ORIGINAL PAPER

Youth Development Staff Experiences During the COVID-19 Pandemic: a Mixed Methods Study

Debralyn Woodberry-Shaw[1] · Thomas Akiva[1] · Stephanie S. Lewis[2]

Abstract

Background Youth-serving organizations in the United States provide programs, activities, and opportunities for young people before school, during school, after school, in summer, and on weekends. At the core of youth-serving organizations are the adults; that is, youth development staff.

Objective In this explanatory sequential mixed methods study we explored youth development staff's stress and worries, their compassion satisfaction, and whether stress and compassion satisfaction varied by race/ethnicity and gender during the early months of the COVID-19 pandemic – a collective trauma event.

Methods We surveyed 283 youth development staff and interviewed a subset of 25.

Results Results suggest that youth development staff experienced stress and compassion satisfaction during the COVID-19 pandemic.

Conclusion We recommend organizational leaders provide youth development staff with support before a collective trauma event. They can work to change, add, or remove policies, practices, and routines to help decrease stress and increase compassion satisfaction. In addition, based on our results from this study our primary recommendation specific to collective trauma events, after taking care of their own personal wellness, is for youth development staff to focus on what is in their control and work to do those things for as many young people as they can.

Keywords COVID-19 · Youth development staff · Stress · Compassion satisfaction · Collective trauma

Youth-serving organizations in the United States provide programs, activities, and opportunities for young people before school, during school, after school, in summer, and on

✉ Debralyn Woodberry-Shaw
diw28@pitt.edu

1   School of Education, University of Pittsburgh, Pittsburgh, USA

2   Allegheny Partners for Out-of-School Time, Pittsburgh, USA

weekends (LeMenestrel & Lauxman, 2011).[1] One of the most significant components of youth-serving organizations are the adults; that is, youth development staff.[2] Youth development staff work to support young people – some primarily work with them directly and others have management and executive roles (Akiva et al., 2020). Through this study, we sought to understand the experience of youth development staff during the first two months of the COVID-19 pandemic – a collective trauma event. When school buildings closed in the early spring of 2020, young people needed safe spaces with adults while they attended online classes and completed homework assignments. Youth-serving organizations, being a part of the learning ecosystem (Akiva et al., 2021; Hecht & Crowley, 2020), stepped in to serve as those spaces for many young people. Youth development staff aided young people not only with their academic work, but also provided meals, snacks, and other supports. This mixed methods research focused on youth development staff and their experiences in this role. Specifically, we explored youth development staff's stress and worries, their compassion satisfaction, and whether stress and compassion satisfaction varied by race/ethnicity,[3] and gender.

Youth-Serving Organizations

Youth-serving organizations play an important role in the lives of many young people. Their focus is wide ranging, including topics such as civic engagement, arts, workforce development, mentoring, STEM (science, technology, engineering, and math), and tutoring (Morrison, 2014; Vance, 2010). *America After 3PM*, a report from Afterschool Alliance (2020), notes that parents report that afterschool programs provide peace of mind about their children while they are working (83% of parents) and that, in many cases, afterschool programs allow working parents to keep their jobs (81%). In addition, young people who participate in youth programs can gain knowledge and skills in areas such as self-expression, exploration of interests, social justice, critical consciousness, and development and appreciation of social identities including racial identity (Carey et al., 2020; Halpern, 2003; Ladson-Billings, 2014; McLaughlin & Irby, 1994; The National Child Traumatic Stress Network, 2017).

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[1] We use the broad term of youth-serving organizations; however, the following terms are synonyms or closely related: out-of-school time programs, out-of-school learning environments, afterschool programs, informal education programs, and extended learning opportunities.

[2] Informal educator, youth worker, youth care worker, and afterschool worker are other terms to describe adults in youth-serving organizations (Akiva et al., 2020).

[3] Race and ethnicity are not the same; however, we use the terms together because this is how we referenced them in our survey to be inclusive of individual preferences. Our prompt stated: "Race/Ethnicity: Please select all that apply and write in how you identify if it is not represented". Participants were given the following options: Black, Latinx, Native American, White, East Asian, Indian, Pacific Islander, and Middle Eastern. According to the Publication Manual of the American Psychological Association (2020), "race refers to physical differences that groups and cultures consider socially significant [and] ethnicity refers to shared cultural characteristics such as language, ancestry, practices, and beliefs" (p. 142).

Youth Development Staff and Professional Quality of Life

Youth development staff and the relationships they develop with young people are widely seen as key elements in youth-serving organizations (McLaughlin et al., 1994). In *America After 3PM*, 77% of parents responded that they believed afterschool programs facilitate positive relationships between young people and caring adults (Afterschool Alliance, 2020). Li & Julian (2012) argue that the relationships youth development staff have with young people are the "active ingredient" in youth programs and essential to young people's development. Relationships provide young people the opportunity to "define who they are, what they can become, and how and why they are important to other people" (National Scientific Council on the Developing Child, 2009, p. 1). Although positive adult relationships are important to young people, the stress that youth development staff experience can be a barrier to building and maintaining those relationships (Osher et al.,2020; Sandilos et al., 2018). Given their important roles in young people's lives, research about youth development staff is surprisingly sparse. However, related research from other human-serving professions such as K-12 in-school education, social work, and the medical field (Jaracz et al., 2017; White et al., 2020) can be informative. Stamm (2010) describes "professional quality of life" as the combination of both the positives of the helping job (compassion satisfaction) and the negatives (compassion fatigue), which is broken down into burnout and secondary traumatic stress.

Compassion Satisfaction

According to Locke (1969), "job satisfaction is the pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values" (p. 316). Compassion satisfaction, in this case a component or form of job satisfaction, is specific to the helping fields. It is how pleased or fulfilled an individual is with their job whether it is the actual work being done, their colleagues, or the work environment (Stamm, 2010). Youth development staff in one study reported higher levels of job satisfaction (80% satisfied or very satisfied) than individuals in other occupations (64% satisfied or very satisfied; Yohalem et al., 2006).

Compassion Fatigue

According to Stamm (2010), compassion fatigue is the other component of a youth development staff's professional quality of life and consists of burnout and secondary traumatic stress. In this study we did not specifically focus on burnout. Additionally, we considered stress more generally as an element of youth development staff's professional quality of life.

Stress is made up of the internal and external challenges an individual experiences that disturb their holistic, optimal health (Bloom & Farragher, 2011). Although youth development staff stress has seen very little study, researchers have investigated teacher stress, defined as unpleasant emotions stemming from work as a teacher (Kyriacou, 2010). In addition to low quality relationships with young people, teacher stress is associated with increased burnout, absenteeism, staff turnover, emotional exhaustion, anxiety, and bias in discipline (e.g., disciplining minoritized groups more harshly than dominant groups) and reduced sense of effectiveness, job satisfaction, performance, sense of accomplishment,

health, and commitment (Collie et al., 2012; Danziger et al., 2011; Herman et al., 2018; Jennings & Greenberg, 2009; Mosely, 2018; Osher et al., 2020; Sandilos et al., 2018).

