themselves when clients did not improve.

Differing from participants simply being happy for their clients when they succeeded, an important component of this theme was how participants felt compassion satisfaction by recognizing the active role that their interventions had in facilitating client progress. In these examples, participants described experiencing a sense of accomplishment when they saw evidence suggesting that their actions resulted in good client outcomes. For instance, Thomas

reported feeling positively about his contribution to a client's success: "It feels maybe great in a selfish way, and then it feels great that, you know, I was able to be a part of the evolution towards that thing, whatever it is." Within the context of client success, Brittany and Taylor both described the significance of witnessing the impact of their efforts specifically on client progress. To this point, Brittany articulated how her experience of compassion satisfaction was improved when she saw the positive impact of therapeutic interventions: "I guess success helps with my compassion satisfaction. When I feel as though what we're doing is benefiting them, is actually doing some good, we're making progress, that's very helpful." Similarly, Taylor described experiencing compassion satisfaction when she could identify the impact that her team's work had on a client's progress: "Seeing that we're having a positive impact on some of these kids and their ability to just have healthy relationships in the future is really quite satisfying."

Another aspect of self-efficacy included how some participants experienced compassion satisfaction through specifically being able to use their skills and expertise to help clients. Paul, for instance, described feeling grateful that he was in a role where he could use his particular expertise to help others. In his words, "It feels good to be able to use those skills or talents and then be able to practice those values." Correspondingly, Thomas described feeling a sense of achievement through successfully navigating clinical issues, psychopathology, and risk factors to achieve a good outcome for his clients. From Brittany's perspective, she experienced compassion satisfaction through acknowledging the unique skills required to work with justice-involved youth, while recognizing that not many people are able or willing to do this work:

Most psychologists I talk to do not work with people who don't want to work with them. They don't want to work with people who are involved in the courts, because of the risks that are inherent there. So, I think there's also, maybe part of my compassion satisfaction, feels like I have like sort of a specialized skillset that is beneficial.

Although participants felt good about themselves when clients improved, some participants also described feeling negatively about themselves when clients did not improve. For these participants, not seeing client progress, and the subsequent impact on the participants' self-efficacy, was cited as a barrier to compassion satisfaction. Specifically, Taylor and Brittany revealed moments of self-doubt and decreased confidence when clients did not show signs of progress. For instance, Taylor shared her experience of how not seeing positive client outcomes after moving to private practice contributed to her doubting her competence across her career:

It's like powerless, it's powerless, it's frustrating, you feel ineffective, you feel like an imposter, that whole imposter syndrome riles itself right up. So, like, I think about it a lot I'm like, "oh, I really enjoyed this work. I'm really good at this work. Maybe I wasn't good at this work. Maybe it was the team that was good at this work." So, it really has me questioning my own abilities.

Similarly, Brittany explained how feeling incompetent and unhelpful were barriers to her experience of compassion satisfaction:

Probably when I feel unknowledgeable about something, like when I feel like I don't have an understanding of how to help with a certain issue, that definitely also impacts my compassion satisfaction ... It's feeling incompetent probably, which ties back to feeling like I'm helping.

In contrast to Brittany and Taylor internalizing their clients' lack of progress, Jaco described the importance of differentiating between what is in his control from his clients' autonomy to make their own choices:

That could be stressful if I allow it to be, because if I feel responsibility to get them to be here, you know, I sometimes have to work that it's not my responsibility and accept that they make their own choices, and they gotta live with whatever choices they make and that's just how it goes.

Sense of Meaning and Purpose

A prevalent theme across participants was how compassion satisfaction related to a sense of meaning and purpose. Articulating this relationship, Thomas explained how compassion satisfaction "helps you feel a sense of meaning in your career, in your chosen vocation and life path." Although all participants described the importance of deriving meaning from their work, they varied in terms of the aspects of their work they found meaningful and how they felt compassion satisfaction related to meaning and purpose.

Reflecting on the sense of meaning that he derived from work, Paul explained how he felt his work was meaningful because he was in a position where he could help people who needed it most. He expressed a sense of gratitude for his work: "A person is lucky if they can work in a field where they can really help people in times of need." Expressing a similar sentiment, Taylor described how her work with justice-involved youth was meaningful because it allowed her to support underserved populations:

I guess it's my, like, rescuer part of me, but those kids are the kids that are going to fall through the cracks and have been always told, "Oh no, you don't fit, or you're bad, or you're too hard' or whatever. And I really, really like those kids. That's why I went into this work, is to provide care for these hard to care for kids. And so, that was the most rewarding part, was being able to [be] that catchall for families who are like, "Thank you, I appreciate that someone's finally working for us."

Relatedly, Brittany saw her work as a means through which she could fulfill her life's purpose of trying to make the world a better place:

I don't know if you've seen that Venn diagram, but it's sort of things that the world needs, things I'm good at, things I can get paid for, and things I enjoy. I feel like my job kind of puts me at the center of that because I think like I'm good at it, I enjoy doing it, I get paid for it. But I also think it's beneficial and I think like that helps me when I ask, you know, "What's it all for? What's this life all for?"

For Jaco, his past experiences motivated him to want to protect people from discrimination and oppression, which he felt he could do through his work:

Because I think from what I've experienced myself and from what I've seen, when I see somebody is struggling, or having a hard time, or being discriminated against, or being disempowered, or all that kind of stuff, I'm pretty invested in finding a way through that and get to the other side because I guess I'm just totally against any form of discrimination of any kind. And I have lived experience of what it's like to be on the side that's being discriminated against.

Relating compassion satisfaction to their sense of meaning and purpose, an expression of this theme included the relationship between compassion satisfaction and motivation to continue working. Specifically, compassion satisfaction made difficult work possible and sustained participants in their careers. According to Thomas, experiencing compassion satisfaction protected against adverse reactions to work and helped him to re-align with his sense of purpose:

People talk about getting burnt out or all of a sudden they're not as satisfied with their jobs or what they're doing. But I think when you experience compassion satisfaction, it's very reinforcing, it's reinvigorating, it reminds you of why you do what you do and why you chose to do this work.

From Jaco's perspective, compassion satisfaction enabled him to stay in his career, despite aspects of his work he did not enjoy. When asked about how compassion satisfaction impacted him, Jaco explained:

I think it's the reason why I'm still here. I mean like I wanted to leave forensics a long time ago. It's not what I wanted to do. I didn't start a career to be in working in the forensic field. I'm not crazy about the subject terrain that I'm in ... I'm here and I feel that I'm doing something meaningful.

Similarly, Brittany related compassion satisfaction to the positive feeling from fulfilling her broader life's purpose, which motivated her to continue working: "I think it ultimately comes down to that sense of purpose again. So, it makes it so that I want to keep coming to work."

Illustrating the opposite effect, Taylor described how experiencing low levels of compassion satisfaction in private practice made her question whether she wanted to continue with this work:

It actually makes me kinda not want to do the work, because it's so challenging. So, without a shift, to be honest, it's possible that I might have to change how I do that work or if I even do that work.

Interconnectedness of Personal and Professional Lives

While discussing compassion satisfaction, four participants highlighted the interconnectedness between their personal and professional lives. Within this theme, participants shared varying accounts of bidirectional relationships between the participants' work and personal lives. In addition to participants citing these major life areas as impacting each other, the participants also described a more complex "feedback loop" where work-related and personal factors interacted with and compounded upon each other.

With regard to how work-related experiences impacted participants in their personal lives, participants described relationships between compassion satisfaction, mood, and general well-being. To this point, Thomas articulated an overlap between work and home that impacted both his mood and behaviour after work:

I'd come home and say, "Oh my God! like the best thing happened," or "I had this great case," or "Oh my God, we made this great big breakthrough." You know, that kind of orientation of transitioning out of my workday into my personal life, there's a little work overlap there that happens. It transitions you nicely in a positive way versus coming home going, "Ughh, I had the worst day, it was a hard day," and then you're quieter,

you're less energized, you're less interested in doing things, or you just wanna sit in front of the TV or whatever.

Brittany added how her level of compassion satisfaction impacted her interpersonal relationships outside of work:

I think it helps me in terms of like my relationship with my husband, the fact that I enjoy my work, that I get a lot of personal satisfaction and meaning out of it, I think it enriches my life overall and probably makes it better to be in a relationship with me than if I didn't have that satisfaction and I was feeling quite miserable at work all the time.

Elucidating the consequence of low levels of compassion satisfaction, Paul explained, "I would be less sort of happy and probably less appreciative of my work and probably just... not as happy, or even as healthy as a person outside of work." Furthermore, he described the experience of "taking home" his work-related stress:

This job does sometimes have a heaviness to it that's not for all people. There's a side to this that can be quite stressful ... There's some stuff that you do take home with you, and this job is a little bit dispiriting in some ways too.

Similarly, Brittany and Taylor described instances of overthinking and worrying after work when they felt low levels of compassion satisfaction. In Taylor's words, "If you feel like you've done a bad job or you've actually done harm, that's really, really unsatisfying, and that weighs heavily on me going home. It's hard to divorce myself from that in a timely manner."

The interaction between personal and professional lives was often described by participants as being reciprocal and compounding. More specifically, Thomas, Taylor, Brittany, and Paul all described a feedback loop between compassion satisfaction, well-being, and various aspects of work engagement. Highlighting the importance of compassion satisfaction, Thomas described how moments of compassion satisfaction could positively influence the direction of the feedback loop:

If you come into work miserable, I mean, it's going to make your work miserable and then you're going to go home miserable. But I think that when you, when you have those moments [of compassion satisfaction], it's energizing and invigorating, then you feel better, right? And when you feel better, you carry that on with you and you're more peppy and you're more upbeat and you're more happy.

Similarly, Paul described how feeling better, both professionally and personally, impacted his engagement with work:

It is gratifying to be able to help in general. So then that probably makes me feel better, so that makes me, you know, kind of give off a better maybe energy or more, positivity, or more sort of support for the youth. So, it's probably some kind of feedback loop there, I would guess.

According to Brittany and Thomas, a contributing component of the feedback loop was the impact of personal well-being on the participant's receptiveness to compassion satisfaction. Articulating this point, Thomas described how feeling better led to him being more receptive to positive experiences. In his words, "I mean when we're in a good place we're more open to feel good things." From Brittany's perspective, her personal mental health challenges and sleep issues could negatively impact her receptiveness to compassion satisfaction. Brittany explained, "I think it feeds back into each other because I also think that if I'm feeling depressed then I can struggle to find that satisfaction in helping people."

Impact of Workplace Factors

All participants provided examples of various workplace factors that had a discernible impact on the experience of compassion satisfaction. Although the factors varied depending on the specific work context, generally, they involved the workplace dynamics, organizational structure, and systemic realities of the participants' work environments.

A common thread across participant accounts was how the experience of compassion satisfaction was impacted by the participants' relationships with other staff. Participants expressed how good working relationships among coworkers helped to create work environments that were conducive to reducing stress and experiencing compassion satisfaction. For instance, Jaco described the impact his coworker relationships had on his working environment: "We're really fortunate in both clinics. We have very like-minded people. We get along pretty good, and so the working relationships and atmosphere is really positive." From Brittany's perspective, having a positive team atmosphere impacted her experience of compassion satisfaction since she felt that she could depend on team members to take care of one another and share work responsibilities:

We have a great team atmosphere going in terms of like we are always taking care of the other person and making sure like that we are taking our fair share of work on and we're not offloading onto the other person.

Being on the same page as other staff was another important component of workplace relationships cited by participants. The participants articulated how being on the same page as colleagues, management, and other programs allowed for the provision of more effective and appropriate care to the youth, which increased the participants' experiences of compassion satisfaction. The importance of working collaboratively with other professionals was evident in the case of Paul, who reflected on the role of agreement among care providers, both within his workplace and across programs, when it came to client care: "If communication is good and open, and we're on the same page, then that helps. I think it helps with the care of the kids, and it also helps with the satisfaction of the role." Similarly, when asked about factors that helped increase her compassion satisfaction, Taylor pointed to the importance of colleagues agreeing about the therapeutic approach to use with their clients: "So when we're all on the same page and we're all seeing the same treatment goals that really helps."

Working within multiple, interacting systems, participants provided additional context on factors that might contribute to conflicting approaches among multidisciplinary team members. Illustrating the impact of the systemic conflict that could occur between members of the mental health team and correctional officers, Paul explained, "This was just frustrating because the policy of corrections for safety [and] for security sometimes is at the odds with what was best for the mental health of the kids." Brittany similarly described how misunderstandings could occur between team members with different professional backgrounds:

Sometimes a probation officer might ask me like, "Well, why aren't you working on coping skills?" and, well we are, but that doesn't mean they're going to use them, that they're always going to be effective, those types of things. I don't really feel like anyone gets down on me intentionally or purposefully, but I think it's more just sometimes there's a misunderstanding of how long it can take to work on these problems and to see some improvement.

In addition to the role of coworker relationships, Brittany and Thomas both described how their experience of compassion satisfaction was negatively affected by their workloads. More specifically, these participants described how an unmanageable workload curtailed their

ability to invest time in the most enjoyable and impactful aspects of work. Thomas explained how his workload changed across various times in his career, and how such changes related to his clinical work and satisfaction:

I know that there've been times where, as I've gotten busier, more responsibilities or more diversity of responsibilities, some of the times that I could work to create the opportunities for engagement in some of those more unstructured ways became more limited. And so, the relationships had to work under more normative kind of circumstances ... [Compassion satisfaction] was still there, but not in the same way. Now I'm at a phase where I'm going, "Oh, wait a minute, I don't need to be busting my hump as much" or "Maybe I just need to like get back to creating more space for the types of therapeutic engagements that I enjoy doing."

Similarly, Brittany explained how being too busy prevented her from being able to devote as much time into her work as she would have liked:

When I'm really busy, that goes out the window. I'm basically just, I feel like I'm scrambling from one client to the next. I think that's basically it. So, the amount of time and energy I'm able to put in to doing work that I believe is beneficial to my clients gets neglected in a way that I prefer [it] not to.

In a variation of this theme, Jaco and Taylor explained how autonomy in their work impacted their experiences of compassion satisfaction. When asked about factors that increased his experience of compassion satisfaction at work, Jaco articulated the importance of not having management dictate his therapeutic approach and being able to say no to working with client issues outside of his competency. Related to practicing within his scope, Jaco explained, "So, having that autonomy and freedom to make those choices and to respect your own boundaries with what you can do. I think that's probably one of the biggest ones." Similarly, Taylor mentioned how not having autonomy in her work was a barrier to her experience of compassion satisfaction:

Then I'm not able to do the work that I can do because I feel a little bit like my hands get tied, and so it's really, really challenging to be able to enjoy your job when you feel like you can't actually do the job you want to do because of politics or bureaucracy.

Although autonomy was generally described as facilitative to compassion satisfaction, Taylor articulated an important consequence of autonomy that could negatively impact her

experience of compassion satisfaction. Specifically, Taylor explained how the increased freedom from working in private practice compared to the public sector came with greater responsibility. While describing private practice, she stated, “It’s a lot lonelier and you really have to make some hard choices.” In contrast, Jaco described the positive effect of sharing the responsibility of making difficult decisions with a team:

Sometimes it can be really tricky because you have to make tough decisions. And the good thing with the day program is that we work as a team and we get multiple opinions, different observations, which it makes it way easier to make a more informed decision about treatment planning.

Among workplace factors, participants shared setting-specific organizational constraints. From the perspective of working within custodial settings, Paul and Thomas described constraints such as security restrictions and the non-therapeutic nature of the detention centre environment. For instance, Thomas explained how client behaviour could be impacted by setting:

You’ll have clients or youth where when they’re incarcerated, they’re constantly acting out aggressively, you know, damaging properties, threatening, shouting, throwing, spitting, smearing. And sometimes when they get out of custody, all that stuff evaporates, or most of it evaporates.

At times, organizational constraints hindered participants’ ability to establish meaningful connections with youth and ultimately decreased the overall experience of compassion satisfaction.

In addition to organizational constraints, Taylor and Paul both shared how the amount of time they could spend with clients was impacted by certain context-specific factors. From her perspective in private practice, Taylor described feeling that she had limited opportunities to build relationships with clients due to the time and budget constraints inherent in private practice:

Because in terms of charging what private practice rates are, to just sit with a kid who’s really noncooperative and knowing that you need to take the time and build the relationship, but also knowing that this is really expensive and how long do you do that for before you just sort of send them on their way, is really tough to do ethically.

In contrast, Paul explained how the time he had to connect with the youth was impacted by sentencing decisions and operational requirements. Related to sentencing, Paul felt that some youths were released before he had adequate time to connect with them. In terms of operational requirements, Paul provided insight into how seeing youth around scheduled appointments, school attendance, and safety checks could reduce his opportunities to connect with youth:

Sometimes access can be limited again due to schooling or operational requirements.

That, I've noticed, can be a little bit of a barrier to feeling good about the work, because you feel like you haven't had quite enough time to connect to some of the kids some of the time.

Beyond the challenges within their workplaces, participants also described how their experiences of compassion satisfaction could be dampened from difficulties in finding appropriate treatment options or placements for clients. Given the lack of available resources, Taylor articulated how, despite the emotional toll, she felt compelled to take clients that would not be accepted by other agencies:

The kids that don't fit the justice mandate, okay, I'll take them. And the kids that didn't fit with the addictions mandate, okay, I'll take them. The kids that have FASD that no one will take, okay, I'll take them. So, it's kind of like all these kids that would fall through the cracks, I tried to take. And so, I ended up with like a bag of mismatched little nuggets who just need some support and no one's offering that. So, it was always just the too hard cases that I was doing, and I really enjoyed that, but there wasn't a lot of systemic support to make that sustainable.

Reflecting on challenges at the system level, Brittany perceived there being a lack of appropriate placements and supports available for clients with fetal alcohol spectrum disorder (FASD):

A perfect example is someone who has FASD. A prison or a detention center is not the place for them. They are going to be manipulated, they're going to be exploited. Group homes, a regular group home isn't enough. They don't provide enough support and kind of supervision and guidance and so like there's just no place.

Highlighting another barrier to clients accessing supports, Paul described the stress of finding placements for youth who had "burned bridges" with existing placement options. While describing the personal impact of encountering endless barriers to accessing appropriate supports

for certain clients, Taylor stated, “I can only fight against systems for so long before it’s just exhausting.”

Chapter Five: Discussion

The purpose of the present study was to explore psychologists' experiences of compassion satisfaction while working with justice-involved youth. Building an understanding of compassion satisfaction from this perspective is particularly important, given the potential for compassion satisfaction to help protect psychologists from being negatively impacted by their work. Presently, the majority of the literature on compassion satisfaction is quantitative and does not include perspectives from professionals working with justice-involved youth. Further, the existing research on professionals' experiences working in the youth justice system often includes interdisciplinary samples, despite the acknowledgment that professional role significantly impacts experiences (Bell et al., 2019; Lambert et al., 2010a).

To help address existing gaps in the literature, I completed an interpretative phenomenological analysis (IPA) study directed at answering the research questions: (a) what are psychologists' experiences of compassion satisfaction when working with justice-involved youth? and (b) what does compassion satisfaction mean for psychologists in this context? Based on Smith et al.'s (2009, 2022) data analysis guidelines for IPA, I completed a within-case analysis for each participant, followed by a cross-case analysis highlighting common themes across participants. The cross-case analysis consequently revealed six main themes: (a) relationship building and client engagement, (b) witnessing client success, (c) self-efficacy in promoting client change, (d) sense of meaning and purpose, (e) interconnectedness between personal and professional lives, and (f) impact of workplace factors.

In the sections that follow, I begin by discussing the study's key findings in relation to the existing literature. Next, I make recommendations for clinical practice and review the study's limitations. Last, I provide potential future directions for research.

Discussion of Key Findings

Relationship Building and Client Engagement

All participants described relationship building and client engagement as sources of compassion satisfaction. This finding is consistent with previous research from other areas of the helping literature, where the therapeutic relationship has been linked to multiple positive benefits for the therapist. For instance, the therapeutic relationship can be a source of therapist self-discovery and learning (Dragan & Soudaité, 2023; Rosenblatt, 2009) and can be mutually validating for both the therapist and the client (Hunter, 2012). Developing a deep and significant

relationship with clients may also help sustain therapists in their work (Michalchuk & Martin, 2019; Harrison & Westwood, 2009). Within the specific context of the youth justice system, previous research has pointed to a positive relationship between compassion satisfaction and the working alliance, an integral component of the therapeutic relationship among therapists working with clients convicted of sexual offences (Carmel & Friedlander, 2009). In addition to underscoring the therapeutic relationship as a source of compassion satisfaction, the present study's findings provide additional insight into how participants were able to build relationships with justice-involved youth and experience compassion satisfaction, despite numerous obstacles.

From the perspective of working with justice-involved youth, participants perceived unique indicators of a positive therapeutic relationship forming with their clients. For instance, participants noticed that their clients swore less, attended appointments, and followed the participants' directions. Across general client populations, signs of a developing therapeutic relationship include relaxed body language, and noticeable increases in eye contact, conversational flow, disclosure of personal information, and attentive listening (Leach, 2005). Although these indicators may also apply to justice-involved youth, the examples shared by participants in the present study provide insight into how perceptions of the therapeutic relationship differ across client populations. These findings also indicate that psychologists may increase their experience of compassion satisfaction by noticing and appreciating more subtle indicators of development in the therapeutic relationship when working with justice-involved youth.

The participants explained how relationship building with justice-involved youth was especially satisfying in light of the distinct challenges of building these relationships. Such challenges included the difficulties of building trust with justice-involved youth due to the psychologists' responsibility to the courts. The challenges associated with building trust with clients while managing multi-system responsibilities has been similarly cited in previous research on the complex nature of developing therapeutic relationships within the justice system (Creaney, 2015; Gannon & Ward, 2014; Myles-Wright & Nee, 2020; Ward, 2013). Furthermore, participants described the difficulties of building relationships when clients were disrespectful, violent, or disengaged from treatment. Similar experiences have been highlighted in other research on the challenges of working with justice-involved clients more generally (Ross et al., 2008). Although the challenges of building relationships with justice-involved youth were

experienced as potential barriers to compassion satisfaction, by acknowledging these challenges, the participants were also more appreciative of instances where a positive therapeutic relationship was formed.

In addition to the increased satisfaction that came from overcoming the difficulties of building relationships with justice-involved youth, the participants expressed empathy for their clients. The participants validated the clients' defensive responses by recognizing that it made sense for the youth to be distrustful, given the youths' difficult life experiences and the context of mandated treatment. By acknowledging the context that contributed to client behaviour, participants indicated that they were able to avoid taking client behaviour personally, respond compassionately to the youth, and build therapeutic relationships with clients. This finding supports Ross et al.'s (2008) speculation that how therapists interpret client behaviour impacts the therapists' experience of the therapeutic relationship. The importance of empathizing with justice-involved youth has been reported in previous research. For instance, therapists working with youth displaying sexually harmful behaviour indicated that understanding the client's life circumstances that led to offending behaviour is an integral part of the work with these particular clients (Russell & Harvey, 2016). Similarly, the probation officers in Umamaheswar's (2012) study reported that understanding the youth's histories and the circumstances around a youth's offences helped the officers cultivate a sympathetic and nonjudgmental approach to their clients; and responding with empathy was necessary to build trust with the youth they supported (Umamaheswar, 2012).

Furthermore, participants in the present study did not describe feelings of disgust, abhorrence, or repulsion towards the youth. This finding differs from results from other studies where helping professionals who worked with youth engaged in sexually harmful behaviour (Myles-Wright & Nee, 2020) or with forensic patients more broadly (Harris et al., 2015) described experiencing difficulties in managing aversion to clients. In addition, previous research on multidisciplinary helping professionals working in forensic settings found that knowledge of a client's criminal history hindered the professionals' ability to provide care and be compassionate (Harris et al., 2015). In contrast, the current study's participants discussed the importance of separating clients from their behaviour. It is possible that the focus of the current study being on psychologists' experiences, as opposed to multidisciplinary helpers' experiences more broadly, may have led to different results, since the relational emphasis differs across roles. Alternatively,

it is also possible that the study's emphasis on compassion satisfaction may have attracted psychologists who felt adequately rewarded by their work and less burdened by the challenges reported across these other studies.

Amidst their accounts of relationship building, participants provided important insights into how creative relationship-building strategies contributed to participant experiences of compassion satisfaction. Four out of five participants described using creative engagement activities, including playing sports, playing games, using humour, and eating meals with clients in order to get past client defences. These activities contributed to compassion satisfaction, as the activities facilitated relationship development with the youth and were enjoyable and fun as well. Previous research exploring the experiences of justice-involved youth has similarly highlighted the importance of creative engagement activities, with justice-involved youth reporting that they appreciated when staff built relationships using recreational activities (Nugent, 2015) and humour (Brown et al, 2014). The present study's findings add to the literature on the importance of creative attempts to build relationships with justice-involved by illuminating the significance of these interventions on psychologist experiences of compassion satisfaction.

In addition to how creative relationship-building strategies helped the participants connect with their clients, the participants also reported feeling that the activities themselves were fun. Across other work settings, fun has also been associated with increased work engagement (Müceldili & Erdil, 2016; Plester & Hutchison, 2016). Additionally, maintaining a sense of humour and having fun have been previously identified as a career-sustaining response for therapists (Stevanovic & Rupert, 2004). Although Skovholt and Trotter-Mathison (2016) recommended that therapists might benefit from bringing a sense of humor, fun, and positive emotions into the relationships with their clients, to my knowledge, no previous research has explored how engaging in fun activities with clients specifically relates to compassion satisfaction. As the existing literature on professional experiences in this area has focused primarily on challenging experiences, having fun with clients has not been emphasized. According to the present study's findings, creative ways to connect with clients have the additional consequence of contributing to enjoyable experiences for the people working with justice-involved youth.

Witnessing Client Success

All participants perceived there being an important connection between compassion satisfaction and witnessing client successes. The participants related compassion satisfaction to the genuine happiness they felt for their clients when they succeeded. Across various helping professions, the importance of witnessing client success has been identified as a contributor to numerous positive effects on helping professionals, such as compassion satisfaction (Shubair et al., 2023), vicarious resilience (Michalchuk & Martin, 2019), and feeling rewarded from working as a therapist (Norcross & VandenBoss, 2018). Within the context of working within the justice system, therapists working with adults convicted of sexual offences also described witnessing client progress as one of the rewards of their work (Kadambi & Truscott, 2006).

In addition to providing numerous examples of client successes, participants noted how witnessing client successes was not always possible. To some extent, participants explained, obstacles to client progress were related to client-specific variables such as investment in treatment, intellectual abilities, poverty, family dynamics, and living arrangements could impede client progress. Similar challenges have been expressed by therapists working with highly traumatized youth (Amari & Mahoney, 2022) and helping professionals who work with justice-involved youth (Haqanee et al., 2015; McElvaney & Tatlow-Golden, 2016; Russell & Harvey, 2016). Consistent with the challenges cited in previous research on working with unmotivated and unwilling mandated clients (Creaney, 2015; Lambert et al., 2015; Ross et al., 2008), the present study's participants discussed how a lack of client motivation could be especially difficult to navigate. Although these challenges have been mentioned in previous research, the participants in the current study connected how challenges to client progress were also, at times, barriers to compassion satisfaction.

Participants also perceived barriers to client progress as emerging from the nature of work within the justice system. For instance, participants often did not hear from clients after they completed treatment; and clients typically only returned to treatment if they were not managing themselves in the community. The experience of hearing from clients only if they were readmitted to treatment has not been emphasized in earlier research on compassion satisfaction or on staff experiences working with justice-involved youth. However, the results of the present study highlight how not receiving updates from clients after the clients improved may be an important context-specific barrier to psychologists' experiences of compassion satisfaction while working with justice-involved youth.

Although participants perceived there being many barriers to witnessing client success, participants described how they were able to experience compassion satisfaction through redefining client success and celebrating clients' "small successes," despite the obstacles. Examples of small successes included clients expressing genuine emotion, demonstrating patience, and expressing care toward others. The importance of celebrating small successes has been mentioned in earlier research on therapist resilience (Norcross & Vandenboss, 2018; Ronnestad & Skovholt, 2012). In addition, the ability to redefine success is reminiscent of the "adaptive phase" in the trajectory of therapists who work with adults who have committed sexual offences. According to Farrenkopf (1992), therapists tend to become increasingly aware of the difficulties related to treating justice-involved clients and reducing offending behaviour over time. Although awareness could lead to feelings of anger, resentment and burnout, it is also possible for therapists to reach an "adaptive" phase where they rekindle their motivation and compassion by adopting a more detached mindset, reducing expectations, and accepting the complexities of the human condition (Farrenkopf, 1992).

Participants also appeared to utilize positive reframing to define client success. *Positive reframing* is a coping strategy centered on attributing a more positive interpretation to the meaning of an event (Samios et al., 2013). Previous empirical evidence demonstrates that positive reframing may be a helpful strategy to increase compassion satisfaction (Samios et al., 2013). Positive reframing is comparable to processes inherent in cognitive-behavioural therapy (CBT). In CBT approaches, maladaptive cognitive processes are reduced by challenging negative thoughts with more accurate and rational thoughts and beliefs (Craske, 2009). Examples of thought reframing that appeared to help facilitate participant experiences of compassion satisfaction included avoiding taking responsibility for a client's lack of progress (e.g., recognizing that a lack of client progress is related to external factors) and focusing on the positive (e.g., highlighting successes).

The importance of reframing potential barriers to client success suggests that psychological flexibility may be an important facilitative strategy to increase compassion satisfaction. Developing psychological flexibility is a goal of acceptance and commitment therapy (ACT), which focuses on changing how individuals relate to their thoughts and feelings to reduce unhelpful processes (Hayes et al., 2011). Participants demonstrated psychological flexibility by adjust their thinking to match the context of their clients and the realities of

working within the justice system. Previous research has connected ACT-based approaches to positive self-care endeavours in psychologists in training (Pakenham, 2017). The present study suggests that psychological flexibility may also help to foster compassion satisfaction in areas where client successes may not be apparent or frequent.

Self-Efficacy in Promoting Client Change

Grounded in a strong desire to help their clients, the participants evaluated themselves against their clients' progress. Consistent with Stamm's (2002) conceptualization of compassion satisfaction as a portrayal of efficacy, participants in the current study explained how their perceived ability to promote client change contributed to the participants' self-efficacy and experience of compassion satisfaction. The participants described experiencing compassion satisfaction and feeling positively about themselves when they saw their efforts benefiting clients. Conversely, some participants also described feeling negatively about themselves when clients did not improve. Previous research supports this finding and has demonstrated a positive relationship between self-efficacy and compassion satisfaction among therapists (Lakioti et al., 2020) and helping professionals more broadly (Cicognani et al., 2009).

Participants highlighted the challenges inherent in supporting their clients while managing complex client presentations and mitigating the conflicting demands of working within multiple systems. Notwithstanding these challenges, the participants described feeling compassion satisfaction when they could use their skills and expertise to confidently support clients through complex issues. Similar experiences have been reported by trauma therapists who described feeling pride for being able to use their skills to work with complex client issues (Ling et al., 2014; Michalchuk & Martin, 2019). Working within the context of the youth justice system, the participants in the present study recognized that the complexity of working with justice-involved youth required a particularly high level of skill. Moreover, the stated importance of using skills to manage complex issues may help to explain why other studies have shown that psychologists working with clients who engaged in sexual offending behaviour showed higher rates of personal accomplishment compared to other mental health professionals (Kadambi & Truscott, 2003; Shelby et al., 2001). To this point, when participants in the present study recognized the complexity of their work and the significance of their skills and expertise, the participants experienced compassion satisfaction and felt better about themselves and their work.

In addition to the perceived positive impact of client change on participants' self-efficacy, two participants in particular described feeling negatively about themselves and experiencing lower levels of compassion satisfaction when clients did not show signs of progress. This finding relates to a study by Shevade et al. (2011), which found that therapists working with children who had displayed sexually problematic behaviour questioned their abilities when clients continued engaging in problematic behaviour. However, in contrast to the current study, Shevade et al.'s study did not focus on compassion satisfaction. With the present study's exploration of compassion satisfaction, the findings add to the existing literature by illuminating how the relationship between client progress and therapist self-evaluations may impact psychologists' experiences of compassion satisfaction.

Importantly, not all participants in the present study described evaluating themselves negatively when clients did not show adequate progress. For example, one participant appeared to take a self-compassionate and acceptance-based orientation towards these less desirable client outcomes. In particular, the participant reminded himself that he was not responsible for his clients' choices. A similar approach was noted in a study by Ling et al. (2014), where trauma therapists indicated that acknowledging the limitations of their responsibilities helped protect the therapists from being negatively impacted by their work. The differing responses to a lack of client progress across participants suggests that an individual's interpretation and internalization of client progress may be important for understanding protective factors related to compassion satisfaction.

Given the high likelihood of not seeing client success while working with justice-involved youth, finding ways to disentangle a lack of client progress from psychologist self-evaluations is sorely needed. According to present findings, being self-compassionate through recognizing the limits of one's responsibility on client behaviour, as opposed to judging oneself in the face of a lack of client progress, may help foster compassion satisfaction in psychologists working with justice-involved youth. Previous research supports the use of self-compassion for therapists, indicating that embracing self-compassion and acceptance may assist therapists in acknowledging their professional limitations (Norcross & Vandenboss, 2018; Patsiopoulos & Buchanan, 2011).

Sense of Meaning and Purpose

Across accounts, participants in the current study described their work with justice-involved youth as meaningful. Previous research has similarly reported that therapists find meaning in their work with justice-involved adults (Dean & Barnett, 2011; Kadambi & Truscott, 2006; Slater & Lambie, 2011) and with youth who had engaged in harmful sexual behaviour (Almond, 2014). In addition to describing their work as meaningful, the participants in the present study articulated how the profound sense of meaning and purpose that they derived from their work fed into their experiences of compassion satisfaction. Although the specific sources of meaning that contributed to participants' compassion satisfaction were diverse. For instance, some participants emphasized the importance of seeing their work as serving humanity through helping others. Previous research has similarly underscored that therapists derive meaning from serving humanity (Michalchuk & Martin, 2019; Răbu et al., 2016) and helping others (Hill et al., 2017; Hunter, 2012; Kernes & Kinnier, 2008). In the present study, some participants also emphasized the importance of viewing their work as an opportunity to help others in significant times of need. For these participants, awareness of the complex needs of justice-involved youth and the failings of the systems designed to support these youth appeared to enhance the sense of importance that the participants attributed to their work. A similar sentiment was highlighted in a previous study where multi-disciplinary staff working with justice-involved youth described how recognizing the complex needs of their clients contributed to the sense of importance the participants felt about their work (Russell & Harvey, 2016). Taken together, these findings also underscore the centrality of compassion in compassion satisfaction by illustrating how participants' positive feelings associated with compassion satisfaction were grounded in the compassionate desire to alleviate the suffering of another.

Notably, unlike the psychologists in Kadambi and Truscott's (2006) study on the rewards of working with individuals convicted of sexual offences, participants in the present study did not explicitly mention the importance of protecting future victims as a significant source of meaning. Although participants' descriptions of the importance of contributing to society may imply protecting future victims, the sources of meaning that fed into participants' experiences of compassion satisfaction focused primarily on seeing clients in need of care and providing that care. As Kadambi and Truscott's (2006) study focused on therapists working with adults, it is possible that sources of meaning differ for therapists working with adults compared to youth. It is also possible that since the present study focused on compassion satisfaction specifically, as

opposed to rewards more generally, participants were more inclined to discuss the meaningful nature of providing care to their clients.