Traumatic stress (Bloom & Farragher, 2011) is another type of stress that may affect youth development staff in both primary and secondary ways. Primary traumatic stress occurs when an event, series of events, or set of circumstances in an individual's life is experienced as harmful or life-threatening to them and has long-term negative effects on functioning and wellbeing (Substance Abuse and Mental Health Services Administration's [SAMHSA] Trauma and Justice Strategic Initiative,2014).[4] Primary trauma includes but is not limited to abuse, neglect, car accidents, natural disasters, war, life-threatening illness, assault, home invasion, incarceration, and witnessing an event first-hand. Secondary traumatic stress refers to an individual's indirect exposure to another person's traumatic event (e.g., learning about an event that happened to someone close to them or continued exposure to details of an event; SAMHSA, 2014).[5] Those experiencing secondary trauma have similar symptoms to people who have survived primary trauma. Symptoms of secondary traumatic stress can appear almost instantly without obvious signs and may include fear, helplessness, isolation, sleep difficulties, intrusive thoughts and images, and avoidance (Figley, 1995; McCann & Pearlman, 1990).

The COVID-19 pandemic is a collective trauma event (Duane et al., 2020). Collective trauma—which can occur with natural disasters (e.g., floods, earthquakes, hurricanes), mass violence (e.g., bombings, school shootings), community and health epidemics, and terrorism (e.g., domestic terrorism - mass murders of Black people and other minoritized groups; Luszczynska et al., 2009)—is described as the psychological reactions of a group of individuals after a shared experience (Ginwright, 2016; Watson et al., 2020). During collective trauma events, youth development staff may experience primary and secondary trauma at the same time, which Berger et al., (2016) called "dual trauma". Youth development staff's primary trauma is due to the event itself and the added stress of the profession, while their secondary trauma is from working with young people that are experiencing trauma. The symptoms related to dual trauma are the same as primary trauma, secondary trauma, and teacher stress (Berger et al., 2016).

Race-based traumatic stress,[6] a type of collective trauma, is specific to people of Color. Race-based trauma is caused by the stress of "individual, institutional, and cultural encounters with racism" (Carter, 2007, p. 14). In addition to overt racist acts, encounters with racism could involve microaggressions (Sue, 2010), implicit biases (Racial Equity Tools, n.d.), racist policies (Kendi, 2019), and others. Intrusion of thoughts related to the original trauma, avoidance of events associated with or similar to the traumatic experience, and hypervigilance are a few symptoms of race-based trauma (Carter, 2007).

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[4] In addition to primary traumatic stress, we will use the terms first-hand and primary trauma.

[5] We will use second-hand, secondary trauma, and secondary traumatic stress interchangeably.

[6] We will use race-based traumatic stress and race-based trauma interchangeably.

The Current Study

On March 11, 2020, COVID-19 was declared a pandemic by the World Health Organization (WHO; Adhanom Ghebreyesus 2020). The COVID-19 pandemic changed everything around the world. In the United States, schools suspended in-person classes for the rest of the academic year and youth-serving organizations closed their physical doors initially. Since this was the first coronavirus pandemic (Adhanom Ghebreyesus, 2020), it is important to understand youth development staff's experiences during this collective trauma event. Additionally, such understanding could provide insight into what to do for future collective trauma events.

Through this explanatory sequential mixed methods (Creswell & Plano Clark, 2018) study, we sought to understand the experience of youth development staff in the United States during the first two months of the COVID-19 pandemic. We collected quantitative data through surveys and qualitative data through interviews to gain a holistic understanding of youth development staff's experiences during the early months of the COVID-19 pandemic. Specifically, we asked three questions related to stress, compassion satisfaction, and race/ethnicity and gender differences, respectively:

1. What was the stress level of youth development staff prior to and during the COVID-19 pandemic and what were they worried about?
2. How satisfied were youth development staff with their work during the COVID-19 pandemic and what did they enjoy about their work?
3. Are there race/ethnicity and/or gender differences in stress levels and compassion satisfaction scores?

Youth development staff are vital to youth-serving organizations and during the COVID-19 pandemic they played a large role in young people's lives as some opened their physical doors for them to be during school hours to attend online classes, complete work, and have meals and snacks. This research study has implications for how organizations can better support youth development staff during collective trauma (e.g., race-based trauma and natural disasters) events thus the development of young people. Based on the teacher stress and trauma research, we hypothesize that youth development staff will report they were more stressed during the first two months of the pandemic than they were prior to the pandemic and are generally worried about the young people they work with. Youth development staff may have experienced dual trauma due to their own personal and professional experiences with the COVID-19 pandemic and the concerns they had about the young people they work with, and their experiences related to the pandemic. In addition, youth development staff might be less satisfied with their work and feel that they need to do more to help young people.

Additionally, previous research suggests that there will be race/ethnicity differences in stress levels and compassion satisfaction. Our speculation is that during the COVID-19 pandemic and specifically the spring and summer of 2020, youth development staff of Color experienced not only primary and secondary trauma related to the pandemic, but also race-based trauma due to the combination of racial disparities in health care and domestic terrorism (e.g., murders, hate crimes, and social injustices) towards them especially for Black people and Asian Americans (Darling-Hammond, 2021; Dixson et al., 2019). Accord-

ing to the Centers for Disease Control and Prevention (2020), "Long-standing systemic health and social inequities have put many people from racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19." Given their important role in young people's lives, youth development staff of Color experiencing this combination of traumas likely had an impact on how they were able to support the young people they work with. Youth development staff of Color may be satisfied with their work because they could be working with young people they have similar backgrounds to (Kokka, 2016).

Although previous literature in the United States has not found significant gender differences in workplace stress (Byron, 2005; White et al., 2020), we anticipate there will be differences based on the intersection of race/ethnicity and gender (Crenshaw, 1989; Hill Collins & Bilge, 2020). We hypothesize women of Color will have the highest stress level due to the intersection of racism and sexism (Essed, 1991). However, based on the teacher stress literature (Collie et al., 2012), we imagine all the race/ethnicity and gender combinations will have low compassion satisfaction scores. However, there is limited literature exploring this concept based on the intersection of race/ethnicity and gender. Through analyzing our data to address these research questions, we also uncovered basic descriptive information about how youth work was conducted during the first few months of the pandemic.

Methods

A PhD student led this research study and is the first author on the paper. The other co-authors are an associate professor at a Mid-Atlantic university and the director of a local intermediary. We organized and coordinated a collaborative team made up of four PhD students and a research assistant from a School of Education at a Mid-Atlantic university and three staff from a local intermediary to aid with data collection. This study was approved by our university's Institutional Review Board on April 21, 2020. We collected data during the following few weeks—during a pandemic and a time of rapid change for youth-serving organizations. At that time, respondents were moving their programing online or cancelling programming, applying for emergency funding, and shifting the focus of their offerings. Some youth development staff were not able to be reached via their work emails because they were either laid off, fired, or no longer being paid.

Sample

The research team used purposive sampling by emailing, calling, and following up with members of the local afterschool intermediary. This intermediary maintained a network of youth-serving programs that had expressed a commitment to quality by participating in a quality initiative. We advertised the survey in another local intermediary's newsletter as well. We collected data between April 21 and June 19, 2020. Respondents included 283 youth development staff (i.e., the adults working with young people) from 140 unique youth-serving organizations in a Mid-Atlantic city in the United States. Each voluntarily completed a questionnaire about their feelings, thoughts, and behaviors related to their work and the COVID-19 pandemic.[7] In addition, we interviewed a subset of 25 survey respon-

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[7] For the purposes of this report, the data from school professionals who were not associated with out-of-school time (OST) programming were not used (n=22). The data for youth development staff not in the

Table 1 Descriptive Statistics

	Surveys Participants (N=283)		Interviewees (n=25)	
	n	%	n	%
At least 50% direct contact with young people[13]	132	51	11	46
People of Color[14]	90	34	8	32
White People	176	66	17	68
Women	214	80	17	68
Men	46	17	8	32
Nonbinary	6	2	0	0
Women of Color	66	25	4[15]	16
Men of Color	20	7.5	4[16]	16
Nonbinary People of Color	4	1.5	0	0
White Women	148	56	13	52
White Men	26	10	4	16
Nonbinary White People	2	0.75	0	0

[13] Twenty-four survey respondents (8% of the sample) and 1 interviewee (4% of interviewees) did not answer this question.

[14] Seventeen youth development staff (6% of the sample) did not respond to the race/ethnicity and gender questions. People of Color includes those that identified as Black (n=64), Latinx (n=8), Native American (n=0), East Asian (n=0), Indian (n=2), Pacific Islander (n=1), Middle Eastern (n=0), self-identified (Haitian American and Hebrew Israelite), and multi-racial (n=13) on the survey.

[15] Three women of Color interviewees identified as Black and one identified as Asian American/Pacific Islander.

[16] All the men of Color interviewees identified as Black.

dents from 21 unique youth-serving organizations in this Mid-Atlantic city. See Table1 for descriptive statistics about the youth development staff surveyed and interviewed. Youth-serving organizations included Boys & Girls Clubs of America, Big Brothers Big Sisters, museums, school-based after school programs, community centers, libraries, faith-based programs, YMCAs, community-based programs, STEM- (science, technology, engineering, and math), environmental and arts-focused programs, and many others.

Procedures

Our overall design was an explanatory sequential mixed methods design (Creswell & Plano Clark, 2018), though we designed the survey and initial interview protocol at the same time. First, we collected primarily quantitative data from the survey. These data helped us determine the stress level and compassion satisfaction score of youth development staff in addition to a rudimentary awareness of what sorts of things they were worried about. After collecting these data and running descriptive analyses, we self-published a preliminary report for youth development staff in May 2020. It was distributed nationally through National Afterschool Alliance in September 2020.

Additionally, we collected qualitative data from the interviews and used that information to explain the survey results more in-depth – what youth development staff were worried

specific Mid-Atlantic city were not used (n=2). Furthermore, there were 16 surveys that were missing demographic information: the other information from these surveys was still used.

about and enjoyed about their work. The interviews also gave us an opportunity to better understand race/ethnicity and gender differences. All individuals that completed the survey and agreed to be interviewed were given an identification number. Then using a random number generator, interviewees were selected and emailed. In cases where individuals were no longer able to be interviewed, other individuals were randomly selected from the larger list. Members of the collaborative team conducted the interviews.

We used the explanatory sequential mixed methods design for this study because we not only wanted to gather descriptive information from many youth development staff for a general understanding of stress and compassion satisfaction, but also get a better sense of what they were stressed and satisfied about. To answer our research questions, we prioritized qualitative data – the youth development staff's stories – what Creswell & Plano Clark (2018) notates as quan QUAL.

Measures

Survey

The introduction to the survey stated,

> When responding to the questions in this survey, please think about your youth work (i.e., tasks, duties, and responsibilities related to supporting young people) in relation to the present COVID-19 pandemic including the social distancing, schools closing, and stay-at-home orders. (The World Health Organization (WHO) recognized the coronavirus as a pandemic on March 11, 2020.)

The research team created the survey based on our own experiences as youth development staff and what others were conveying to us at the time. We piloted the survey with a small group of youth development staff prior to sending it out more widely. It consisted of ten sets of questions; however, this study focuses on four: worries about young people, worries about themselves, stress level, and compassion satisfaction. The other questions were used in the preliminary report to assist youth development staff at the time.

The Likert-type scale we created for measuring stress was simple as the survey was designed to gain a basic understanding of where youth development staff stress levels were during the first two months of the pandemic. We asked participants two questions: what was your stress level **prior** to the COVID-19 pandemic and what is your **current** stress level during the COVID-19 pandemic? Respondents selected *extremely low*, *low*, *medium*, *high*, or *extremely high* to report their stress level for both questions.

The compassion satisfaction Likert scale was inspired by the ProQOL (Professional Quality of Life) Scale (https://proqol.org/proqol-manual), a validated measure to assess compassion satisfaction, burnout, and secondary trauma in therapists (Stamm, 2010). Given that we had a different measure for stress and were not specifically measuring burnout, we only used items related to compassion satisfaction. Four items were relevant to our study, and we adjusted the language of them to specifically apply to our sample. In addition, the research team created three additional items based on our hypotheses. Statements included those about doing more, work outside of their control, and feeling helpless – items that were

reverse scored – during that time. Youth development staff responded how frequently they had specific thoughts related to their work during the COVID-19 pandemic on a scale of *never*, *rarely*, *very often*, and *always*. Out of the seven items we only used three because they had strong internal consistency and conceptually provided us a simple scale for a basic understanding of compassion satisfaction. Our final compassion satisfaction scale consisted of the following items: *I am a "success" as a youth development staff during this time; I can make a difference through my work during this time; I feel satisfied with my work during this time.* The Cronbach's alpha for this new scale was 0.77 indicating acceptable internal consistency.

The survey asked about stress levels and used a scale to determine compassion satisfaction scores. Additionally, respondents were able to select from a list of 10 worries. However, the survey did not allow for participants to deeply explain what they were stressed about or why they were satisfied with their work. The qualitative data from the interviews allowed for those more in-depth discussions about stressors and their satisfaction.

Interviews

The research team decided in the design phase which interview questions we would ask participants for the purpose of having a deeper perspective on the experience of youth development staff. The interviewers met and communicated consistently. The semi-structured interview protocol consisted of seven questions divided into three sections. See the appendix for the interview protocol. Interviewees provided verbal consent prior to the interview. Additionally, interviewers referenced participants' survey responses to ask clarifying questions so they could explain their responses in-depth.