A variation of this theme included participants perceiving their work as an opportunity to respond to a greater purpose and act in alignment with their values. As the participants regarded their work as aligning with their life's purpose of making the world a better place, they experienced compassion satisfaction from seeing evidence that their work was effectively helping their clients. These findings are consistent with previous research suggesting that seeing a positive impact on clients reinforces the values and beliefs that motivate therapists to work in the helping professions (Harr, 2013). Related to compassion satisfaction specifically, the present study's findings support Stamm's (2013) conceptualization of compassion satisfaction as being the happiness felt from helping to change the world in ways that align with one's ideals. Gilbert's (2014) theory on social mentalities may further help explain the connection between client progress and therapist fulfillment. According to Gilbert, when caregiving reinforces one's values and beliefs, caregiving becomes intrinsically motivating and an integral component of one's identity. Although this study is limited in its ability to determine how caregiving, purpose, identity, and intrinsic motivation impact one another, my findings suggest that in some cases, compassion satisfaction may reinforce the values held by psychologists working with justice-involved youth.

Related to motivation, participants explained how compassion satisfaction made difficult work possible through its connection to meaning and purpose. This finding provides support for the theory that high levels of compassion satisfaction may be experienced in stressful work environments, when individuals view their work as meaningful (Conrad & Kellar-Guenter, 2006; Stamm, 2002). Additionally, participants perceived compassion satisfaction and seeing their work as meaningful as allowing them to persist in their work, despite challenges. Consistent with the perceived importance of compassion satisfaction in sustaining the participants in their work, previous research has connected high levels of compassion satisfaction to increased workplace commitment (Ling et al., 2014) and reduced turnover intent (Gomes et al., 2022). The present study's findings provide additional insight into how seeing meaning in one's work is integral to experiences of compassion satisfaction and career persistence.

To increase their experiences of compassion satisfaction, participants appeared to engage in an active meaning-making process. Similar to the process described by Park (2010),

participants framed work stressors in the context of the participants' broader beliefs and goals, which reoriented the participants to the ultimate meaning and purpose of their work. More specifically, participants explained how through overcoming the challenges of their work, the participants saw themselves as fulfilling their life's purpose of making the world a better place through helping others. The way participants connected to the meaning of their work in the face of challenges highlights the importance of how actively situating challenges within one's purpose and meaning may help psychologists working with justice-involved youth to experience compassion satisfaction.

Interconnectedness Between Personal and Professional Lives

In their accounts of compassion satisfaction, it was evident that participants regarded their personal and professional lives as being interconnected. Participants described the impact of their personal lives on their work and how "taking home" their work affected them positively and negatively. Consistent with these findings, previous research has pointed to positive relationships between compassion satisfaction and helping professionals' personal well-being (Davies et al., 2023; Rossi et al., 2012; Samios et al., 2013; Thomas, 2013), physical health (Ryu & Shim, 2022), work engagement (Audin et al., 2018), and coping strategies (Davies et al., 2023; Kraus, 2005; Reyes-Quilodran et al., 2022).

In addition to the relationship between compassion satisfaction and well-being, participants described a feedback loop between these experiences and the participants' perceived effectiveness. Specifically, the participants described how high levels of compassion satisfaction and personal well-being made them more effective in their work, and how greater effectiveness contributed to increased compassion satisfaction and improved well-being. Importantly, participants also described how feeling low levels of compassion satisfaction or poor mental health could also interact with, compound, and negatively impact their work. The significance of the relationship between therapist well-being and clinical effectiveness is supported by research indicating that when helping professionals experience high levels of stress, they are more likely to engage in conflicts with their clients, compared to professionals with more support (Jeon et al., 2018). The present study adds to the existing literature by highlighting the complex and dynamic feedback loop between compassion satisfaction, well-being, and perceived effectiveness, in the specific context of psychologists working with justice-involved youth. Based on participants'

accounts, compassion satisfaction may be an additional important link in the relationship between therapist well-being and perceived or actual effectiveness.

A possible explanation for the feedback loop described by participants may be found in Fredrickson's (2004) broaden-and-build theory of positive emotions. According to this theory, experiencing positive emotions can compound an individual's resources, further facilitating the accrual of additional positive emotions (Fredrickson, 2004). In contrast to the *downward spiral* where low mood contributes to narrowed thinking, reduced coping, and worsening mood, positive emotions create an *upward spiral* where experiencing positive emotions encourages intellectual curiosity, playfulness, and engagement with more positive coping strategies (Fredrickson, 2004). Related to work, a review by Brief and Weiss (2002) suggested that experiencing positive emotions at work is associated with increased creative problem solving, helping behaviours, and job satisfaction in addition to reduced turnover intent and absenteeism. The potential for positive emotions to foster these attributes may help to explain some of the mechanisms that made participants feel more effective when they had higher levels of compassion satisfaction.

Impact of Workplace Factors

In the present study, participants shared their experiences of compassion satisfaction across different work contexts including private practice, group treatment programs, and custodial settings. From these perspectives, participants highlighted specific workplace factors that impacted participants' compassion satisfaction primarily by interfering with their perceived ability to effectively support their clients.

One of the main workplace characteristics that participants perceived as shaping their experience of compassion satisfaction was participants' connections with coworkers and management. Specifically, the participants described the importance of communication, support and collaboration among colleagues, as relational dynamics that had the potential to impact the team atmosphere and, ultimately, client care. Although previous research from other areas of the helping professions has linked compassion satisfaction to relationships with colleagues (Balinbin et al., 2020; Hinderer et al., 2014; Killian, 2008; Shubair et al., 2023) and management (Hunsaker et al., 2015), the present study contributes to the understanding of how colleague relationships may impact compassion satisfaction for psychologists who work with justice-involved youth. Indeed, the findings illustrate that for these psychologists, colleague

relationships may be especially important for compassion satisfaction when these relationships appear to help or hinder client care.

Underscoring the complexity of being on the same page as team members while working with justice-involved youth, participants described how working within multiple systems and with multi-disciplinary teams complicated the alignment of perspectives among coworkers, management, and other agencies. To this point, participants explained how different value systems and educational backgrounds among multi-disciplinary staff could lead to differing opinions on treatment. Challenges associated with working across multiple systems and with multi-disciplinary teams have been similarly mentioned across studies exploring professionals' experiences working within the youth justice system (McElvaney & Tatlow-Golden, 2016; Russell & Harvey, 2016). The present study's findings expand this literature by being the first to describe how these challenges may specifically impact psychologists' experience of compassion satisfaction when working with this population.

Within their descriptions of workplace facilitators and barriers to compassion satisfaction, participants underscored the importance of autonomy. The importance of autonomy for compassion satisfaction has been noted in previous studies (Bae et al., 2020; Cetrano et al., 2017; Killian, 2008). The current study adds depth and context to the literature by illuminating how compassion satisfaction and autonomy may be related, as perceived specifically by psychologists working with justice-involved youth. Indeed, the present study's participants emphasized the importance of autonomy with their therapeutic approaches and caseloads. Illustrating this point, participants described how organizational policy or management oversight could impede the participants from engaging in the work they felt was most effective. A previous study on the experiences of helping professionals working with youth displaying sexually harmful behaviour has also underscored how bureaucratically imposed limitations could supersede the work these helping professionals wanted to do with their clients (Russell & Harvey, 2016).

In addition to autonomy, workload emerged as another significant component of the participants' experiences of compassion satisfaction. To this point, participants described the relationship between excessive amounts of work, their perceived effectiveness, and compassion satisfaction. When participants had more time, they felt they were better able to prepare for sessions and support their clients in the ways the participants felt were most beneficial, which

contributed to compassion satisfaction. In contrast, when workload hindered the provision of adequate services, participant compassion satisfaction suffered. A review of studies on professionals' experiences working with youth engaged in harmful sexual behaviours similarly found that excessive workload was a significant source of stress for professionals working in this area (Pelech et al., 2021), although the studies covered in the review did not focus on compassion satisfaction. Related to compassion satisfaction specifically, a research study on therapists working with adult trauma survivors reported that having time allotted to professional development and research activities was positively associated with therapists' levels of compassion satisfaction (Sodeke-Gregson et al., 2013). In combination with past studies, the current findings underscore how having workloads that enable psychologists to complete work they believe is most effective may help foster compassion satisfaction for psychologists working with justice-involved youth.

In addition to organizational factors, participants described connections between systemic factors and the participants' experiences of compassion satisfaction. Similar to previous studies on mental health professionals working with justice-involved youth (Haqanee et al., 2015; McElvaney & Tatlow-Golden, 2016), participants in the present study described the challenges of working within a system that did not appear to meet the needs of the youth involved. Participants acknowledged how relationship building with justice-involved youth took time and that systemic factors impacted the time available to develop these relationships, a challenge similarly reported by probation officers working with justice-involved youth (Umamaheswar, 2012). In the present study, participants explained how organizational constraints, sentencing length, and the cost of private practice could impact the time they had to build relationships with and effectively help their clients.

At the broader systems level, participants described how a lack of community resources to support their clients was an additional compassion satisfaction barrier, as the lack of resources impacted participant perceptions of their ability to help their clients. Similar findings have been reported across samples of probation officers (Haqanee et al., 2015) and mental health professionals (McElvaney & Tatlow-Golden, 2016) working with justice-involved youth, where such professionals described how limited access to quality community support impacted their perceived ability to support their clients. The connection between community resources and compassion satisfaction is significant, as it provides additional insight into the challenges of

working within the youth justice system and highlights how compassion satisfaction may be impacted by broad, system-level variables.

Implications and Recommendations

Based on the current findings, the sections below summarize potential implications and offer tentative recommendations for fostering compassion satisfaction in psychologists who work with justice-involved youth. I also offer suggestions for changes at the organizational and systemic levels, in order to support psychologists' clinical work.

Recommendations for Psychologists

According to findings of the present study, managing mental and physical health may have a positive and compounding influence on compassion satisfaction and effectiveness at work. To help support psychologist overall quality of life and well-being, the following recommendations for promoting compassion satisfaction may be beneficial for the psychologists working with justice-involved youth. The recommendations include strategies that psychologists may consider implementing independently, along with suggestions for mental health professionals supporting psychologists in career-related issues.

Developing the therapeutic relationship. Participants emphasized the importance of building therapeutic relationships with clients, suggesting that recommendations that help psychologists to develop therapeutic relationships with justice-involved youth may help support psychologists' experiences of compassion satisfaction. Although there is limited research on how psychologists should develop therapeutic relationships with justice-involved youth (Papalia et al., 2022), according to the participants in the present study, engaging with youth in creative, natural, and fun ways may be helpful. In addition to the positive impact these strategies may have on relationship building, participants in the present study also reported finding these activities enjoyable and fun. Based on these findings, strategies to foster compassion satisfaction in psychologists who work with justice-involved youth may include normalizing and increasing opportunities to have fun with clients.

Reframing and acceptance. As many challenges of working with justice-involved youth are unchangeable, strategies aimed at reframing and accepting may be essential to foster compassion satisfaction among professionals working amidst these challenges. Across themes, participants empathized with their client's defences, reframed challenging behaviours, and highlighted evidence of client successes. Drawing from these findings, psychologists may be

able to increase their experience of compassion satisfaction by empathizing with their clients' experiences and looking for more subtle indicators of relationship development. Relatedly, psychologists may benefit from deliberately putting time and attention into celebrating diverse indicators of success. As suggested by a participant in McElvaney and Tatlow-Golden's (2016) study, psychologists may benefit from setting realistic expectations of their clients and thinking about their work in terms of a "good enough" model as opposed "to a curative model" (p. 13). Accordingly, these strategies may help psychologists avoid feeling defensive and discouraged by challenges. Although much of the existing research on outcomes for justice-involved youth focuses on risk-reduction metrics, the present study's findings suggest that recognizing and appreciating non-risk reduction-related successes may be beneficial for developing compassion satisfaction.

Given participants' perceptions of the importance of reframing challenges and intentionally caring for one's well-being, CBT and "third wave" cognitive approaches such as CFT and ACT may be beneficial in fostering compassion satisfaction for psychologists working with justice-involved youth. In particular, CBT approaches may help psychologists to explore how unhelpful thought patterns impact the psychologists' work and then develop alternative ways of thinking and acting to encourage positive reframing of challenges (Samios et al., 2013). Models for applying CBT interventions to managing compassion fatigue have been proposed (Teater & Ludgate, 2014). Such models focus on helping individuals to understand thinking patterns, emotions, and behaviour in response to work-related stressors; in addition, the models aim to promote more adaptive thinking and self-care responses (Teater & Ludgate, 2014). Based on the findings from the present study, applying similar CBT interventions to foster compassion satisfaction may include helping psychologists to reframe challenges, depersonalize clients' difficult behaviour, and highlight small successes.

Fostering self-compassion. Based on the findings, compassion-focused approaches for fostering self-compassion might be appropriate and helpful in fostering psychologist experiences of compassion satisfaction while working with justice-involved youth. Particularly, compassion-based interventions informed by Gilbert's (2009) compassion-focused therapy and Neff et al.'s (2007) framework for self-compassion may be considered as potential ways of increasing compassion satisfaction by encouraging psychologists to intentionally practice being kind to themselves when confronted with the inevitable challenges of their work. In particular,

psychologists may benefit from being understanding of themselves in the face of their workplace challenges and recognizing that the challenges they are experiencing are not solely experienced by them.

Values alignment. In addition to promoting self-compassion, helping psychologists to connect with their values amidst the challenges of working with justice-involved youth may help to facilitate psychologists' experiences of compassion satisfaction. Specifically, the participants described how acknowledging systemic challenges and acting in alignment with the participants' values helped the participants to experience compassion satisfaction. Based on these findings, it might be helpful to integrate strategies from ACT to help psychologists working with justice-involved youth experience compassion satisfaction. Core features of ACT involve identifying one's values, accepting realities that are not within one's control, and taking committed action towards values-directed behaviours (Hayes & Smith, 2005). Related to the current study's findings, psychologists working with justice-involved youth may benefit from exploring how their values relate to their work, as well as disconnecting from unhelpful thought patterns. For instance, it may be beneficial for psychologists working with justice-involved youth to identify the limits of their roles and responsibilities to avoid taking too much responsibility for factors that are outside of the psychologists' control.

Connecting to meaning and purpose. Participants in the current study underscored the importance of meaning and purpose for compassion satisfaction. Across accounts, participants described how they experienced their work as meaningful by connecting their work to their larger life purpose. Given this finding, helping psychologists to connect with their own sources of meaning may help to foster the psychologists' experiences of compassion satisfaction. To explore sources of meaning, Dik et al. (2009) recommended deliberate attention to assessing the current meaning that one experiences at work and then connecting this source of meaning within the person's larger framework for meaning in life. Accordingly, Dik et al.'s (2009) approach to meaning making may help to foster compassion satisfaction by helping psychologists to identify what they specifically find meaningful about their work and then exploring how sources of meaning connect to the psychologist's larger meaning in life.

Recommendations for Organizations

For many of the recommendations for psychologists to be possible, organizational support may be necessary. Organizational support may help psychologists manage their well-

being, effectively support their clients, and celebrate their therapeutic successes. Such supports include providing autonomy, managing workload responsibilities, fostering positive team relationships, celebrating unique indicators of success, and making mental health support accessible.

Across their accounts, participants emphasized the importance of having autonomy in their work, along with manageable amounts of work. Based on these findings, psychologists may benefit from being allotted flexibility in their choice of treatment modalities, approaches, and workload. Given the importance of self-efficacy and competence for compassion satisfaction, psychologists would likely benefit from workloads that allow time to complete training and engage with clients in ways the psychologists deem as most beneficial. In particular, providing time for psychologists to engage with their clients through creative means may help to reduce client defences and make work more enjoyable for the psychologists.

Recognizing the resounding importance of colleague relationships on compassion satisfaction, directed efforts to promote positive team relationships may be warranted. With attention to the difficulties of working within multi-disciplinary teams, an implication of the present study's findings is that it might be beneficial for organizations to seek opportunities to strengthen colleague relationships, such as through facilitating communication both within and across agencies. Additionally, providing ongoing training on best practice guidelines may also help to reduce conflict related to incompatible treatment approaches.

Although risk reduction remains an essential priority for practitioners working with justice-involved youth, encouraging psychologists to appreciate and celebrate client success may help protect psychologists from being discouraged by the challenges of their work. At the organizational level, education and training may be used to encourage staff to contextualize clients' difficult behaviour and identify unique indicators of client success. Additionally, normalizing the importance of celebrating diverse successes may help to support psychologists in engaging with this process.

Lastly, participants described how their mental health could impact their experiences of compassion satisfaction. It is therefore recommended that agencies make mental health support accessible to psychologists. Given the interaction between well-being and compassion satisfaction described by participants, it stands to reason that interventions could focus on

creating an environment conducive to compassion satisfaction and providing opportunities for psychologists to receive mental health support outside of work.

Recommendations for Systemic-Level Changes

Similar to other studies on mental health professionals who work with justice-involved youth (Haqanee et al., 2015; McElvaney & Tatlow-Golden, 2016), participants in the present study described the impact of working within a system that was ill-equipped to manage the needs of their clients. Since these systemic barriers impacted the participants' perceived ability to help their clients, the participants associated a lack of community support as negatively impacting their experiences of compassion satisfaction. Accordingly, system reform focused on filling the service gaps may help facilitate compassion satisfaction for psychologists working in this area. Based on the present study's findings, specific opportunities that may be worthwhile include providing funding and developing programs that are equipped to manage the complex needs of justice-involved clients and their families; however, a system-level program evaluation may be warranted to identify areas of need systematically.

Recently, an integrated model of juvenile justice (IMJJ) has been proposed with the aim of addressing the broader, multi-systemic needs of youth involved in the justice system (April et al., 2023). The IMJJ utilizes multi-level system interventions in the interest of reducing the likelihood of criminal behaviour and reconnecting justice-involved youth with community supports. Although the IMJJ has shown promising results in promoting collaboration and trust among stakeholders (April et al., 2023), additional research to determine whether such models can impact psychologist experiences of compassion satisfaction is needed.

In addition to impact of resource availability, the participants also discussed challenges related to intra-agency communication. Several models have been created to help coordinate services across agencies through collaboration between multi-disciplinary stakeholders across programs (e.g., Conger & Ross, 2006; Haight et al., 2016). These models have shown promising results demonstrating improved communication across service agencies (Conger & Ross, 2006) and reduced recidivism rates for youth involved in the programs (Haight et al., 2016). According to the findings from the present study, coordinated care across systems may help to foster compassion satisfaction in psychologists working with justice-involved youth, if these coordinated approaches help psychologists to support their clients more effectively.

Considerations and Limitations

In the interest of transparency, the following section outlines the methodological considerations and limitations of the present study. Grounded in the IPA framework, this study aimed to produce an in-depth understanding of psychologists' experiences of compassion satisfaction while working with justice-involved youth. IPA studies, by design, seek to produce context-specific, rich accounts from the perspectives of relatively few participants (Smith et al., 2022). By focusing on an in-depth understanding from the perspective of a few people, the present study's findings are not meant to be generalized. Instead, I provided rich descriptions and detailed analysis to aid readers in determining the relevancy of the findings to the readers' unique contexts.

A particular limitation of the present study concerns the sample's relative lack of diversity. Specifically, most participants self-identified as having a European-Canadian background, with only one participant from an African ethnicity. Furthermore, although the sample included perspectives from women and men at various points in their careers, having relatively few participants does not allow for in-depth analysis within genders or for claims to be made about the relationship between gender and experiences of compassion satisfaction in the context of working with justice-involved youth. Consequently, the present study provides limited insight into how cultural dynamics such as ethnicity, gender, age, sexual orientation, or career length may impact experiences of compassion satisfaction.

It is typical for studies exploring the experiences of staff who work with offending populations to have low response rates despite recruitment efforts (Frost & Scott, 2022), and the present study is no exception. During my study, I made numerous attempts to recruit additional participants. The study advertisement was shared with programs directly and across multiple platforms across Canada for over a year, with relatively few interested and eligible psychologists reaching out to participate. It is possible that the small number of psychologists who chose to participate may differ from the larger group, contributing to a self-selection bias among the participants. In particular, psychologists with high levels of burnout or unmanageable workloads may have been unable or unwilling to participate. Similar to the majority of studies on work-related experiences, the present study's sample does not include perspectives from people who were so negatively impacted by their work that they had terminated their employment or taken leave.

For the present study, conducting video conferencing and telephone interviews allowed me to recruit participants from different provinces and ensured adherence to the evolving COVID-19 restrictions present throughout the study. Four interviews were conducted over the phone, and one was conducted using video software. Common limitations regarding phone interviews may include difficulties building rapport, the inability to observe and respond to participants' non-verbal information, and potentially losing additional contextual information gained from observing individuals in their settings (Block & Erskine, 2012; Holt, 2010; Irvine et al., 2013; Novick, 2008; Smith et al., 2022). Comparatively, although video conferencing software had the advantage of seeing non-verbal cues, technical difficulties led to the video call being dropped and freezing. Although it is impossible to know the extent that these factors may have impacted the data, I believe I was able to sufficiently build rapport with participants and ascertain enough detail regarding their experiences to produce rich descriptions. Furthermore, data collection aligned with the considerations that Smith and Colleagues (2022) described for conducting IPA interviews remotely.

Another limitation of the present study relates to the participants' unfamiliarity with the term compassion satisfaction, a challenge noted in other compassion satisfaction research (de Figueiredo et al., 2014). Since participants likely would not have been familiar with the term without a definition, I provided a brief definition of compassion satisfaction and emphasized how the purpose of the study was to build an understanding of unique perspectives on the meaning of compassion satisfaction. Although providing participants with a definition of compassion satisfaction may have impacted their responses, it is also possible that not being familiar with the term may have helped to reduce the influence that exposure to previous research would have had on their understanding of the term. Despite being provided with a definition of compassion satisfaction, participants shifted between talking about compassion, job satisfaction, and compassion satisfaction. During interviews, I attempted to clarify and redirect participants back to discussing compassion satisfaction specifically.

As a qualitative research paradigm, the IPA framework relies on the subjective interpretation of data. As such, I endeavoured to build an understanding of a particular phenomenon by interpreting the participants' accounts of their phenomenological experience. Consistent with the assumptions of the double hermeneutic (Smith, 2004) and the hermeneutic circle (Heidegger, 1927/1962), I believe it is impossible for me to completely remove my

influence on the findings. Therefore, the findings are meant to be trustworthy, as opposed to completely objective. To promote the trustworthiness of the findings, I engaged in reflexivity, peer review, and member checking. These methods helped to encourage that my interpretations were grounded in the data and consistent with the participants' intended meaning.

Implications for Future Research

The participants in the present study provided perspectives across diverse areas within the youth justice system including custodial settings, outpatient programs, and private practice. To expand knowledge and understanding of compassion satisfaction, future research could investigate whether experiences of compassion satisfaction vary across different youth justice contexts. Quantitative research comparing compassion satisfaction levels across different settings may also help to identify organizational factors that impact compassion satisfaction within the youth justice system. Increasing understanding of how factors such as colleague support, team atmosphere, autonomy, workload, client groups, and setting influence psychologists' experiences may also help to inform policies and interventions aimed at fostering work environments facilitative of compassion satisfaction.

Given evidence suggesting that variables such as gender, career tenure, profession, and age may influence experiences of compassion satisfaction (Cavanagh et al., 2020), additional research focusing on perspectives from diverse groups and the intersectionality of different diverse identities is also warranted. Understanding how context impacts professionals' experiences of compassion satisfaction could inform supports tailored to the needs of individuals across different intersections of identity.

The majority of research on helping professionals' experiences of compassion is cross-sectional and focuses on experiences at particular moments in time. Thus, these studies provided limited information about the impact of compassion satisfaction across a career. The present study's findings provide some insight into how participants perceived their experiences of compassion satisfaction evolved over time; however, conducting longitudinal research may help to explore how compassion satisfaction changes over the course of one's career. Such studies could explore how compassion satisfaction changes, including its potential impact on career choices and turnover within the justice system. By examining professionals' experiences over time, researchers may be able to develop strategies to sustain compassion satisfaction.

Given the importance of relationship building with justice-involved youth on the participants' experiences of compassion satisfaction, additional research exploring the relationship between these concepts is warranted. Building on the present study's findings, future studies could examine whether compassion satisfaction levels correlate with measures of the therapeutic relationship from both psychologist and client perspectives. Additionally, qualitative research focused specifically on exploring how psychologists can build relationships with justice-involved youth, despite knowledge of the clients' history, may help to discover additional adaptive strategies for working with this client group that may also help to increase psychologist experiences of compassion satisfaction.

According to the participants in the present study, there are interacting relationships between compassion satisfaction, personal well-being, and effectiveness. Building on these findings, quantitative research examining the connections between compassion satisfaction, client outcomes, and psychologists' personal well-being would be instrumental in clarifying the relationships between these concepts. A mixed methods approach could offer a comprehensive understanding by combining quantitative measures of therapeutic outcomes and psychologist well-being with a qualitative exploration of the psychologists' experiences of compassion satisfaction. By examining the interplay between psychologists' compassion satisfaction, well-being and effectiveness, researchers may be able to identify additional strategies to promote psychologists' well-being and clinical outcomes.

In the present study, participants described how a perceived lack of client progress related to their experiences of compassion satisfaction. In particular, although two participants described how a lack of client progress contributed to the participants' negative self-evaluations, one participant described taking a more self-compassionate stance towards a lack of client progress. The salience and nature of participants' responses to a lack of client progress suggest that further research exploring the relationship between self-evaluations, self-compassion, and compassion satisfaction may be warranted. To build understanding in this area, qualitative studies could explore psychologists' experiences of self-compassion with sensitivity to the context of working within the youth justice-system. Future research could also examine the relationship between self-compassion and compassion satisfaction quantitatively, to better understand how these concepts relate to each other.

The present study's findings point to several processes related to compassion satisfaction that may be pertinent to explore in more detail. Although the participants in the present study described connections between meaning, purpose, client successes, empathy, and compassion satisfaction, additional research exploring how these concepts relate to each other is warranted. For instance, quantitative or mixed-methods studies may be used to explore how psychologists' experiences of compassion satisfaction may vary related to client progress, perceived levels of meaning or purpose, and different forms of empathy.

As factors contributing to compassion satisfaction continue to be identified, research evaluating the effectiveness of interventions used to foster compassion satisfaction would likely be beneficial. Longitudinal studies and clinical trials specifically could assess the impact of various interventions on experiences of compassion satisfaction. For instance, researchers could examine whether and how interventions grounded in positive reframing, compassion, ACT, meaning making or systems-level changes meaningfully impact psychologists' experiences of compassion satisfaction while working with justice-involved youth. By rigorously evaluating the efficacy of interventions and exploring participants' perspectives on them, researchers can develop evidence-based recommendations for interventions that promote compassion satisfaction among professions in the youth justice system.

Conclusion

Psychologists who work with justice-involved youth face numerous workplace stressors, which can negatively impact psychologists' well-being (Senter et al., 2010) and the care they provide to their clients (Bride et al., 2007). Across other areas of the helping professions, compassion satisfaction has been identified as a protective factor against adverse reactions to work (Hunt et al., 2019). Despite the known benefits of compassion satisfaction, until this point there has been a relative lack of research on psychologists' experiences of compassion satisfaction in working with justice-involved youth. Thus arose the need for the present study, which focused on experiences of compassion satisfaction for psychologists who work within the youth justice system.

According to the participants in this IPA study, compassion satisfaction is grounded in finding meaning and purpose in helping others and is experienced through witnessing positive change in clients. Given the reinforcing nature of observing client success, factors that impact a psychologist's ability to effectively help their clients may also impact the psychologist's

experience of compassion satisfaction. Within the particular context of working with justice-involved youth, psychologists face numerous challenges and barriers to witnessing positive client outcomes. Despite these challenges, participants in the current study indicated that reframing challenges, highlighting successes, and reconnecting to deeply held values were adaptive strategies that helped participants foster compassion satisfaction and persist in their work. Furthermore, a potential implication of the current findings is that organizational and system-level changes may also be important in facilitating psychologists' experiences of compassion satisfaction. Recognizing the interconnectedness between compassion satisfaction, effective client care, and psychologist well-being, the findings demonstrate how clients and psychologists alike stand to benefit from greater attention to how compassion satisfaction could be fostered for psychologists working with justice-involved youth.

References

- Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of General Psychiatry*, 61, 403-410. <https://doi.org/10.1001/archpsyc.61.4.403>
- Adams, E. (2010). Healing invisible wounds: Why investing in trauma-informed care for children makes sense. *Justice Policy Institute*, 1-15. https://doi.org/10.1163/2210-7975_hrd-9858-0013
- Adshead, G. M., & Ferrito, S. B. (2015). Recovery after homicide narrative shifts in therapy with homicide perpetrators. *Criminal Justice and Behavior*, 42(1), 70–81. <https://doi.org/10.1177/0093854814550030>
- Al Barmawi, M. A., Subih, M., Salameh, O., Sayyah Yousef Sayyah, N., Abdel-Azeez Eid Abu Jebbeh, R., & Shoqirat, N. (2019). Coping strategies as moderating factors to compassion fatigue among critical care nurses. *Brain and Behavior*, 9(4). <https://doi.org/10.1002/brb3.1264>
- Alam, S. (2015). *Youth court statistics in Canada, 2013/2014* (Juristat Catalogue No. 85–002-X). Canadian Centre for Justice Statistics, Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2015001/article/14224-eng.pdf>
- Albrecht, S. L., Green, C. R., & Marty, A. (2021). Meaningful work, job resources, and employee engagement. *Sustainability*, 13(7), 4045. <https://doi-org/10.3390/su13074045>
- Allen, M., & Superle, T. (2016). *Youth crime in Canada, 2014* (Juristat Catalogue No. 85-002-X). Canadian Centre for Justice Statistics, Statistics Canada. <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2016001/article/14309-eng.pdf?st=maKumDdM>
- Almond, T. J. (2014). Working with children and young people with harmful sexual behaviours: Exploring impact on practitioners and sources of support. *Journal of Sexual Aggression*, 20(3), 333-353. <http://dx.doi.org/10.1080/13552600.2013.836576>
- Alvarez-Lister, M., Pereda, N. & Guilera, G. (2016). Psychopathological correlates of polyvictimization in young offenders. *Criminal Justice and Behaviour*, 43(12), 1710–1725. <http://doi.org/10.1177/0093854816662678>

- Amari, N. & Mahoney, A. (2022). Working relationally with adolescents who have experienced complex interpersonal trauma: An interpretative phenomenological analysis. *Journal of Child and Adolescent Trauma*, 15(1), 75-87. <https://doi.org/10.1007/s40653-021-00349-x>
- Andersson, C., Mellner, C., Lilliengren, P., Einhorn, S., Bergsten, K. L., Stenström, E., & Osika, W. (2022). Cultivating compassion and reducing stress and mental ill-health in employees: A randomized controlled study. *Frontiers in Psychology*, 12, 1–11. <https://doi.org/10.3389/fpsyg.2021.748140>
- Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). Matthew Bender.
- Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, 17(1), 19-52. <http://doi.org/10.1177/0093854890017001004>
- Andreychik, M. R., & Migliaccio, N. (2015). Empathizing with others' pain versus empathizing with others' joy: Examining the separability of positive and negative empathy and their relation to different types of social behaviors and social emotions. *Basic and Applied Social Psychology*, 37(5), 274–291. <https://doi.org/10.1080/01973533.2015.1071256>
- April, K., Schrader, S. W., Walker, T. E., Francis, R. M., Glynn, H., & Gordon, D. M. (2023). Conceptualizing juvenile justice reform: Integrating the public health, social ecological, and restorative justice models. *Children And Youth Services Review*, 148, 106887. <https://doi.org/10.1016/j.childyouth.2023.106887>
- ATLAS.ti Scientific Software Development GmbH. (2024). ATLAS.ti (version 7.5.18) [Computer software]. <https://atlasti.com/>
- Audin, K., Burke, J., & Ivtzan, I. (2018). Compassion fatigue, compassion satisfaction and work engagement in residential childcare. *The Scottish Journal of Residential Child Care*, 17(3), 5-27. <https://repository.uel.ac.uk/item/846y9>
- Arnold, D., Calhoun, L. G., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology*, 45(2), 239–263. <https://doi.org/10.1177/0022167805274729>
- Babenko, O., Mosewich, A. D., Lee, A. & Koppula, S. (2019). Association of physicians' self-compassion with work engagement, exhaustion, and professional life satisfaction. *Medical Sciences*, 7(2), 29. <https://doi-org/10.3390/medsci702>

- Bae, J., Jennings, P. F., Hardeman, C.P., Kim, E., Lee, M., Littleton, T., & Saasa, S. (2020). Compassion satisfaction among social work practitioners: The role of work–life balance. *Journal of Social Service Research*, 46(3), 320–330.
<https://doi.org/10.1080/01488376.2019.1566195>
- Baglivio, M. T., Epps, N., Swartz, K., Sayedul, M. Sheer, A. & Hardt, N. S. (2014). The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders. *Journal of Juvenile Justice*, 3(2), 1–23.
<http://www.journalofjuvjustice.org/JOJJ0302/article01.htm>
- Bahari, G., Asiri, K., Nouh, N. & Alqahtani, N. (2022). Professional quality of life among nurses: Compassion satisfaction, burnout, and secondary traumatic stress: A multisite study. *SAGE Open Nursing*, 8, 1-8. <https://doi.org/10.1177/23779608221112329>
- Balinbin, C. B. V., Balatbat, K. T. R., Balayan, A. N. B., Balcueva, M. I. C., Balicat, M. G. B., Balidoy, T. A. S., Macindo, J. R. B., & Torres, G. C. S. (2020). Occupational determinants of compassion satisfaction and compassion fatigue among Filipino registered nurses. *Journal of Clinical Nursing (John Wiley & Sons, Inc.)*, 29(5/6), 955–963. <https://doi-org/10.1111/jocn.15163>
- Baqeas, M. H., Davis, J., & Copnell, B. (2021). Compassion fatigue and compassion satisfaction among palliative care health providers: a scoping review. *BMC Palliative Care*, 20(88), 1 - 13. <https://doi-org/10.1186/s12904-021-00784-5>
- Barthauer, L., Kaucher, P., Spurk, D., & Kauffeld, S. (2020). Burnout and career (un)sustainability: Looking into the blackbox of burnout triggered career turnover intentions. *Journal of Vocational Behavior*, 117, 103334. <https://doi-org/10.1016/j.jvb.2019.103334>
- Beaudry, G., Yu, R., Långström, N., & Fazel, S. (2021). An updated systematic review and meta-regression analysis: Mental disorders among adolescents in juvenile detention and correctional facilities. *Journal of the American Academy of Child & Adolescent Psychiatry*, 60(1), 46-60. <https://doi.org/10.1016/j.jaac.2020.01.015>
- Bell, S., Hopkin, G., & Forrester, A. (2019). Exposure to traumatic events and the experience of burnout, compassion fatigue and compassion satisfaction among prison mental health staff: An exploratory survey. *Issues in Mental Health Nursing*, 40(4), 304–309.
<https://doi.org/10.1080/01612840.2018.1534911>