The first section (three questions) asked participants to describe the status of youth work and young people during the COVID-19 pandemic. If it did not come up during the interview, interviewers prompted participants with questions – "do you feel as if you should be doing more – why or why not" and "do you feel depressed because of the trauma your young people are experiencing". The next section (two questions) specifically focused on the personal wellness of the youth development staff.[8] They described challenges to all aspects of their wellness and how they were staying well during the pandemic. Interviewers elicited information about anxiety, stressors about work, job security, pay, loneliness, coping skills, enjoyment in their work, and connecting to other youth development staff. The last section (two questions) focused on solutions and strategies to strengthen youth work during the pandemic. The information from this section was primarily shared with the local intermediary partner for them to better support youth-serving organizations during the early months of the COVID-19 pandemic.

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[8] The Nine Dimensions of Wellness from the Ohio State University (https://swc.osu.edu/nine-dimensions-of-wellness) – Student Wellness Center (2020) provided a framework for a portion of the conversation.

Analysis Plan

After the initial quantitative data collection, we composed a preliminary report of basic descriptive statistics for youth development staff. While we analyzed the quantitative data and qualitative separately, we interpreted them together. We used the information from the interviews to help explain the results we found in the surveys.

Quantitative Analysis

To answer the first part of Research Question 1 – what was the reported stress levels prior to pandemic and during pandemic[9] – we translated the Likert-type scales of *extremely low*, *low*, *medium*, *high*, or *extremely high* to numbers of one, two, three, four, and five respectively. Then we calculated average stress levels prior and average stress levels currently and conducted paired sample *t*-tests. Additionally, we computed the stress level difference (i.e., during pandemic stress level – prior to pandemic stress level) of survey participants.

In the survey, respondents selected their top three concerns, worries, or preoccupations about young people or added their own. We grouped these into five categories: academic, social services, safety, health and wellness, and other. Similarly, respondents selected their top three concerns, worries, or preoccupations about themselves, and we grouped those into four categories: profession, social services, safety, health, and wellness, and other. This analysis helped us address the second part of Research Question 1 – high level groupings of what youth development staff were worried about. Similar to the stress levels scale, we converted the *never, rarely, very often*, and *always* responses for the compassion satisfaction scale to one, two, three, and four respectively to determine a score for each participant. The compassion satisfaction scale provided us with results for the first part of Research Question 2 – youth development staff's satisfaction with their work during the COVID-19 pandemic.

As identities around race/ethnicity and gender are experienced simultaneously (Carey et al., 2018; Cole 2009; Crenshaw, 1989), we took an intersectional approach to our quantitative analysis. Specifically, we examined the combination race/ethnicity and gender categories that were most prominent in our dataset: women of Color, men of Color, White women, and White men. We conducted paired sample *t*-tests for all survey participants and interviewees separately to compare stress level prior to pandemic vs. during pandemic for women of Color, men of Color, White women, and White men. In addition, we used ANOVA contrasts to determine significant differences among the combination race/ethnicity and gender categories *(women of Color, men of Color, White women, and White men)* on three outcomes: stress level during the pandemic, stress level difference, and compassion satisfaction. In the ANOVA analysis, we examined each category vs. the other three, people of Color[10] vs. White people, and women vs. men. This analysis primarily addressed Research Question 3 regarding the race/ethnicity and gender differences of stress and compassion satisfaction.

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[9] Youth development staff were asked both these questions (what was your stress level prior and what is your current stress level) at the time of the survey.

[10] We combined those that identified as Black, Latinx, Native American, East Asian, Indian, Pacific Islander, Middle Eastern, and multi-racial into youth development staff of Color due to low individual group numbers.

Qualitative Analysis

We analyzed the qualitative data primarily with structural coding (Saldaña, 2016). After an initial scan of interview transcripts, several root words (stress, worry, concern, satisfy, enjoy, do more, challenge, anxiety, coping, uplift, hard, struggle, difficult, power, helpless, health, and trauma) emerged related to our research questions. We identified 446 excerpts in Dedoose from this structural coding. We coded the 446 excerpts using 4 general codes: stress, worries for young people and their families, worries for self, and compassion satisfaction. The stress and compassion satisfaction codes were used to gather narratives that supported the quantitative data. The other two codes, worries for young people and their families and worries for self, described more in-depth what youth development staff were stressed about.

Results

Research Question 1: What was the stress level of youth development staff prior to and during the pandemic and what were they worried about?

> Yeah, I mean, the biggest thing honestly for me is stress.

Average stress levels reported by youth development staff during the pandemic were significantly higher than their retrospective reports of stress prior to the pandemic (3.59 during vs. 2.68 prior; $t = 15.92$; $p < 0.001$). A majority of youth development staff (73%) reported an increase in their stress level. The COVID-19 pandemic seemed to intensify the stress youth development staff were already experiencing.

In terms of their worries, we divide analyses of responses into two sections: worries about young people and their families and worries about self.

Worries About Young People and Their Families

On the survey, youth development staff selected their top three concerns, worries, or preoccupations about the young people associated with their organization during the COVID-19 pandemic. The survey only asked about young people; however, youth development staff stated they were also concerned about the families of young people. One youth development staff member described in her interview,

> A lot of my anxiety is about, well, how are the kids doing, how can we help the kids, how can we get things up and running, so, we can at least help a couple of the kids in a more intensive way. Um, so, a lot of my stress is very much tied to the families.

Initially, youth development staff were abruptly disconnected from young people. They were not able to immediately get a sense of how young people were doing, which caused them stress. Youth development staff worried about four themes related to young people and the families of those young people: academics, social services and resources, safety,
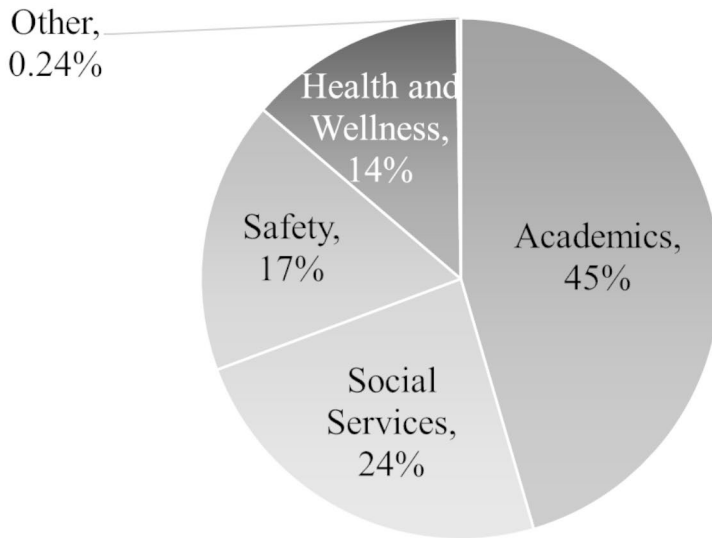
Fig. 1 Worries, Concerns, Preoccupations for Young People; n=282; 851 data points

and health and wellness. Figure1 showcases the breakdown of youth development staff's concerns.

Academics, which included items in the context of school, was the most often selected concern in the survey, as shown in this youth development staff member's interview quote, "I don't want the kids that I work with to go back to school next year and basically not have advanced a grade or even fallen back." Youth development staff were worried young people would not be prepared for the next school year. They reported being concerned young people do not have adequate resources for online learning. One youth development staff member explained in her interview, "I feel bad for the kids that don't have the technology." Computers and Wi-Fi were not quickly available to all students which detached them from youth development staff and virtual instruction.

Academic worries also included concerns about a widening the opportunity gap, disrupted routines as one youth development staff member put it, "I think that's my biggest thing is like they lost all that structure", and young people's ability to successfully learn remotely. Additionally, youth development staff mentioned the impact academics had on families. One of the interviewees noted on her survey, "I'm more worried that the educational demands thrown to parents during a stressful time has made life even more stressful for families." This especially was a concern for students that needed a lot of assistance including those that were receiving worksheets as their instruction, younger students, and students with disabilities. Given some youth-serving organizations are considered informal learning spaces and some work closely with schools, it is reasonable that academics were a main concern of the youth development staff surveyed.

The second most selected concern in the survey was lack of resources including housing, food, and therapeutic services because schools shut down. As one youth development staff member stated in her interview, "We realized that families depend on [schools] for food, for mental health services, social-emotional support, so, there are a lot of resources that fami-

lies aren't necessarily receiving during this time." Youth-serving organizations had more flexibility than schools and transitioned into "services that maybe they weren't providing before like specifically around being like feeding sites or dropping off different materials and things of that nature to families". This suggests that during the early days of the pandemic, these youth development staff pivoted from providing youth development services to supporting basic life services. Even still, youth development staff worried more about the young people and families that were "resistant to outside help and resources". Youth development staff understood there were still families they were not able to reach and were concerned about how those families were getting resources.

Youth development staff reported that they were worried about the safety of young people without in-person school and youth-serving organizations. A youth development staff member in an interview tearfully stated, "School is a safe place for them. After school is a place for them and so I was like real worried about them." For some young people, youth-serving organizations are places where they feel cared for and can express themselves in ways they cannot do so at home. Another youth development staff member, with a social work background, wondered if her academic focused organization should do more related to the unsafe home environments of some young people. Based on the interviews, the worry for many may have come from not being able to regularly check in with young people and not knowing what was going on with them. Research suggests that many parents/caregivers rely on afterschool programs (Afterschool Alliance, 2020); thus, without both in-person school and afterschool programs, particularly younger students might be left without care while parental figures are working. Additionally, youth development staff perceived parental figures to be more stressed during this time including where to find care while they work, which may lead to unsafe environments.

Finally, youth development staff were concerned about the health and wellness of young people including physical health/wellness, access to health care, and trauma. A youth development staff member described her concern, "You know, beyond the academic needs that students have it's just really like a lot for them not being able to be with friends and thinking about like mental health, thinking about, like, where they are like socially and emotionally." A youth development staff member that works with elementary school students shared in her interview, "I think a lot of those children are really struggling with the lack of social connections they're getting to have right now with their peers." Young people, especially those without technology, were detached not only from youth development staff but also from their peers.

Worries About Self

We directly asked youth development staff about their personal wellness challenges using The Ohio State University – Student Wellness Center's Nine Dimensions of Wellness (2020). This framework describes holistic wellness as including emotional, professional, social, spiritual, physical, financial, intellectual, creative, and environmental wellness. Professional and personal (i.e., emotional, physical, and social) challenges were the most talked about topics.

Professionally, youth development staff were concerned about using online tools needed as they transitioned to the virtual environment. Some of the self-worries were related to the young people the youth development staff worked with. This mimics the dual trauma

literature. In her interview, one youth development staff member said, "That was the hardest transition for me just not getting to see them and not getting to hear from them consistently." The worry youth development staff had about young people impacted their own health as well. One of the main themes for youth development staff that showed up in both the surveys and interviews is they thought they should be doing more and wanted to do more. In those responses were a sense of helplessness, they wanted to do more but did not know what to do especially at first. This can be seen in this response,

> There's like a little bit of like helplessness to it being like, okay, I can do some things but like really there's like only so much in that space…. So it's a little bit yeah I guess just floating in kind of that uncertainty of like what could I be doing that is helping with this period.

Initially, many youth development staff were unsure of what to do and how to do it. They did not know exactly what families needed because they were not able to get in contact with all of them to ask. Additionally, in those responses of wanting to do more, youth development staff felt ineffective. In her interview a youth development staff member shared,

> I feel like I don't know that I'm being as effective as I could be…I think part of my effectiveness comes from…my ability to move my vision forward and move the work forward and so I feel like because we sat in the space of an unknown for a long time... So I just felt like kind of really stag[nant] like in this place of, like, I know things have to be done and we're not moving.

The social aspect of wellness was a challenge for youth development staff even for those that shared they were an introvert. The following quote from an interview describes the impact the lack of social connections had on one youth development staff member's emotional health,

> I think that social and emotional are pretty, pretty connected. I mean, for me at least, like I like being around people. I like being around the people that like are my friends and family like So when I can't do that. Like, it can take a toll on emotional wellness.

Regarding emotional aspect of wellness, in an interview one youth development staff stated, "I was challenged emotionally because I was experiencing a lot of different emotions from like fear to sadness to being hopeful and then going back to, you know, being a being anxious." Youth development staff experienced a wide range of emotions due to the uncertainty of the pandemic. There were unknowns in their professional life but also in their personal lives. Youth development staff weren't sure if they were going to continue to be employed or if they would have to take a pay cut and they were anxious about contracting COVID-19. Lastly, the physical aspect of wellness was something youth development staff were concerned about. They mentioned not getting enough exercise and their more sedentary lifestyles.

Research Question 2: How satisfied were youth development staff with their work during the pandemic and what did they enjoy about their work?

The average compassion satisfaction score for all survey respondents was 7.35 (min. 3 and max. 12). Although youth development staff reported experiencing stress, they were also satisfied with aspects of their work. They concentrated on doing work that was within their control and tried to look at what they could do to cope with the monstrosity of the pandemic. One man explained he focused on what he can do to help even just a few young people through his work. He described in his interview, "Yes, we're not teaching every single kid in [city], at the moment, but we're teaching some and that's like trying trying and it's making impact for their lives. And so, little by little, trying to expand that." In an interview another youth development staff member described the same sentiment,

> I have like from the beginning to even now, I'm just like, putting energy into doing as much as I can, you know what I mean. And just even if I've don't actually like talk to them on the phone, I know that like leaving them a message that I was calling to check in on them and see how they're doing. I feel like I have control over that.

For some youth development staff, they begin either volunteering outside of their organization or doing different work in their organization. In the interviews, youth development staff detailed a contrast of feeling helpless especially at first, yet also striving to do something to support the young people they work with and their families. Youth development staff described perspective shifting as helping them with alleviating some of the stress and ineffectiveness they were feeling, as seen in the above quotes. In addition, they described focusing intensely on what they had control over. For instance, they didn't have control over who responds to their outreaches, but they continued to outreach. For those they could reach, they provided the best services they could. One youth development staff described the pandemic as an opportunity "to do something a little radical" with how they serve young people.

Research Question 3: Are there race/ethnicity and/or gender differences in stress levels and compassion satisfaction scores?