- Beyer, C. (2004). Edmund Husserl. In E. N. Zalta (Ed.), *The Stanford encyclopedia of philosophy*. <https://plato.stanford.edu/archives/fall2004/entries/husserl/>
- Block, E. S., & Erskine, L. (2012). Interviewing by telephone: Specific considerations, opportunities, and challenges. *International Journal of Qualitative Methods*, 11(4), 428-445. <https://doi-org/10.1177/160940691201100409>
- Boellinghaus, I., Jones, F. W., & Hutton, J. (2014). The role of mindfulness and loving-kindness meditation in cultivating self-compassion and other-focused concern in health care professionals. *Mindfulness*, 5(2), 129–138. <https://doi.org/10.1007/s12671-012-0158-6>
- Bohart, A. C., Elliot, R., Greenberg, L. S., & Watson, J. C. (2002). Empathy. In J. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 89–108). Oxford University Press.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, 16(3), 252-260. <https://doi.org/10.1037/h0085885>
- Brach, T. (2003). *Radical acceptance: Embracing your life with the heart of a Buddha*. Bantam Books.
- Branson, C. E., Baetz, C. L., Horwitz, S. M., & Hoagwood, K. E. (2017). Trauma-informed juvenile justice systems: A systematic review of definitions and core components. *Psychological Trauma*, 9(6), 635-646. <https://doi.org/10.1037/tra0000255>
- Bride, B. E., Radey, M., & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, 35(3), 155– 163. <https://doi.org/10.1007/s10615-007-0091-7>
- Brief, A. P., & Weiss, H. M. (2002). Organizational behavior: Affect in the workplace. *Annual Review Psychology*, 53, 279-307. <https://doi.org/10.1146/annurev.psych.53.100901.135156>
- Brown, J., Holloway, E., Akakpo, T., & Aalsma, M. (2014). “Straight up”: Enhancing rapport and therapeutic alliance with previously-detained youth in the delivery of mental health services. *Community Mental Health Journal*, 50(2), 193–203. <https://doi-org/10.1007/s10597-013-9617-3>
- Buceta, M. I., Bermejo, J. C., & Villaceros, M. (2019). Enhancer elements of compassion satisfaction in healthcare professionals. *Anales de Psicología*, 35(2), 323-331. <https://doi-org/10.6018/analesps.35.2.345101>

- Burnett, H. J., Jr., & Wahl, K. (2015). The compassion fatigue and resilience connection: A survey of resilience, compassion fatigue, burnout, and compassion satisfaction among trauma responders. *International Journal of Emergency Mental Health and Human Resilience*, 17(1), 318–326. <https://doi.org/10.4172/1522-4821.1000165>
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada (2022). Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2022.html
- Canadian Psychological Association. (2017). *Canadian code of ethics for psychologists* (4th ed.). Author.
- Cao, X., & Chen, L. (2021). Relationships between resilience, empathy, compassion fatigue, work engagement and turnover intention in haemodialysis nurses: A cross-sectional study. *Journal of Nursing Management*, 29(5), 1054–1063. <https://doi.org/10.1111/jonm.1324>
- Carmel, M. J. S., & Friedlander, M. L. (2009). The relation of secondary traumatization to therapists' perceptions of the working alliance with clients who commit sexual abuse. *Journal of Counseling Psychology*, 56(3), 461–467. <https://doi.org/10.1037/a0015422>
- Carrington, P. J. (2013). Trends in the seriousness of youth crime in Canada, 1984–2011. *Canadian Journal of Criminology and Criminal Justice*, 55(2), 293–314. <https://doi.org/10.3138/cjccj.2012.E25>
- Cavanagh, N., Cockett, G., Heinrich, C., Doig, L., Fiest, K., Guichon, J. R., Page, S., Mitchell, I., & Doig, C. J. (2020). Compassion fatigue in healthcare providers: A systematic review and meta-analysis. *Nursing Ethics*, 27(3), 639–665. <https://doi.org/10.1177/0969733019889400>
- Cetrano, G., Tedeschi, F., Rabbi, L., Gosetti, G., Lora, A., Lamonaca, D., Manthorpe, J. & Amaddeo, F. (2017). How are compassion fatigue, burnout, and compassion satisfaction affected by quality of working life? Findings from a survey of mental health staff in Italy. *BMC Health Services Research*, 17(1), 1–11. <https://doi.org/10.1186/s12913-017-2726-x>
- Charak, R., Ford, J. D., Modrowski, C. A. & Kerig, P. K. (2019). Polyvictimization, emotion dysregulation, symptoms of posttraumatic stress disorder, and behavioral health problems

- among justice-involved youth: A latent class analysis. *Journal of Abnormal Child Psychology*, 47(2), 287-298. <https://doi.org/10.1007/s10802-018-0431-9>
- Chassman, L., Kottler, J., & Madison, J. (2010). An exploration of counselor experiences of adolescents with sexual behaviour problems. *Journal of Counseling and Development*, 88(3), 269–276. <https://doi.org/10.1002/j.1556-6678.2010.tb00022.x>
- Chitsabesan, P., & Bailey, S. (2006). Mental health, educational and social needs of young offenders in custody and in the community. *Current Opinion in Psychiatry*, 19(4), 355-360. <https://doi.org/10.1097/01.yco.0000228753.87613.01>
- Christiansen, A., O'Brien, M. R., Kirton, J. A., Zubairu, K., & Bray, L. (2015). Delivering compassionate care: The enablers and barriers. *British Journal of Nursing*, 24(16), 833-837. <https://doi.org/10.12968/bjon.2015.24.16.833>
- Cicognani, E., Pietrantonio, L., Palestini, L., & Prati, G. (2009). Emergency workers' quality of life: The protective role of sense of community, efficacy beliefs and coping strategies. *Social Indicators Research*, 94(3), 449–463. <https://doi-org/10.1007/s11205-009-9441-x>
- Collins, S. (2014). *Exploring psychologists' attachment style, compassion fatigue and satisfaction, and use of self-care within forensic settings*. [Unpublished doctoral dissertation]. Department of Clinical Psychology, University of Hertfordshire
- Collins, S., & Long, A. (2003). Too tired to care? The psychological effects of working with trauma. *Journal of Psychiatric & Mental Health Nursing*, 10(1), 17–27. <https://doi.org/10.1046/j.1365-2850.2003.00526.x>
- Conger, D., & Ross, T. (2006). Project Confirm: An outcome evaluation of a program for children in the child welfare and juvenile justice systems. *Youth Violence and Juvenile Justice*, 4(1), 97–115. <https://doi.org/10.1177/1541204005282314>
- Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse & Neglect*, 30(10), 1071-1080. <https://doi.org/10.1016/j.chiabu.2006.03.009>
- Corrigan, J. P., Browne, D., Gilsenan, J., & Irons, C. (2024). Evaluating a brief online compassion-focused intervention for intensive care nurses. *Nursing in Critical Care*, 29(2), 303–306. <https://doi-org/10.1111/nicc.12860>

- Craig, C. D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress & Coping*, 23(3), 319–339. <https://doi.org/10.1080/10615800903085818>
- Craske, M. G. (2017). *Cognitive-behavioral therapy* (2nd ed.). American Psychological Association. <https://doi.org/10.1037/0000027-000>
- Creaney, S. (2015). Still working with “Involuntary clients” in youth justice. *British Journal of Community Justice*, 13(1), 41-53. <https://doi.org/10.1007/s11274-015-1903-5>
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Sage.
- Cummings, C., Singer, J., Hisaka, R., & Benuto, L. T. (2021). Compassion satisfaction to combat work-related burnout, vicarious trauma, and secondary traumatic stress. *Journal of Interpersonal Violence*, 36 (9–10), 304-319. <https://doi.org/10.1177/0886260518799502>
- Davies, L. E., Brooks, M., & Braithwaite, E. C. (2023). Compassion fatigue, compassion satisfaction, and burnout, and their associations with anxiety and depression in UK police officers: A mixed method analysis. *The Police Journal: Theory, Practice and Principles*, 96(3), 509-529. <https://doi.org/10.1177/0032258X221106107>
- De Figueiredo, S., Yetwin, A., Sherer, S., Radzik, M., & Iverson, E. (2014). A cross-disciplinary comparison of perceptions of compassion fatigue and satisfaction among service providers of highly traumatized children and adolescents. *Traumatology*, 20(4), 286-295. <https://doi.org/10.1037/h0099833>
- Dean, C., & Barnett, G. (2011). The personal impact of delivering a one-to-one treatment programme with high-risk sexual offenders: Therapists’ experiences. *Journal of Sexual Aggression*, 17(3), 304-319. <https://doi.org/10.1080/13552600.2010.506577>
- Debesay, J., Nåden, D. & Slettebø, Å. (2008). How do you close the hermeneutic circle? A Gadamerian approach to justification in interpretation in qualitative studies. *Nursing Inquiry*, 15(1), 57-66. <https://doi.org/10.1111/j.1440-1800.2008.00390.x>
- DePanfilis, D. (2008). Compassion fatigue, burnout, and compassion satisfaction: Implications for retention of workers. *Child Abuse and Neglect*, 30(10), 1067–1069. <https://doi.org/10.1016/j.chiabu.2006.08.002>

- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125(2), 276–302.
<https://doi.org/10.1037/0033-2909.125.2.276>
- Dierkhising, C. B., Ko, S. J., Woods-Jaeger, B., Briggs, E. C., Lee, R. & Pynoos, R. S. (2013). Trauma histories among justice-involved youth: Findings from the National Child Traumatic Stress Network. *European Journal of Psychotraumatology*, 4(1), 20274.
<https://doi.org/10.3402/ejpt.v4i0.20274>
- de Waal, F. (2010). *The age of empathy: Nature's lessons for a kinder society*. Random House.
<https://doi.org/10.1007/s10465-010-9096-9>
- Dik, B. J., & Duffy, R. D. (2012). *Make your job a calling: How the psychology of vocation can change your life at work*. Templeton Press.
- Dik, B. J., Eldridge, B. M., & Duffy, R. D. (2009). Calling and vocation in career counseling: Recommendations for promoting meaningful work. *Professional Psychology: Research and Practice*, 40(6), 625-632. <https://doi-org10.1037/a00155>
- Dragan, T., & Sondaitè, J. (2023). The therapeutic relationship from a different perspective: A psychotherapist's learning from a client. *Existential Analysis: Journal of The Society for Existential Analysis*, 34(1), 314-329.
- Duarte, J., & Pinto-Gouveia, J. (2017). Empathy and feelings of guilt experienced by nurses: A cross-sectional study of their role in burnout and compassion fatigue symptoms. *Applied Nursing Research*, 35, 42–47. <https://doi-org/10.1016/j.apnr.2017.02.006>
- Duarte, J., Pinto-Gouveia, J., & Cruz, B. (2016). Relationships between nurses' empathy, self-compassion and dimensions of professional quality of life: A cross-sectional study. *International Journal of Nursing Studies*, 60, 1–11.
<https://doi.org/10.1016/j.ijnurstu.2016.02.015>
- Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble M. A. (Eds). (2010). *The heart and soul of change: Delivering what works in therapy* (2nd ed.). American Psychological Association.
- Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. *Psychotherapy*, 48(1), 43-49. <https://doi.org/10.1037/a0022187>

- Evans-Chase, M. (2014). Addressing trauma and psychosocial development in juvenile justice-involved youth: A synthesis of the developmental neuroscience, juvenile justice and trauma literature, *Laws*, 3(4), 744-758. <https://doi.org/10.3390/laws3040744>
- Fairchild, G., van Goozen, S. H., Stollery, S. J., Aitken, M. R., Savage, J., Moore, S. C., & Goodyer, I. M. (2009). Decision making and executive function in male adolescents with early-onset or adolescence-onset conduct disorder and control subjects. *Biological Psychiatry*, 66(2), 162–168. <https://dx.doi.org/10.1016/j.biopsych.2009.02.024>
- Ferrito, M., Needs, A., & Adshead, G. (2017). Unveiling the shadows of meaning: Meaning-making for perpetrators of homicide. *Aggression and Violent Behavior*, 34, 263–272. <https://doi.org/10.1016/j.avb.2016.11.009>
- Farrenkopf, T. (1992). What happens to therapists who work with sex offenders? *Journal of Offender Rehabilitation*, 18(3-4), 217–223. https://doi.org/10.1300/j076v18n03_16
- Farrington, D., Rolf, L. & Howell, J. (2012). Young adult offenders: The need for more effective legislative options and justice processing. *Criminology & Public Policy*, 11(4), 727-728. <https://doi.org/10.1111/j.1745-9133.2012.00838.x>
- Ferrell, S. W., Morgan, R. D., & Winterowd, C. L. (2000). Job satisfaction of mental health professionals providing group therapy in state correctional facilities. *International Journal of Offender Therapy and Comparative Criminology*, 44(2), 232–241. <https://doi.org/10.1177/0306624X00442008>
- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner-Routledge.
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology*, 58(11), 1433– 1441. <https://dx.doi.org/10.1002/jclp.10090>
- Figley, C. R., & Stamm, B. H. (1996). Psychometric review of the Compassion Fatigue Self Test. In B. H. Stamm (Ed.), *Measurement of stress, trauma, & adaptation* (pp. 127-130). Sidran Press
- Finn, P. (2001). Addressing correctional officer stress: Programs and strategies. *Corrections Forum*, 10(5), 14-22. <https://doi.org/10.1037/e507462006-001>
- Fox, B. H., Perez, N., Cass, E., Baglivio, M. T., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent

- and chronic juvenile offenders. *Child Abuse & Neglect*, 46, 163-173.
<https://doi.org/10.1016/j.chiabu.2015.01.011>
- Fredrickson, B. L. (2004). The broaden-and-build theory of positive emotions. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 359, 1367–1378.
<https://doi.org/10.1098/rstb.2004.1512>
- Frost, L., & Scott, H. (2022). What is known about the secondary traumatization of staff working with offending populations? A review of the literature. *Traumatology*, 28(1), 56-73.
<https://doi.org/10.1037/trm0000268>
- Gadamer, H. G. (2004). *Truth and method*. (J. Weinsheimer & D. G. Marshall, Trans.). Continuum. (Original work published in 1960).
- Gannon, T. A., & Ward, T. (2014). Where has all the psychology gone? A critical review of evidence-based psychological practice in correctional settings. *Aggression and Violent Behavior*, 19(4), 435-446. <https://doi.org/10.1016/j.avb.2014.06.006>
- Geller, A., Garfinkel, I., Cooper, C. E., & Mincy, R. B. (2009). Parental incarceration and child well-being: Implications for urban families. *Social Science Quarterly*, 90(5), 1186–1202.
<https://doi.org/10.1111/j.1540-6237.2009.00653.x>
- Geoffrion, S., Lamothe, J., Morizot, J., & Giguère, C. E. (2019). Construct validity of the Professional Quality of Life (ProQOL) scale in a sample of child protection workers, *Journal of Traumatic Stress*, 32(4), 566-576. <https://dx.doi.org/10.1002/jts.22410>
- Gerdes, K. E., & Segal, E. (2011). Importance of empathy for social work practice: Integrating new science. *Social Work*, 56(2), 141–148. <https://doi.org/10.1093/sw/56.2.141>
- Gerdes, K. E., Lietz, C. A., & Segal, E. A. (2011). Measuring empathy in the 21st century: Development of an empathy index rooted in social cognitive neuroscience and social justice. *Social Work Research*, 35(2), 83–93. <https://doi.org/10.1093/swr/35.2.83>
- Germer, C. & Neff, K. D. (2019). Mindful self-compassion (MSC). In I. Itzvan (Ed.) *The handbook of mindfulness-based programs: Every established intervention, from medicine to education* (pp. 357-367). Routledge.
- Gibbons, S., Murphy, D., & Joseph, S. (2011). Countertransference and positive growth in social workers. *Journal of Social Work Practice*, 25(1), 17-30.
<https://dx.doi.org/10.1080/02650530903579246>

- Gibbons, S. B. (2011). Understanding empathy as a complex construct: A review of the literature. *Clinical Social Work Journal*, 39(3), 243–252. <https://doi.org/10.1007/s10615-010-0305-2>
- Gilbert, P., & Choden. (2014). *Mindful compassion: How the science of compassion can help you understand your emotions, live in the present, and connect deeply with others*. New Harbinger Publications.
- Gilbert, P. (2009). *The compassionate mind*. Constable & Robinson.
- Gilbert, P. (2010). *Compassion focused therapy: The CBT distinctive features series*. Routledge.
- Gilbert, P., McEwan, K., Matos, M. & Ravis, A. (2011). Fears of compassion: Development of three self-report measures, *Psychology and Psychotherapy: Theory, Research and Practice*, 84(3), 239-255. <https://doi.org/10.1348/147608310x526511>
- Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, 53(1), 6-41. <https://doi.org/10.1111/bjc.12043>
- Gilbert, P. (2017). *Human Nature and Suffering* (Classic Edition). Routledge.
- Giorgi, A. (1970). *Psychology as a human science: A phenomenologically based approach*. Harper & Row.
- Gomes, G. P., Ribeiro, N., & Gomes, D. R. (2022). The impact of burnout on police officers' performance and turnover intention: The moderating role of compassion satisfaction, *Administrative Sciences*, 12(92), 1-18. <https://doi.org/10.3390/admsci12030092>
- Gould, D. D., Watson, S. L., Price, S. R., & Valliant, P. M. (2013). The relationship between burnout and coping in adult and young offender center correctional officers: An exploratory investigation. *Psychological Services*, 10(1), 37–47. <https://doi.org/10.1037/a0029655>
- Gracia-Gracia, P., & Oliván-Blázquez, B. (2017). Burnout and mindfulness self-compassion in nurses of intensive care units. *Holistic Nursing Practice*, 31(4), 225–233. <https://doi.org/10.1097/HNP.0000000000000215>
- Grisso, T. (2008). Adolescent offenders with mental disorders. *The Future of Children*, 18(2), 143-164. <https://doi.org/10.1353/foc.0.0016>
- Haight, W., Bidwell, L., Choi, W. S., & Cho, M. (2016). An evaluation of the Crossover Youth Practice Model (CYPM): Recidivism outcomes for maltreated youth involved in the

- juvenile justice system. *Children and Youth Services Review*, 65, 78–85.
<https://doi.org/10.1016/j.childyouth.2016.03.025>
- Haqanee, Z., Peterson-Badali, M. & Skilling, T. (2015). Making “what works” work: Examining probation officers’ experiences addressing the criminogenic needs of juvenile offenders. *Journal of Offender Rehabilitation*, 54(1), 37-59.
<https://doi.org/10.1080/10509674.2014.980485>
- Harr, C. (2013). Promoting workplace health by diminishing the negative impact of compassion fatigue and increasing compassion satisfaction. *Social Work & Christianity*, 40(1), 71-88.
- Harris, D. M., Happell, B., & Manias, E. (2015). Working with people who have killed: The experience and attitudes of forensic mental health clinicians working with forensic patients. *International Journal of Mental Health Nursing*, 24(2), 130-138.
<https://doi.org/10.1111/inm.12113>
- Harrison, R. L. & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy Theory, Research, Practice, Training*, 46(2), 203-219. <https://doi.org/10.1037/a0016081>
- Hatcher, R., & Noakes, S. (2010). Working with sex offenders: The impact on Australian treatment providers. *Psychology, Crime & Law*, 16(1-2), 145-167.
<https://doi.org/10.1080/10683160802622030>
- Hayes, S. C., & Smith, S. X. (2005). *Get out of your mind & into your life: The new acceptance & commitment therapy*. New Harbinger Publications.
- Hayes, S. C., Strosahl, K., & Wilson, K. G. (2011). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd edition). Guilford Press.
- Heidegger, M. (1962). *Being and time* (J, Macquarrie & E, Robinson, Trans). Blackwell Publishers Ltd. (Original work published 1927).
- Hemsworth, D., Baregheh, A., Aoun, S., & Kazanjian, A. (2018). A critical enquiry into the psychometric properties of the Professional Quality of Life scale (ProQOL-5) instrument. *Applied Nursing Research*, 39, 81– 88.
<https://doi.org/10.1016/j.apnr.2017.09.006>
- Hernández, P., Engstrom, D., & Gangsei, D. (2010). Exploring the impact of trauma on therapists: Vicarious resilience and related concepts in training. *Journal of Systemic Therapies*, 29(1), 67–83. <https://dx.doi.org/10.1521/jsyt.2010.29.1.67>

- Hill, C. E., Kanazawa, Y., Knox, S., Schauerman, I., Loureiro, D., James, D., & Moore, J. (2017). Meaning in life in psychotherapy: The perspective of experienced therapists. *Psychotherapy Research*, 27(4), 381-396.
<https://doi.org/10.1080/10503307.2015.1110636>
- Hinderer, K. A., VonRueden, K.T., Friedmann, E., McQuillan, K. A., Gilmore, R., Kramer, B., & Murray, M. (2014). Burnout, compassion fatigue, compassion satisfaction, and secondary traumatic stress in trauma nurses. *Journal of Trauma Nursing*, 21(4), 160–169.
<https://doi.org/10.1097/JTN.0000000000000055>
- Hofmeyer, A., Kennedy, K. & Taylor, R. (2020). Contesting the term ‘compassion fatigue’: Integrating findings from social neuroscience and self-care research. *Collegian*, 27(2), 232-237. <https://doi.org/10.1016/j.colegn.2019.07.001>
- Holt, A. (2010). Using the telephone for narrative interviewing: A research note. *Qualitative Research*, 10(1), 113–121. <https://doi.org/10.1177/0034355214537383>
- Horvath, A. O., Del Re, A. C., Flückiger, C. & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48(1), 9-16. <https://doi.org/10.1037/a0022186>
- Hotchkiss, J. T. (2018). Mindful self-care and secondary traumatic stress mediate a relationship between compassion satisfaction and burnout risk among hospice care professionals. *American Journal of Hospice & Palliative Medicine*, 35(8), 1099-1108.
<https://doi.org/10.117711/1049909118756657>
- Hotchkiss, J. T. & Wong, M. Y. C. (2022). Factorial structure of the ProQOL – systematic meta-analysis and integration of 27 international factor analysis studies. *Trends in Psychology*, 1-32. <https://doi.org/10.1007/s43076-022-00184-5>
- Hunsaker, S., Chen, H. C., Maughan, D., & Heaston, S. (2015). Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *Journal of Nursing Scholarship*, 47(2), 186–194.
<https://doi.org/10.1111/jnu.12122>
- Hunt, P., Denieffe, S. & Gooney, M. (2019). Running on empathy: Relationship of empathy to compassion satisfaction and compassion fatigue in cancer care professionals. *European Journal of Cancer Care*, 28(e13124), 1-8. <https://doi.org/10.1111/ecc.13124>

- Hunter, S. (2012). Walking in sacred spaces in the therapeutic bond: Therapists' experiences of compassion satisfaction coupled with the potential for vicarious traumatization. *Family Process*, 51(2), 179-192. <https://doi.org/10.1111/j.1545-5300.2012.01393.x>
- Husserl, E. (1983). *Ideas: General introduction to pure phenomenology* (F. Kersten, Trans.). Martinus Nijhoff Publishers. (Original work published 1913).
- Irvine, A., Drew, P., & Sainsbury, R. (2013). "Am I not answering your questions properly?" Clarification, adequacy and responsiveness in semi-structured telephone and face-to-face interviews. *Qualitative Research*, 13(1), 87-106-106. <https://doi.org/10.1177/1468794112439086>
- Itzick, M., Kagan, M., & Ben-Ezra, M. (2018). Social worker characteristics associated with perceived meaning in life. *Journal of Social Work*, 18(3), 326-347. <https://doi.org/10.1177/1468017316654345>
- Jeon, L., Kwon, K., & Choi, J. (2018). Family childcare providers' responsiveness toward children: The role of professional support and perceived stress. *Children and Youth Services Review*, 94, 500-510. <https://doi.org/10.1016/j.childyouth.2018.08.023>
- Jiang, C., & Jiang, S. (2024). Compassion fatigue and compassion satisfaction: The underlying mechanisms between work-related violence exposure and turnover intention in the social work setting. *Human Service Organizations Management Leadership & Governance*, 1 - 12. <https://doi-org/10.1080/23303131.2024.2304892>
- Joinson, C. (1992). Coping with compassion fatigue. *Nursing*, 116(4), 118-119. <https://doi.org/10.1097/00152193-199204000-00035>
- Kadambi, M. A. & Truscott, D. (2003). Vicarious traumatization and burnout among therapists working with sex offenders. *Traumatology*, 9(4), 216-230. <https://doi.org/10.1177/153476560300900404>
- Kadambi, M. & Truscott, D. (2006). Concept mapping professionals' perceptions of reward and motivate in providing sex offender treatment. *Journal of Offender Rehabilitation*, 42(4), 37-58. https://doi.org/10.1300/J076v42n04_03
- Kerig, P. K., & Becker, S. P. (2012). Trauma and girls' delinquency. In S. Miller, L. Leve, & P. K. Kerig (Eds.), *Delinquent girls: Context, relationships, and adaptation* (pp. 119-143). Springer. https://doi.org/10.1007/978-1-4614-0416-6_8

- Kerig, P. K., & Becker, S. P. (2015). Early abuse and neglect as risk factors for the development of criminal and antisocial behavior. In J. Morizot and L. Kazemian (Eds.), *The development of criminal and antisocial behaviour* (pp. 181-199). Springer.
- Kernes, J. L., & Kinnier, R. T. (2008). Meaning in psychologists' personal and professional lives. *Journal of Humanistic Psychology*, 48(2), 196–220.
<https://doi.org/10.1177/0022167807300204>
- Keyes, J., Yankouskaya, A., & Panourgia, C. (2023). Self-compassion, coping strategies and gender differences in psychology, counselling and psychotherapy practitioners during COVID-19: Lessons learnt. *Counselling and Psychotherapy Research*, 23(4), 1052–1062–1062. <https://doi-org/10.1002/capr>
- Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors, *Traumatology*, 14(2), 32–44.
<https://doi.org/10.1177/1534765608319083>
- Killian, K., Hernandez-Wolfe, P., Engstrom, D., Gangsei, D. (2017). Development of the vicarious resilience scale (VRS): A measure of positive effects working with trauma survivors. *Psychological Trauma: Theory, Research, and Policy*, 9(1), 23-31.
<https://dx.doi.org/10.1037/tra0000199>
- Kind, N., Schmid, M., Eckert, A., Steinlin, C., & Fegert, J. M. (2018). Verbal and physical client aggression – A longitudinal analysis of professional caregivers' psychophysiological stress response and burnout. *Psychoneuroendocrinology*, 94, 11-16–16.
<https://doi.org/10.1016/j.psyneuen.2018.05.001>
- Klimecki, O. M. (2015). The plasticity of social emotions. *Social Neuroscience*, 10(5), 466–473.
<https://doi.org/10.1080/17470919.2015.1087427>
- Klimecki, O., & Singer, T. (2012). Empathic distress fatigue rather than compassion fatigue? Integrating findings from empathy research in psychology and social neuroscience. In B. K. Oakley, A. Knafo, G. Madhavan, & D. S. Wilson (Eds.), *Pathological altruism* (pp. 368–383). Oxford University Press.
- Klimecki, O. M., Leiberg, S., Lamm, C., & Singer, T. (2013). Functional neural plasticity and associated changes in positive affect after compassion training. *Cerebral Cortex*, 23(7), 1552–1561. <https://doi.org/10.1093/cercor/bhs142>

- Klimecki, O. M., Leiberg, S., Ricard, M., & Singer, T. (2014). Differential pattern of functional brain plasticity after compassion and empathy training. *Social Cognitive and Affective Neuroscience*, 9(6), 873–879. <https://doi.org/10.1093/scan/nst060>
- Klinoff, V. R., Van Hasselt, V. B., Black, R. A., Masias, E. A. & Couwels. J. (2018). The assessment of burnout in correctional officers. *Criminal Justice and Behavior*, 45(8), 1213–1233. <https://doi.org/10.10197378/0504983815847871877189719>
- Kraus, V. I. (2005). Relationship between self-care and compassion satisfaction, compassion fatigue, and burnout among mental health professionals working with adolescent sex offenders. *Counseling and Clinical Psychology Journal*, 2(2), 81-88.
- Lakioti, A., Pezirkianidis, C., & Stalikas, A. (2020). The role of personal, professional, and psychological factors in therapists' resilience. *Professional Psychology: Research and Practice*, 51(6), 560–570. <https://doi-org/10.1037/pro0000306>
- Lambert, M. J. & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy Theory Research and Practice*, 38(4), 357-361. <https://doi.org/10.1037/0033-3204.38.4.357>
- Lambert, E. G., Hogan, N. L., & Altheimer, I. (2010a). An exploratory examination of the consequences of burnout in terms of life satisfaction, turnover intent, and absenteeism among private correctional staff. *The Prison Journal*, 90(1), 94–114. <https://doi.org/10.1177/0032885509357586>
- Lambert, E. G., Hogan, N. L., Barton-Bellessa, S. M., & Jiang, S. (2012). Examining the relationship between supervisor and management trust and job burnout among correctional staff. *Criminal Justice and Behavior*, 39(7), 938–957. <https://doi.org/10.1177/0093854812439192>
- Lambert, E. G., Hogan, N. L., Griffin, M. L., & Kelley, T. (2015). The correctional staff burnout literature. *Criminal Justice Studies*, 28(4), 397-443. <https://dx.doi.org/10.1080/1478601X.2015.1065830>
- Lambert, E. G., Hogan, N. L., & Jiang, S. (2010b). A preliminary examination of the relationship between organisational structure and emotional burnout among correctional staff. *The Howard Journal of Criminal Justice*, 49(2), 125–146. <https://doi.org/10.1111/j.1468-2311.2010.00606.x>

- Lambert, E., Hogan, N., Paoline, E., & Baker, D. (2005). The good life: The impact of job satisfaction and occupational stressors on correctional staff life satisfaction—An exploratory study. *Journal of Crime & Justice*, 18, 1-26.
<https://doi.org/10.1080/0735648x.2005.9721636>
- Lambert, E. G., & Paoline, I. E. A. (2008). The influence of individual, job, and organizational characteristics on correctional staff job stress, job satisfaction, and organizational commitment. *Criminal Justice Review (Sage Publications)*, 33(4), 541–564. <https://doi-org/10.1177/0734016808320694>
- Lambert, E. G., Qureshi, H., & Frank, J. (2021). The good life: Exploring the effects job stress, job involvement, job satisfaction, and organizational commitment on the life satisfaction of police officers. *International Journal of Police Science and Management*, 23(3), 279-292–292. <https://doi-org/10.1177/14613557211016494>
- Larson, E., & Yao, X. (2005). Clinical empathy as emotional labor in the patient- physician relationship. *Journal of the American Medical Association*, 293(9), 1100- 1106.
<https://doi.org/10.1001/jama.293.9.1100>
- Lauritsen, J. L., & Laub, J. H. (2007). Understanding the link between victimisation and offending: New reflections on an old idea. In Hough, M. & Maxfield, M. (Eds.), *Surveying Crime in the 21st Century: Commemorating the 25th Anniversary of the British Crime Survey* (pp. 55-75). Willan Publishing.
- Laverdière, O., Ogrodniczuk, J. S., & Kealy, D. (2019). Clinicians' empathy and professional quality of life. *The Journal of Nervous and Mental Disease*, 207(2), 49–52
<https://doi.org/10.1097/NMD.0000000000000927>
- Lazăr, F., Gaba, D., Munch, S., Luca, A., Mihai, A., Rentea, G. C., & Popa, M. (2023). The ProQol-20, a restructured version of the professional quality of life scale (ProQOL). *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*, 42(17), 14724–14735. <https://doi.org/10.1007/s12144-022-02755-2>
- Leach, M. J. (2005). Rapport: A key to treatment success. *Complementary Therapies in Clinical Practice*, 11(4), 262-265. <https://doi.org/10.1016/j.ctcp.2005.05.005>
- Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology:

- Promoting methodological integrity. *Qualitative Psychology*, 4(1), 2-22-22. <https://doi.org/10.1037/qup0000082>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Sage. [https://doi.org/10.1016/0147-1767\(85\)90062-8](https://doi.org/10.1016/0147-1767(85)90062-8)
- Ling, J., Hunter, S. V., & Maple, M. (2014). Navigating the challenges of trauma counselling: How counsellors thrive and sustain their engagement. *Australian Social Work*, 67(2), 297-310. <http://dx.doi.org/10.1080/0312407X.2013.837188>
- Lown, B. A. (2014). Seven guiding commitments: Making U.S. healthcare system more compassionate. *Journal of Patient Experience*, 1(2), 6-15. <https://doi.org/10.1177/237437431400100203>
- Lown, B. A., Rosen, J., & Marttila, J. (2011). An agenda for improving compassionate care: A survey shows about half of patients say such care is missing. *Health Affairs*, 30(9), 1772-1778. <https://doi.org/10.1377/hlthaff.2011.0539>
- Luna, B., & Wright, C. (2016). Adolescent brain development: Implications for the juvenile criminal justice system. In K. Heilburn (Ed). *APA Handbook of Psychology and Juvenile Justice*, K. (pp. 91-116). American Psychological Association. <http://dx.doi.org/10.1037/14643-005>
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychological Review*, 32(6), 545-552. <https://doi.org/10.1016/j.cpr.2012.06.003>
- Magaletta, P. R., Cermak, J. N., Anderson, E. J., Norcross, C. M., Olive, B., Shaw, S. A., & Butterfield, P. (2016). Exploratory study of experiences and training needs of early correctional psychologists. *Professional Psychology: Research and Practice*, 47(4), 278-286. <http://dx.doi.org/10.1037/pro0000075>
- Malakieh, J. (2017). Youth correctional statistics in Canada, 2015/2016. *Statistics Canada*. <https://www.statcan.gc.ca/pub/85-002-x/2017001/article/14702-eng.htm>
- Malakieh, J. (2019). Adult and youth correctional statistics in Canada, 2017/2018. *Statistics Canada*. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00010-eng.htm>
- Malkina-Pykh, I. G. (2017). Associations of burnout, secondary traumatic stress and individual differences among correctional psychologists. *Journal of Forensic Science and Research*, 1(1), 18-34. <https://doi.org/10.29328/journal.jfsr.1001003>

- Manning-Jones, S., de Terte, I., & Stephens, C. V. (2015). Vicarious posttraumatic growth: A systematic literature review. *International Journal of Wellbeing*, 5(2), 125–139.
<https://dx.doi.org/10.5502/ijw.v5i2.8>
- Maratos, F. A., Montague, J., Ashra, H., Welford, M., Wood, W., Barnes, C., Sheffield, D., & Gilbert, P. (2019). Evaluation of a compassionate mind training intervention with school teachers and support staff. *Mindfulness*, 10(11), 2245–2258.
<https://doi.org/10.1007/s12671-019-01185-9>
- Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.). Sage.
<https://doi.org/10.29173/cjs25398>
- Marshall, W. L., Serran, G. A., Fernandez, H. M., Mulloy, R., Mann, R. E., & Thornton, D. (2003). Therapist characteristics in the treatment of sexual offenders: Tentative data on their relationship with indices of behavior change. *Journal of Sexual Aggression*, 9(1), 25–30. <https://dx.doi.org/10.1080/355260031000137940>
- Martin, U., & Schinke, S. P. (1998). Organizational and individual factors influencing job satisfaction and burnout of mental health workers. *Social Work and Healthcare*, 28(2), 51–62. https://doi.org/10.1300/j010v28n02_04
- [Maslach, C. \(1976\). Burned-out. *Human Relations*, 9\(5\), 16 – 22.](#)
- Maslach, C. & Leiter, M.P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103-111. <https://doi.org/10.1002/wps.20311>
- Matz, A. K., Wells, J. B., Minor, K. I., & Angel, E. (2013). Predictors of turnover intention among staff in juvenile correctional facilities: The relevance of job satisfaction and organizational commitment. *Youth Violence and Juvenile Justice*, 11(2), 115-131.
<https://doi.org/10.1177/1541204012460873>
- McCade, D., Frewen, A., & Fassnacht, D. B. (2021). Burnout and depression in Australian psychologists: The moderating role of self-compassion. *Australian Psychologist*, 56(2), 111–122. <https://doi.org/10.1080/00050067.2021.1890979>
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131-149. <https://doi.org/10.1007/BF00975140>