Generally, youth development staff reported being more stressed during the first two months of the pandemic than prior to the pandemic; however, they also reported satisfaction doing work that was in their control. This pattern largely was consistent across the most prominent race/ethnicity and gender combinations in our dataset: women of Color, men of Color, White women, and White men. As shown in Fig.2, White women had the highest reported stress level during the pandemic compared to women of Color, White men, and men of Color respectively ($F_{1,255}=6.24$, $p<0.05$). Men of Color had the largest average increase (1.3) in stress level from prior to during the pandemic ($F_{1,255}=4.17$, $p<0.05$), as well as the lowest reported average stress level for both prior to pandemic and during pandemic. On average, men of Color increased their stress level by 1 category (i.e., medium to high). One Black man reported an increase of his stress level by 4 (i.e., he reported a stress level extremely low prior to the pandemic and extremely high during the pandemic). While none of the other groups averaged an increase of more than 1, on average all groups reported they were more stressed during the first two months of the pandemic than prior to the pandemic. Some people of Color identified race/ethnicity as a factor in their increased stress level. An Asian American woman detailed her experiences in an interview,
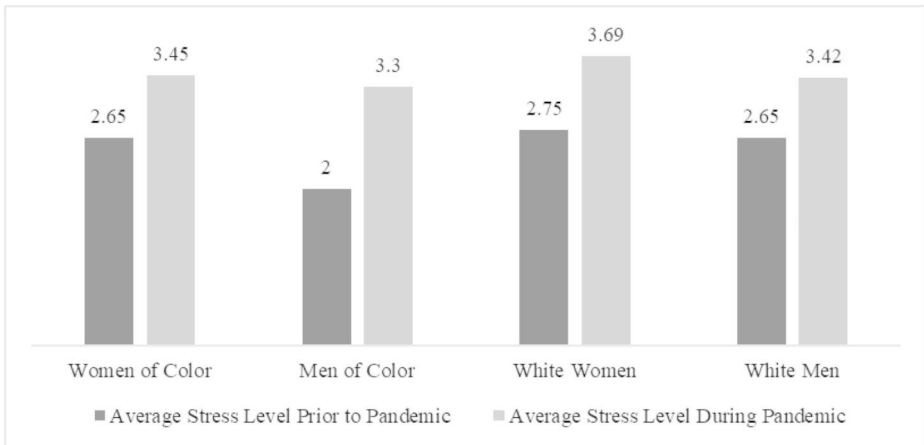
Fig. 2 Average Reported Stress Levels Prior to and During the First Two Months of the COVID-19 Pandemic by Race/Ethnicity and Gender on a Scale 1–5; n=259[11]. *All prior-during differences are statistically significant (p<0.001)

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[11] Missing nonbinary, no combination race/ethnicity and gender response, and no stress response.

I would notice some side eyes when we're [she and her husband] at the store like oh, she's Asian. That's going to happen naturally because where we are it's not, there's not a lot of me. But we noticed, I noticed it more especially, the first couple weeks just kind of those side eyes never anything said to me or anything like that. So that was that's probably another you know stressor for me that I would have a harder time admitting.

As shown in Fig.3, men of Color had the highest average compassion satisfaction score (8.75) compared to women of Color, White men, and White women (7.45, 7.38, and 7.04 respectively) ($F_{1,254}$=11.96, p<0.001). White women's average score was significantly lower than the other groups ($F_{1,254}$=12.53, p<0.001). There was a statistically significant difference in average compassion satisfaction scores between women and men of Color vs. White women and men ($F_{1,254}$=9.75, p<0.01). Women and men of Color in this sample, on average, have higher compassion satisfaction scores. Additionally, the average compassion satisfaction scores of women of Color and White women were statistically different than men of Color and White men ($F_{1,254}$=7.58, p<0.01). The data from the survey participants display racial/ethnic and gender differences in reported stress levels and compassion satisfaction scores during the first two months of the COVID-19 pandemic.
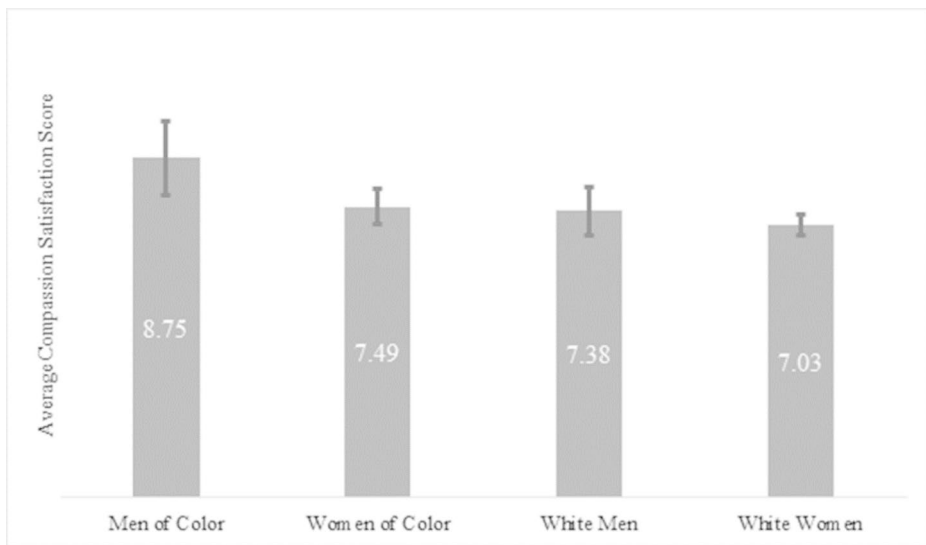
Fig. 3 Average Compassion Satisfaction Score by Race/Ethnicity and Gender; n=255[11]

[11] Missing nonbinary, no combination race/ethnicity and gender response, and no compassion satisfaction score

Discussion

Interpretation of Results

The results show that the professional quality of life of youth development staff in this study changed during the early months of the COVID-19 pandemic.

Stress

Our hypothesis about stress was confirmed – youth development staff reported higher stress levels during the pandemic than prior to the pandemic. Though many youth development staff in the study stated they were not experiencing the trauma of young people, their experiences mimicked the secondary trauma described in teacher stress literature (SAMHSA, 2014). Youth development staff said they experienced challenges related to their personal wellness (emotional, physical, and social) and they described being stressed about the young people they work with and their families. These results demonstrated how a collective trauma event can impact youth development staff – they did not just think of themselves and how the pandemic affected them but also how it impacted the young people and families.

Many reported feeling ineffective and helpless in their jobs in particular, which also may have led to their higher stress levels (Herman et al., 2018; McCann & Pearlman, 1990). Youth development staff believed a lot of what was going on with young people and families during the pandemic was beyond the scope of what they could help with. Yet, some youth-serving organizations expanded their offerings so youth development staff could address the perceived needs of young people and their families (e.g., tutoring, serving meals, and

wellness calls). Some also opened their physical doors to provide spaces for young people to participate in virtual schooling. Additionally, youth development staff were worried about the trauma young people might experience as a result of not having a safe place to be after school – a role they believed their youth-serving organizations fulfilled (Afterschool Alliance, 2020).

Related to themselves, youth development staff worried about switching to a virtual environment and being cut off not just from young people but also from other staff, family, and friends. This isolation impacted their emotional health. Their emotional health was also impacted by uncertainties both in their professional and personal lives (e.g., staying employed, being paid, and having COVID-19).

Satisfaction

Given we believed youth development staff would have increased stress levels, we also anticipated they might be less satisfied with their work and feel they needed to do more to help because the early months of the COVID-19 pandemic halted much of their work (Stamm, 2010). However, we found that they dedicated their time and energy to what they could do. Many were pleased with conducting what they deemed meaningful work and focused on the impact of the work they conducted for young people and families. Even with a less than ideal work environment (e.g., not being in contact with young people), youth development staff were determined to figure out ways to still support young people and families through meal deliveries and continued wellness calls, texts, and voicemails.

Race/Ethnicity and Gender Differences

Even though the average reported stress levels prior to and during the first two months of the COVID-19 pandemic for each race/ethnicity and gender pairing (i.e., women of Color, men of Color, White women, and White men) were statistically different, only the average stress level during the pandemic for White women was statistically different than the other three groups. Additionally, White women had the lowest average compassion satisfaction score. Thus, White women in our study followed the expected pattern in the teacher stress literature (i.e., high stress levels and low compassion satisfaction; Collie et al., 2012).

Men of Color, however, did not follow the identified pattern in the teacher stress literature. Although men of Color had the highest compassion satisfaction score and the lowest self-reported stress level, they had the largest reported increase in their average stress level from prior to the pandemic to during the pandemic. Racism (e.g., hate crimes, social injustices, and racial disparities in health care) might explain this phenomenon with both men of Color and women of Color (Dixson et al., 2019). When a hate crime happens, even if it is not happening to someone they know personally, individuals that identify as being in the same group may react in the same way as if it was happening to them or someone close to them. This is the idea of collective trauma (Luszczynska, 2009; Watson et al., 2020). Moreover, according to the race-based trauma literature, racism negatively impacts the stress level of people of Color (Carter, 2007). During the first few months of the pandemic in the United States, there were also many nationally publicized acts of violence perpetuated on Black individuals, that may have increased the stress level of Black youth development staff in addition to the COVID-19 pandemic (Alter, 2020). Similarly, Asian Americans faced

increased xenophobia and discrimination during this time in part due to scapegoating of COVID-19 (Wang et al., 2020).

There were more statistically significant differences in compassion satisfaction scores by race/ethnicity and gender groups than differences in stress levels. The higher compassion satisfaction scores of youth development staff of Color may reflect the sense of fulfillment they received from working with young people of similar backgrounds and experiences as themselves. Youth development staff of Color might also gain satisfaction from their work because they are striving towards a more just and equitable society for people of Color (Kokka, 2016). Our study supports this as women and men of Color in this sample, on average, have higher compassion satisfaction scores than White women and men. We did find the average compassion satisfaction scores of women of Color and White women were statistically different than men of Color and White men. Given these findings are inconsistent with other research, we believe deeper research is needed.

Parameters

This study was bounded by its one-moment-in-time nature, and the boundaries of the data collection methods. Participants responded to the stress measure based on their own interpretation of stress. It might have been advantageous to provide definitions of the different types of stress including specifically asking about other collective trauma events (e.g., race-related or gender-related stress) in both the survey and interview. The compassion satisfaction score did not have a before score to compare and observe if there were changes during the first months of the pandemic. Additionally, the scale focused specifically on the helping aspects of the job related to the COVID-19 pandemic and not general aspects of their job that could also cause them stress such as high workload and responsibilities (Collie et al., 2012; Sandilos, 2018).

Implications for Future Practice and Research

Our findings have implications for future practice and research specifically related to collective trauma (e.g., natural disasters, mass violence, community and health epidemics, terrorism, and race-based trauma). We recommend organizational leaders provide youth development staff with support before a collective trauma event occurs. They can work to change, add, or remove policies, practices, and routines to help decrease stress and increase compassion satisfaction.

While these results provided a glimpse into how youth development staff respond when a collective trauma event, in this case a health pandemic, occurs, several questions remain about youth development staff stress and compassion satisfaction. What are youth development staff stressed about beyond COVID-19? Similarly, what contributes to youth development staff' compassion satisfaction? We saw some race/ethnicity and gender differences in stress and compassion satisfaction; are these differences consistent for other collective stressors and traumas (e.g., incidents happening in communities, events affecting specific populations, or the loss of a young person)? Youth development staff's stress and compassion satisfaction are in part a result of their work environment (Stamm, 2010); thus, we need to explore youth-serving organizations more as well. Youth-serving organizations are critical parts of learning ecosystems (Akiva et al., 2020) and we need to know about them for

the benefit of their youth development staff's wellbeing and ultimately the development of young people (National Scientific Council on the Developing Child, 2009). In the sample in this study, there was an imbalance in race/ethnicity and gender. However, lack of research makes it difficult to tell if it is representative of the youth-serving field. Future research could explore the characteristics of who is in the youth-serving field.

Although some may see youth development staff in youth-serving organizations as just babysitters and not value their role in the learning ecosystem for young people, during the COVID-19 pandemic they proved to be critical and valuable members of the learning ecosystem through serving young people during the school day (e.g., academic support, meals, and check-in calls). Related to practice, now that schools are mostly reopened and in-person, teachers and administrative staff can continue to work with youth development staff to ultimately support young people holistically. During other collective trauma events, youth-serving organizations might be able to provide support to young people and families in ways schools do not have the capacity to do, such as delivering resources to young people and families. However, further research could investigate this more. How do youth-serving organizations respond to their youth development staff, young people, and families during collective trauma events? What strategies do they use to support youth development staff as they work to decrease their stress and increase their compassion satisfaction during collective trauma events? Even though this study focuses on collective trauma events, youth development staff conduct critical work, but generally they may not be supported by their organization or their supervisors (Ewing, 2021). Supporting youth development staff before there is an incident might better prepare organizational leaders to support them during the initial months of other collective trauma events. Organizational leaders can work to change the staffing climate (e.g., policies, practices, and routines) to better assist youth development staff such as eliminating high stakes work performance measures and promoting work-life balance. One way supervisors can show care for youth development staff's wellbeing is by providing spaces and times during the workday to allow youth development staff to discuss their stressors and work collectively on their healing (Ewing, 2021; White et al., 2020).

Specifically, organizational leaders can work to decrease the stress of women and youth development staff of Color by creating structures that benefit them (e.g., flexible work from home policies, affinity groups for youth development staff of Color, and antiracist policies; Dixson et al., 2019; Mosely, 2018 ; White et al., 2020). Presenting youth development staff with resources needed to adequately support young people and comprehensive professional development opportunities are potential ways to buffer against the effects of job stress (Jennings & Greenberg, 2009; White et al., 2020). Professional development opportunities could also include suggesting strategies to aid youth development staff with decreasing their feelings of helplessness and facilitating self-efficacy related to their job (Collie et al., 2012).