- McClure, C. C. (2022). Exploring reliability and validity for the professional quality of life scale. *Journal of Social Science Research*, 18, 45-55. <https://doi.org/10.24297/jssr.v18i.9196>
- McCrory, E., De Brito, S. A., & Viding, E. (2010). Research review: The neurobiology and genetics of maltreatment and adversity. *Journal of Child Psychology and Psychiatry*, 51(10), 1079-1095. <https://doi.org/10.1111/j.1469-7610.2010.02271.x>
- McElvaney, R. & Tatlow-Golden, M. (2016). A traumatised and traumatizing system: professional's experiences in meeting the needs of young people in the care of the youth justice system in Ireland. *Children and Youth Services Review*, 65, 62-60. <https://dx.doi.org/10.1016/j.childyouth.2016.03.017>
- Mental Health Commission of Canada. (2013). Making the case for investing in mental health in Canada. https://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf
- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research* (4th ed.). John Wiley & Sons, Inc.
- Michalchuk, S. & Martin, S. L. (2019). Vicarious resilience and growth in psychologists who work with trauma survivors: an interpretive phenomenological analysis. *Professional Psychology: Research and Practice*, 50(3), 145-154. <https://dx.doi.org/10.1037/pro0000212>
- Mikulincer, M. & Shaver, P. R. (2017). *Attachment in adulthood: Structure, dynamics, and change* (2nd ed.). The Guilford Press.
- Mivshek, M. E., & Schriver, J. L. (2024). Burnout and empathy in mental health professionals working in correctional settings, community settings, and with sex offenders. *Psychology, Crime and Law*, 30(1), 86–100. <https://doi-org/10.1080/1068316X.2022.2063862>
- Moran, D. (2000). *Introduction to phenomenology*. Routledge. <https://doi.org/10.4324/9780203196632>
- Moreno-Poyato, A. R., & Rodríguez-Nogueira, Ó. (2021). The association between empathy and the nurse–patient therapeutic relationship in mental health units: a cross-sectional study. *Journal of Psychiatric and Mental Health Nursing*, 28(3), 335–343. <https://doi-org/10.1111/jpm.12675>
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250– 260. <https://dx.doi.org/10.1037/0022-0167.52.2.250>

- Müceldili, B. & Erdil, O. (2016). Finding fun in work: The effect of workplace fun on taking charge and job engagement. *Procedia: Social and Behavioral Sciences*, 235, 304-312. <https://doi.org/10.1016/j.sbspro.2016.11.034>
- Munsey, C. (2006). Helping colleagues to help themselves. *Monitor on Psychology*, 37(7), 35.
- Murray, J. & Farrington, D. P. (2008). The effects of parental imprisonment on children. *Crime and Justice*, 37(1), 133-206. <https://doi.org/10.1086/520070>
- Myles-Wright, A. & Nee, C. (2020). Holding the child (and practitioner) in mind? youth justice practitioners' experiences supervising young people displaying sexually harmful behavior. *Journal of Interpersonal Violence*, 35(9-10), 2055–2081. <https://doi.org/10.1177/0886260517701449>
- Nagel, A. G., Guarnera, L. A. & Reppucci, N. D. (2016). Adolescent development, mental disorder and decision making in delinquent youths. In K. Heilburn (Ed). *APA handbook of psychology and juvenile justice*, (pp. 117-138). American Psychological Association. <https://dx.doi.org/10.1037/14643-006>
- Neff, K. D. (2003). Self-compassion: an alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–102. <https://doi.org/10.1080/15298860309032>
- Neff, K. D., Kirkpatrick, K. L. & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41(1), 139-154. <https://doi.org/10.1016/j.jrp.2006.03.004>
- Neff, K. D. & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, 9(3), 225-240. <https://doi.org/10.1080/15298860902979307>
- Neff, K. D., Knox, M. C., Long, P. & Gregory, K. (2020). Caring for others without losing yourself: An adaptation of the Mindful Self-Compassion program for healthcare communities. *Journal of Clinical Psychology*, 76(9), 1543-1562. <https://doi.org/10.1002/jclp.23007>
- Norcross, J. C., & Guy, J. D. (2007). *Leaving it at the office: A guide to psychotherapist self-care*. Guilford Press. <https://doi.org/10.1176/ps.2009.60.4.558>
- Norcross, J. C. & Vandenboss, G. R. (2018). *Leaving it at the office: A guide to psychotherapist self-care* (2nd ed.). Guilford Press. <https://doi.org/10.1007/s10879-019-09418-7>

- Norcross, J. C. (2010). *The therapeutic relationship*. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (p. 113–141). American Psychological Association. <https://doi.org/10.1037/12075-004>
- Novick, G. (2008) Is there a bias against telephone interviews in qualitative research? *Research in Nursing and Health*, 31(4), 391–398. <https://doi.org/10.1002/nur.20259>
- Nugent, B. (2015). Reaching the ‘hardest to reach.’ *Youth Justice*, 15(3), 271–285. <https://doi.org/10.1177/1473225414560276>
- Odgers, C. L., Burnette, M. L., Chauhan, P., Moretti, M. M., & Reppucci, N. D. (2005). Misdiagnosing the problem: Mental health profiles of incarcerated juveniles. *The Canadian Child and Adolescent Psychiatry Review*, 14(1), 26–29.
- Pakenham, K. I. (2017). Training in acceptance and commitment therapy fosters self-care in clinical psychology trainees. *Clinical Psychologist*, 21(3), 186–194. <https://doi.org/10.1111/cp.12062>
- Palmer, R. E. (1969). *Hermeneutics: Interpretation theory in Schleiermacher, Dilthey, Heidegger, and Gadamer*. Northwestern University Press. <https://doi.org/10.1177/004057367002600417>
- Papalia, N., Dunne, A., Maharaj, N., Fortunato, E., Luebbers, S., & Ogloff, J. R. P. (2022). Determinants and outcomes of the therapeutic alliance in treating justice-involved youth: A systematic review of quantitative and qualitative research. *Clinical Child & Family Psychology Review*, 25(4), 658–680. <https://doi.org/10.1007/s10567-022-00407-2>
- Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin*, 136(2), 257–301. <https://doi.org/10.1037/a001830>
- Patsiopoulos, A. T., & Buchanan, M. J. (2011). The practice of self-compassion in counseling: A narrative inquiry. *Professional Psychology: Research and Practice*, 42(4), 301–307. <https://doi.org/10.1037/a0024482>
- Pelech, J., Tickle, A. & Wilde, S. (2021). Professionals’ experiences of working with children and young people with harmful sexual behaviour: A systemic review using meta-ethnographic synthesis. *Journal of Sexual Aggression*, 27(2), 264–284. <https://doi.org/10.1080/13552600.2020.1846801>

- Pelon, S. B. (2017). Compassion fatigue and compassion satisfaction in hospice social work. *Journal of Social Work in End-of-Life & Palliative Care*, 13(2-3), 134-150.
<https://doi.org/10.1080/15524256.2017.1314232>
- Perez, N. M., Jennings, W. G., & Baglivio, M. T. (2018). A path to serious, violent, chronic delinquency: The harmful aftermath of adverse childhood experiences. *Crime & Delinquency*, 64(1), 3–25. <https://doi.org/10.1177/0011128716684806>
- Piquero, A. R., Hawkins, J. D., and Kazemian, L. (2012). Criminal career patterns. In R. Loeber and D.P. Farrington (Eds.), *From Juvenile Delinquency to Adult Crime: Criminal Careers, Justice Policy, and Prevention* (pp. 14-46). Oxford University Press.
<https://doi.org/10.1093/acprof:oso/9780199828166.003.0002>
- Plester, B. & Hutchison, A. (2016). Fun times: The relationship between fun and workplace engagement. *Employee Relations*, 38(3), 332-350. <https://doi.org/10.1108/ER-03-2014-0027>
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126-136.
<https://doi.org/10.1037/0022-0167.52.2.126>
- Pratt, M. G., & Ashforth, B. E. (2003). Fostering meaningfulness in working and at work. In K. S. Cameron, J. E. Dutton, & R. E. Quinn (Eds.), *Positive organizational scholarship* (pp. 309–327). Berrett-Koehler Publishers, Inc.
- Răbu, M., Moltu, C., Binger, P-E., & Mcleod, J. (2016). How does practicing psychotherapy affect the personal life of the therapist? A qualitative inquiry of senior therapists' experiences. *Psychotherapy Research*, 26(6), 737-749.
<http://dx.doi.org/10.1080/10503307.2015.1065354>
- Radey, M., & Figley, C. R. (2007). The social psychology of compassion. *Clinical Social Work Journal*, 35(3), 207–214. <https://doi.org/10.1007/s10615-007-0087-3>
- Ray, S. L., Wong, C., White, D., & Heaslip, K. (2013). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatology*, 19(4), 255–267.
<https://doi.org/10.1177/1534765612471144>

- Reyes-Quilodran, C., Ruffolo, M. C., & Chang, S. (2022). Compassion fatigue among social workers in juvenile offender systems in Chile. *International Social Work*, 00(0), 1-11. <https://doi.org/10.1177/00208728221088169>
- Rezansoff, S. N., Moniruzzaman, A., Gress, C. & Somers, J. M. (2013). Psychiatric diagnoses and multiyear criminal recidivism in a Canadian provincial offender population. *Psychology, Public Policy, and Law*, 19(4), 443-453. <https://doi.org/10.1037/a0033907>
- Ricciardelli, R., Adorjan, M., & Peters, A. (2019). Increased clarity or continued ambiguity? Correctional officers' experiences of the evolving Canadian youth justice legislation. *Crime, Law and Social Change*, 71(5), 503-523. <https://doi.org/10.1007/s10611-018-9801-z>
- Ricks, E. P., Ferreira, M., & Loudon, J. E. (2019). The changing correctional mental health workers' demographics and duties. *Professional Psychology: Research and Practice*, 20(1), 25-32. <http://dx.doi.org/10.1037/pro0000207>
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103. <https://doi.org/10.1037/h0045357>
- Román-Calderón, J. P., Krikorian, A., Ruiz, E., Romero, A. M., & Lemos, M. (2024). Compassion and self-compassion: Counterfactors of burnout in medical students and physicians. *Psychological Reports*, 127(3), 1032-1049–1049. <https://doi.org/10.1177/00332941221132995>
- Rønnestad, M. H., & Skovholt, T. M. (2012). *The developing practitioner: Growth and stagnation of therapists and counselors*. Routledge/Taylor and Francis Group. <https://doi.org/10.4324/9780203841402>
- Rosenblatt, P. C. (2009). Providing therapy can be therapeutic for the therapist. *American Journal of Psychotherapy*, 64(1), 169-181. <https://doi.org/10.1176/appi.psychotherapy.2009.63.2.169>
- Ross, E. C., Polaschek, D. L. L. & Ward, T. (2008). The therapeutic alliance: A theoretical revision for offender rehabilitation. *Aggression and Violent Behavior*, 13(6), 462-480. <https://doi.org/10.1016/j.avb.2008.07.003>
- Rossi, A., Cetrano, G., Pertile, R., Rabbi, L., Donisi, V., Grigoletti, L., Curtolo, C., Tansella, M., Thornicroft, G., & Amaddeo, F. (2012). Burnout, compassion fatigue, and compassion

- satisfaction among staff in community-based mental health services. *Psychiatry Research*, 200(2-3), 933–938. <https://doi.org/10.1016/j.psychres.2012.07.029>
- Rosso, B. D., Dekas, K. H., & Wrzesniewski, A. (2010). On the meaning of work: A theoretical integration and review. *Research in Organizational Behavior*, 30, 91–127. <https://doi.org/10.1016/j.riob.2010.09.001>
- Russell, H., & Harvey, J. (2016). Working with adolescents who display sexually harmful behaviour. *Journal of Children's Services*, 11(3), 191–203. <https://doi.org/10.1108/jcs-07-2015-0022>
- Ryan, R. M., & Deci, E. L. (2000). Intrinsic and extrinsic motivations: Classic definitions and new directions. *Contemporary Educational Psychology*, 25(1), 54–67. <https://doi.org/10.1006/ceps.1999.1020>
- Ryu, I. S., & Shim, J. L. (2022). The relationship between compassion satisfaction and fatigue with shift nurses' patient safety-related activities. *Iranian Journal of Public Health*, 51(12), 2724–2732. <https://doi.org/10.18502/ijph.v51i12.11463>
- Salston, M., & Figley, C. R. (2003). Secondary traumatic stress effects of working with survivors of criminal victimization. *Journal of Traumatic Stress*, 16(2), 167–174. <https://doi.org/10.1023/a:1022899207206>
- Samios, C., Abel, L. M., & Rodzik, A. K. (2013). The protective role of compassion satisfaction for therapists who work with sexual violence survivors: An application of the broaden-and-build theory of positive emotions. *Anxiety, Stress, & Coping*, 26(6), 610–623. <https://doi.org/10.1080/10615806.2013.784278>
- Sansó, N., Galiana, L., Oliver, A., Pasual, A., Sinclair, S., & Benito, E. (2015). Palliative care professionals' inner life: Exploring the relationships among awareness, self-care, and compassion satisfaction and fatigue, burnout, and coping with death. *Journal of Pain and Symptom Management*, 50(2), 200–207. <https://doi.org/10.1016/j.jpainsymman.2015.02.013>
- Sansó, N., Galiana, L., Cebolla, A., Oliver, A., Benito, E., & Ekman, E. (2017). Cultivating emotional balance in professional caregivers: A pilot intervention. *Mindfulness*, 8, 1319–1327. <https://doi.org/10.1007/s12671-017-0707-0>
- Santos, L., Pinheiro, M. R., & Rijo, D. (2023). The effects of compassionate mind training for caregivers on professional quality of life and mental health: Outcomes from a cluster

- randomized trial in residential youth care settings. *Child & Youth Care Forum*, 53(1), 195-215. <https://doi.org/10.1007/s10566-023-09749-6>
- Schleiermacher, F. (1998). *Hermeneutics and criticism and other writings* (A. Bowie, Trans.). Cambridge University Press. (Original work published 1838).
<https://doi.org/10.1017/cbo9780511814945>
- Schwandt, T. A. (1994). Constructivist, interpretivist approaches to human inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 118-137). Sage.
- Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social constructionism. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 189–213). Sage.
- Senter, A., Morgan, R. D., Serna-McDonald, C., & Bewley, M. (2010). Correctional psychologist burnout, job satisfaction, and life satisfaction, *Psychological Services*, 7(3), 190-201. <https://doi.org/10.1037/a0020433>
- Serran, G., Fernandez, Y., Marshall, W. L., & Mann, R. E. (2003). Process issues in treatment: Application to sexual offender programs. *Professional Psychology: Research and Practice*, 34(4), 368–374. <https://doi.org/10.1037/0735-7028.34.4.368>
- Sevecke, K., Franke, S., Kosson, D., & Krischer, M. (2010). Emotional dysregulation and trauma predicting psychopathy dimensions in female and male juvenile offenders. *Child and Adolescent Psychiatry and Mental Health*, 10(43), 1-13. <https://doi.org/10.1186/s13034-016-0130-7>
- Shelby, R. A., Stoddart, R. M., & Taylor, K. L. (2001). Factors contributing to levels of burnout among sex offender treatment providers. *Journal of Interpersonal Violence*, 16, 1205-1217.
- Shevade, D., Norris, E., & Swann, R. (2011). An exploration of therapists' reactions to working with children displaying sexually problematic behaviour: A thematic analytic study. *Journal of Child Psychotherapy*, 37(1), 52–74.
<https://doi.org/10.1080/0075417X.2010.550026>
- Shingler, J., Sonnenberg, S. J., & Needs, A. (2020). 'Their life in your hands': the experiences of prison-based psychologists conducting risk assessments with indeterminate sentenced prisoners in the United Kingdom. *Psychology, Crime and Law*, 26(4), 311-326–326.
<https://doi-org/10.1080/1068316X.2019.1652750>

- Shubair, S. A., Miller, B., & Zelenko, J. (2023). A phenomenological study of compassion satisfaction among social work educators in higher education. *Frontiers in Psychology*, 14, 1176786. <https://doi.org/10.3389/fpsyg.2023.1176786>
- Sinclair, S., Beamer, K., Hack, T., McClement, S., Raffin Bouchal, S., Chochinov, H., & Hagen, N. (2017). Sympathy, empathy, and compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences. *Palliative Medicine*, 31(5), 437–447. <https://doi.org/10.1177/0269216316663499>
- Skovholt, T. M., & Trotter-Mathison, M. (2016). *The resilient practitioner: burnout and compassion fatigue prevention and self-care strategies for the helping professions* (3rd ed.). Taylor & Francis Group. <https://doi.org/10.4324/9781315737447>
- Slater, C., & Lambie, I. (2011). The highs and lows of working with sexual offenders: A New Zealand perspective. *Journal of Sexual Aggression*, 17(3), 320334. <https://doi.org/10.1080/13552600.2010.519056>
- Smart, D., English, A., James, J., Wilson, M., Daratha, K.B., Childers, B., & Magera, C. (2014). Compassion fatigue and satisfaction: A cross-sectional survey among US healthcare workers. *Nursing and Health Sciences*, 16(1), 3-10. <https://doi.org/10.1111/nhs.12068>
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and Health*, 11(2), 261-271. <https://doi.org/10.1080/08870449608400256>
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54. <https://doi.org/10.1191/1478088704qp004oa>
- Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. Sage. <https://doi.org/10.1080/14780880903340091>
- Smith, J. A., Flowers, P., & Larkin, M. (2022). *Interpretative Phenomenological Analysis: Theory, Method and Research* (2nd ed.). Sage.
- Snyder, H. N., & Sickmund, M. (2006). *Juvenile offenders and victims: 2006 national report*. Office of juvenile justice and delinquency prevention. <https://ojjdp.ojp.gov/library/publications/juvenile-offenders-and-victims-2006-national-report>

- Sodeke-Gregson, E. A., Holtum, S., & Billings, J. (2013). Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients. *European Journal of Psychotraumatology*, 4(1), 21869. <https://doi.org/10.3402/ejpt.v4i0.21869>
- Sorenson, C., Bolick, B., Wright, K., & Hamilton, R. (2016). Understanding compassion fatigue in healthcare providers: A review of current literature. *Journal of Nursing Scholarship*, 48(5), 456–465. <https://doi.org/10.1111/jnu.12229>
- Sprang, G., Clark, J. J. & Whitt-Woosley, A. (2007) Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma*, 12(3), 259-280. <https://doi.org/10.1080/15325020701238093>
- Stadler, C., Sterzer, P., Schmeck, K., Krebs, A., Kleinschmidt, A., & Poustka, F. (2007). Reduced anterior cingulate activation in aggressive children and adolescents during affective stimulation: Association with temperament traits. *Journal of Psychiatric Research*, 41(5), 410–417. <https://doi.org/10.1016/j.jpsychires.2006.01.006>
- Stake, R. E. (2010). *Qualitative research: Studying how things work*. Guilford. <https://doi.org/10.3138/cjpe.026.007>
- Stamm, B. H. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion satisfaction and fatigue test. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 107–119). Brunner-Routledge. <https://doi.org/10.4324/9780203890318>
- Stamm, B. H. (2005). *The ProQOL manual*. The Professional Quality of Life Scale: Compassion satisfaction, burnout & compassion fatigue/secondary trauma scales. <http://www.compassionfatigue.org/pages/ProQOLManualOct05.pdf>
- Stamm, B. H. (2009). Professional quality of life scale (ProQOL) version 5. http://www.proqol.org/uploads/ProQOL_5_English.pdf
- Stamm, B. H. (2010). *The concise ProQOL manual* (2nd ed.). ProQOL.org. http://www.proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf
- Stamm, B. H., & Figley, C. R. (1996). *Compassion satisfaction and fatigue test*. <http://www.i-su.edu/~bstamm/tests.htm>

- Stevanovic, P., & Rupert, P. A. (2004). Career-sustaining behaviors, satisfactions, and stresses of professional psychologists. *Psychotherapy: Theory, Research, Practice, Training*, 41(3), 301–309. <https://doi.org/10.1037/0033-3204.41.3.301>
- Stewart, L. N., Wilton, G., & Sapers, J. (2016). Offenders with cognitive deficits in a Canadian prison population: Prevalence, profile, and outcomes. *International Journal of Law and Psychiatry*, 44, 7-14. <https://doi.org/10.1016/j.ijlp.2015.08.026>
- Stosic, M. D., Blanch-Hartigan, D., Aleksanyan, T., Duenas, J., & Ruben, M. A. (2022). Empathy, friend or foe? Untangling the relationship between empathy and burnout in helping professions. *The Journal of Social Psychology*, 162(1), 89-108. <https://doi.org/10.1080/00224545.2021.1991259>
- Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01
- Teater, M., & Ludgate, J. (2014). *Overcoming compassion fatigue: A practical resilience workbook*. PESI Publishing & Media
- Thomas, J. (2013). Association of personal distress with burnout, compassion fatigue, and compassion satisfaction among clinical social workers. *Journal of Social Service Research*, 39(3), 365–379. <https://doi.org/10.1080/01488376.2013.771596>
- Thompson, I. A., Amatea, E. S., & Thompson, E. S. (2014). Personal and contextual predictors of mental health counselors' compassion fatigue and burnout. *Journal of Mental Health Counseling*, 36(1), 58-77. <https://doi.org/10.17744/mehc.36.1.p61m73373m4617r3>
- Toussaint, L., & Webb, J. R. (2005). Gender differences in the relationship between empathy and forgiveness. *Journal of Social Psychology*, 145(6), 673–685. <https://doi.org/10.3200/socp.145.6.673-686>
- Trulson, C. R., Marquart, J. W., Mullings, J. L., & Caeti, T. J. (2005). In between adolescence and adulthood: Recidivism outcomes of a cohort of state delinquents. *Youth Violence and Juvenile Justice*, 3(4), 355–387. <https://doi.org/10.1177/1541204005278802>
- Umamaheswar, J. (2012). Bringing hope and change: A study of youth probation officers in Toronto. *International Journal of Offender Therapy and Comparative Criminology*, 57(9), 1158-1182. <https://doi.org/10.1177/0306624X12445986>

- Vitaliano, P. P., Zhang, J., & Scanlan, J. M. (2003). Is caregiving hazardous to one's physical health? A meta-analysis. *Psychological Bulletin*, 129(6), 946–972. <https://doi.org/10.1037/0033-2909.129.6.946>
- Vitopoulos, N. A., Peterson-Badali, M., Brown, S., & Skilling, T. A. (2019). The relationship between trauma, recidivism risk, and reoffending in male and female juvenile offenders. *Journal of Child & Adolescent Trauma*, 12(3), 351–364. <https://doi.org/10.1007/s40653-018-0238-4>
- Wagaman, M. A., Geiger, J. M., Shockley, C., & Segal, E. A. (2015). The role of empathy in burnout, compassion satisfaction, and secondary traumatic stress among social workers. *Social Work*, 60(3), 201–209. <https://doi.org/10.1093/sw/swv014>
- Wakelin, K. E., Perman, G., & Simonds, L. M. (2022). Effectiveness of self-compassion-related interventions for reducing self-criticism: A systematic review and meta-analysis. *Clinical Psychology & Psychotherapy*, 29(1), 1–25. <https://doi-org/10.1002/cpp.2586>
- Ward, T. (2013). Addressing the dual relationship problem in forensic and correctional practice. *Aggression and Violent Behavior*, 18(1), 92–100. <https://doi.org/10.1016/j.avb.2012.10.006>
- Welch, B. & Turner, D. (2022). *Doxy.me* (Version 1.46.0) [Computer Software] <https://doxy.me/en/>
- Wells, J. B., Minor, K. I., Angel, E., Matz, A. K., & Amato, N. (2009). Predictors of job stress among staff in juvenile correctional facilities. *Criminal Justice and Behavior*, 36(3), 245–258. <https://doi.org/10.1177/0093854808329334>
- Wells, J. B., Minor, K. I., Lambert, E. G., & Tilley, J. L. (2016). A model of turnover intent and turnover behavior among staff in juvenile corrections. *Criminal Justice and Behavior*, 43(11), 1558–1579. <https://doi-org/10.1177/0093854816645140>
- Wilkinson, H., Whittington, R., Eames, C., & Perry, L. (2017). Examining the relationship between burnout and empathy in healthcare professionals: A systematic review. *Burnout Research*, 6, 18–29–29. <https://doi-org/10.1016/j.burn.2017.06.0>
- Wood, R. E., & Bandura, A. (1989). Impact of conceptions of ability on self-regulatory mechanisms and complex decision making. *Journal of Personality and Social Psychology*, 56(3), 407–415. <https://doi.org/10.1037/0022-3514.56.3.407>

- Wrzesniewski, A., Dutton, J. E., & Debebe, G. (2003). Interpersonal sensemaking and the meaning of work. *Research in Organizational Behavior*, 25, 93-135.
[https://doi.org/10.1016/S0191-3085\(03\)25003-6](https://doi.org/10.1016/S0191-3085(03)25003-6)
- Yelvington, M. L., Corson, T., Hu, J., Wood, R. E., & Reynolds, S. (2024). The costs of caring: Quantifying compassion fatigue and compassion satisfaction in burn therapists. *Journal of Burn Care & Research*, 45(1). <https://doi-org/10.1093/jbcr/irae037>
- Yohros, A. (2023). Examining the relationship between adverse childhood experiences and juvenile recidivism: A systematic review and meta-analysis. *Trauma, Violence, and Abuse*, 24(3), 1640-1655. <https://doi.org/10.1177/15248380211073847>
- Youth Criminal Justice Act, SC (2002). c. 1, s. 38(2).
- Zeng, L., Zhang, X., Liu, G., Liu, D., Li, L., Jin, M., Li, X., & Wang, J. (2023). Secondary traumatic stress and posttraumatic growth in newly graduated nurses: the mediating role of compassion satisfaction. *BMC Nursing*, 22(1), 1–9. <https://doi-org/10.1186/s12912-023-01456-w>
- Zettler, H. R., Wolff, K., Baglivio, M., Craig, J. M., & Epps, N. (2018). The racial and gender differences in the impact of adverse childhood experiences on juvenile residential placement. *Youth Violence and Juvenile Justice*, 16(3), 319–337.
<https://doi.org/10.1177/1541204017698213>

Appendix A: Recruitment Flyer

PARTICIPANTS NEEDED FOR RESEARCH ON COMPASSION SATISFACTION

As part of my doctoral research program at the University of Alberta, I am studying compassion satisfaction, which can be described as the positive impact that comes from helping others. In particular, I am exploring the experience and meaning of compassion satisfaction from the perspective of psychologists who work with justice-involved youth.

If you choose to participate in this study, you will be asked to complete two interviews. You can choose to attend the interview using video conferencing software, or by telephone. The initial interview will take approximately 90 minutes and the second interview will take approximately 30 minutes.

To thank you for your time, you will receive a \$25 gift card from either Amazon or Indigo.

To be eligible to participate, you must:

- (a) be a registered psychologist**
- (b) work with youth who are accused of crime and thus, mandated for treatment**
- (c) conduct counselling of some kind with these youth**

If you are interested in participating or have questions about this study, please email me, Chayse Haldane, at chaldane@ualberta.ca

Project #00112226 approved by the Research Ethics Board of the University of Alberta.

Appendix B: Participant Demographics Form

Please provide the following information about yourself and what you do for work. This information will be strictly confidential.

**** Please do not write your name anywhere on this form.**

Age: _____

Gender: _____

Ethnic/Cultural Background (please check all that apply):

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Inuit | <input type="checkbox"/> Métis |
| <input type="checkbox"/> European / European Canadian | <input type="checkbox"/> South Asian / South Asian Canadian | |
| <input type="checkbox"/> Chinese / Chinese Canadian | <input type="checkbox"/> Filipino / Filipino Canadian | |
| <input type="checkbox"/> African / African Canadian | <input type="checkbox"/> Caribbean / Caribbean Canadian | |
| <input type="checkbox"/> Southeast Asian / Southeast Asian Canadian | <input type="checkbox"/> Middle Eastern / Middle Eastern Canadian | |
| <input type="checkbox"/> Korean / Korean Canadian | <input type="checkbox"/> Japanese / Japanese Canadian | |
| <input type="checkbox"/> Latin or South American/Latin or South American Canadian | | |

Other (please specify) _____

Highest level of education completed:

- ☐ Master's degree
- ☐ Doctor of Philosophy (PhD)
- ☐ Doctor of Psychology (PsyD)

Degree Specialization: _____

Work-Related Questions

Job title: _____

Years of clinical practice: _____

Number of years working with justice-involved youth: _____

Number of hours per week of providing direct counselling services with justice-involved youth: _____

Appendix C: Interview Protocol

Time and Date of Interview:

Interview Format:

Interviewer: Chayse Haldane

Interviewee Pseudonym:

Preamble:

- Remind participant about the purpose of the interview
- Briefly describe the interview process
- Ask if participant has any questions

Interview Questions:

1. Can you describe, in general terms, the type of work setting where you provide psychological services to justice-involved youth?

Potential prompts:

- What kinds of clients do you work with?
- What services do you offer?
- What does a typical workday look for you?
- What's the best part of your day?

2. With as much detail as possible, can you please tell me about specific times when you have experienced compassion satisfaction in your work with justice-involved youth?

Potential prompts:

- What was going on for you at the time?
- What were you feeling at the time?
- What kinds of thoughts were you having?
- What was that experience like for you?
- Any other examples?

3. What, if anything, helps to increase compassion satisfaction in your workplace?

Potential prompts:

- Please provide specific examples
- What else?

4. What, if anything, interferes with your experience of compassion satisfaction?

Potential prompts:

- Please provide specific examples.
 - Please explain how that obstacle interferes with compassion satisfaction.
5. How, if at all, has your experience of compassion satisfaction changed since you started working specifically with justice-involved youth?

Potential prompts:

- How has it changed?
 - Please provide specific examples
6. How does compassion satisfaction impact your work?

Potential prompts:

- Please provide specific examples.
 - How does it feel?
7. What impact, if any, does compassion satisfaction have on your everyday life?

Potential prompts:

- Please provide specific examples.
 - How has the impact changed over time?
 - In what ways does CS impact your life?
8. We've talked about your experiences of compassion satisfaction. Now, can you please describe for me what the term "compassion satisfaction" means to you?

Potential prompts:

- What comes up for you when you think of the term of compassion satisfaction?
9. Are there any other comments about your experiences of compassion satisfaction you'd like to share with me?

Debrief:

- Remind participant about follow-up procedure
- Send them study advertisement to share with other participants
- Ask if they have any other questions

Appendix D: Study Information and Consent Form

Title of Project: The Rewards of Caring: An Interpretative Phenomenological Analysis of Experiences of Compassion Satisfaction in Psychologists Working with Justice-Involved Youth

Principal Investigator: Chayse Haldane, MEd, Doctoral Student
 Department of Educational Psychology, University of Alberta
 Email: chaldane@ualberta.ca

Research Supervisor: Dr. Jessica Van Vliet, Professor
 Department of Educational Psychology, University of Alberta
 Email: jvanvliet@ualberta.ca

Background and Purpose: You are being asked to participate in a research study on psychologists' experiences of compassion satisfaction in working with justice-involved youth. To be eligible to participate in the study, you must:

- be a registered psychologist
- work with youth who are accused of crime and thus, mandated for treatment
- conduct counselling of some kind in your work with this group.

Procedures: If you agree to participate, you will be asked to complete the following tasks.

- **Participate in interview (60-90 minutes):** The initial semi-structured interview will include questions about your experiences of compassion satisfaction in the context of your work with justice-involved youth.
- **Review the transcript (approx. 20 minutes):** Following your interview, I will send you a password-protected, anonymized version of the transcript of your interview for your review.
- **Participate in follow-up interview (approx. 30 minutes):** During the follow-up interview, I will ask for you to approve a brief vignette based on your interview and ask you for additional information or clarification on your responses from the initial interview.
 - Depending on your preference, you can attend interviews online or by telephone.

Risks and Benefits: There is minimal expected risk to participating in this study. However, some people might find it stressful to talk about challenging situations in their workplace. If you

feel distressed following the interview, I can provide you with counselling referrals. There are no direct benefits to participating in this study. You may, however, may feel positively about contributing to research and after having reflected on your rewarding and enriching experiences. As a small token of appreciation for your participation, you will receive a \$25 gift card from either Indigo, or Amazon.

Voluntary Participation: Your participation in this study is completely voluntary. You may refuse to answer any questions and you have the right to withdraw your consent to participate at any time, without penalty. Following the interview, you can choose to withdraw your data from the study at any time prior to your interview being transcribed and included in the analysis. You will have a two-week window, after transcription is complete, to review and approve your transcript. If I do not hear from you in that time frame, your approval of the transcript is assumed, and I will begin data analysis using your interview.

Confidentiality and Anonymity: All matters discussed in your interview will remain confidential unless you disclose: (a) information about unreported risk to a child, or (b) that you or another psychologist has engaged in sexual misconduct. I will make every effort to anonymize any identifying or potentially identifying information. However, absolute anonymity cannot be completely guaranteed, as there is a remote possibility that some readers or audiences may be able to identify you based on information about your work. Interview recordings will be transferred to an encrypted memory stick and stored, in a locked filing cabinet in a locked office on campus. The consent forms will be similarly kept but in a different locked cabinet. The recordings will be destroyed five years following the completion of this study. Interviews will be conducted on a secure online video service (Doxy.me) or by phone. Doxy.me uses full encryption, does not ask for or store any identifying information, and does not store data or recordings. Despite these precautions, it is still possible for potential breaches of security to occur on online platforms. To reduce this risk, I will use an encrypted computer that is up to date on antivirus and firewall software to conduct the interview. Additionally, I will conduct the interview over a password-protected network.

Use of Data: Findings gathered through your participation may be used in scholarly materials such as conference presentations and journal publications. Anonymized data will be saved on a password-protected, encrypted storage device and kept in a locked cabinet in a locked office for potential future research. If the data is to be used in future research, the researchers will obtain additional approval from the Research Ethics Board before proceeding.

THE FOLLOWING IS TO CERTIFY THAT I, _____ (type name), have read and fully understand the above study information and consent form. I have been given the opportunity to ask questions and to have these questions answered to my satisfaction. If I have additional questions, I have been told whom to contact. I hereby agree to participate in the research study as described above. I will receive a copy of this consent form signed by the principal investigator during my interview.

Signature of Participant (hand-written or electronic)

Date (MM/DD/YY)

Signature of Person Obtaining Consent (hand-written or electronic) Date (MM/DD/YY)

Further Information: If you have any further questions regarding this study, please do not hesitate to contact either the principal investigator, Chayse Haldane, or her supervisor, Dr. K. Jessica Van Vliet with the contact information provided above.

This study (Pro00112226) was approved by a Research Ethics Board at the University of Alberta. If you have questions regarding your rights as a participant or about how research should be conducted, you can contact the University of Alberta's Research Ethics Office at (780) 492-2615. Please know, this office is independent of the study researchers.