Although we recommend implementing these suggestions before an incident occurs, we also believe they could be used during the initial months of other collective trauma events. In addition, based on our results from this study our primary recommendation specific to collective trauma events, after taking care of their own personal wellness, is for youth development staff to focus on what is in their control and work to do those things for as many people as they can (e.g., making wellness calls to understand the needs of young people and families and connect them to services/resources).

In this study we did not deeply explore differences between youth development staff that spend more time directly with young people and those that mostly work indirectly with

young people. This difference could be interesting to investigate because both groups may be stressed but there may be differences in their stressors. For instance, those with higher levels of direct contact, might be more concerned about the young people themselves and those with less direct contact may be worried about grants and keeping direct service staff employed.

The COVID-19 pandemic impacted youth development staff's professional quality of life – their stress levels increased, yet they still found satisfaction through the work they were able to do during that time. However, stress is not confined to just the COVID-19 pandemic. We can apply the findings from this study to everyday stressors and other collective traumatic events such as race-based trauma and domestic terrorism. It's critical for organizational leaders in youth-serving organizations to support youth development staff – helping to decrease their stress and increase their compassion satisfaction.

Appendix

[This section is estimated to take about 15min.]
1. How do you think our local community is doing in terms of supporting youth during the COVID-19 pandemic?
2. We're really interested in how youth work is being conducted during the COVID-19 pandemic. In the Google document you read youth work as engagement with young people to support their development. How are you personally conducting youth work during the pandemic?
a. [Reference their survey results if necessary.]
b. [If it does not come up, specifically ask 'do you feel as if you should be doing more – why or why not?']

3. How do you think the young people associated with your organization are doing during the COVID-19 pandemic?

a. [Reference their survey results if necessary, in particular their top 3 concerns, worries, or preoccupations.]
b. [If it does not come up, specifically ask about how this is impacting them – 'do you feel you are experiencing the trauma of your young people or do you feel depressed because of the trauma your young people are experiencing?']

We are also interested in your personal wellness during this time. To help guide our conversation, I am going to put 9 dimensions of wellness on the screen. [Pull up the 9 Dimensions of Wellness picture on your screen and share it.] [This section is estimated to take about 20min.]
1. What challenges are you facing with your wellness during the COVID-19 pandemic?

a. [If it does not come up, specifically ask about: anxiety, stressors about work, being fired/letgo/furloughed/jobsecurity,notbeingpaidorbeingpaidless/benefits,loneliness, nothing has changed since before the pandemic.]

2. How are you staying well during the COVID-19 pandemic?

    a. [If it does not come up, specifically ask about coping skills, what they are enjoying about youth work, what other youth development staff are they connecting to and how.]

[This section is estimated to take 15min.]

3. As you think about solutions and strategies for youth development staff during the COVID-19.

4. As mentioned in the survey, the [university] is doing this study in partnership with [intermediary] and we'd like to explicitly share with them ways they can support youth development staff during the COVID-19 pandemic. What do you imagine an intermediary could do to support you and your organization?

    a. [If it does not come up, specifically ask about advocacy to decision makers, online educational resources to share with families, financial/emotional/medical resources for them, updates on COVID-19 relevant to youth work, professional development experiences – training sessions, professional learning communities, toolkits]

5. Is there anything else you want to add before we end?

Data Availability The data that support the findings of this study are available from the corresponding author, DWS, upon reasonable request.

Declarations

Declarations No potential competing interest was reported by the authors.

Ethics Approval This study was approved by University of Pittsburgh's Institutional Review Board on April 21, 2020.

References

Adhanom Ghebreyesus, T. (2020). *WHO director-general's opening remarks at the media briefing on COVID-19–11 March 2020.* World Health Organization. https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

Afterschool Alliance (2020). *America after 3pm:Demand grows, opportunity shrinks.*http://afterschoolalliance.org/documents/AA3PM-2020/AA3PM-National-Report.pdf

Akiva, T., Delale-O'Connor, L., & Pittman, K. J. (2020). The promise of building equitable ecosystems for learning. *Urban Education*, *00*(0), 1–27. https://doi.org/10.1177/0042085920926230

Akiva, T., Hecht, M., & Blyth, D. A. (2021). Using a learning and development ecosystem framework to advance the youth fields. In T. Akiva, & K. Robinson (Eds.), *It takes an ecosystem: Understanding the people, places, and possibilities of learning and development across settings*. Information Age Publishing, Inc

Alter, C. (2020). *'America Has Its Knee on People of Color.' Why George Floyd's Death Was a Breaking Point.* TIME. https://time.com/5845752/america-has-its-knee-on-us-george-floyds-death-was-a-breaking-point-protests/

American Psychological Association. (2020). *Publication manual of the American Psychological Association*. American Psychological Association

Berger, R., Abu-Ralya, H., & Benatov, J. (2016). Reducing primary and secondary traumatic stress symptoms among educators by training them to deliver a resiliency program (ERASE-Stress) following the Christchurch earthquake in New Zealand. *American Journal of Orthopsychiatry*, *86*(2), 236–251

Bloom, S. L., & Farragher, B. (2011). *Destroying sanctuary: The crisis in human service delivery systems*. Oxford University Press

Byron, K. (2005). A meta-analytic review of work–family conflict and its antecedents. *Journal of Vocational Behavior*, *67*(2), 169–198. https://doi.org/10.1016/j.jvb.2004.08.009

Carey, R. L., Akiva, T., Abdellatif, H., & Daughtry, K. A. (2020). 'And school won't teach me that!' Urban youth activism programs as transformative sites for critical adolescent learning. *Journal of Youth Studies*. https://doi.org/10.1080/13676261.2020.1784400

Carey, R. L., Yee, L. S., & DeMatthews, D. (2018). Power, penalty, and critical praxis: Employing intersectionality in educator practices to achieve school equity. *The Educational Forum*, *82*(1), 111–130

Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, *35*(1), 13–105

Centers for Disease Control and Prevention (2020). *Health equity considerations & racial & ethnic minority groups.* https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html

Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, *64*(3), 170–180

Collie, R. J., Shapka, J. D., & Perry, N. E. (2012). School climate and social-emotional learning: Predicting teacher stress, job satisfaction, and teaching efficacy. *Journal of Educational Psychology*, *104*(4), 1189–1204. https://doi.org/10.1037/a0029356

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, *1989*(1), 139–167. https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=uclf

Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Sage

Danziger, S., Levav, J., & Avnaim-Pesso, L. (2011). Extraneous factors in judicial decisions. *Proceedings of the Nation Academy of Sciences of the United States of America, 108*(17), 6889–6892. https://doi.org/10.1073/pnas.1018033108

Darling-Hammond, L. (2021). *Accelerating learning as we build back better.* Forbes. https://www.forbes.com/sites/amazonwebservices/2021/06/28/show-your-customer-obsession-with-these-4-rules-of-personalization/?sh=2cd5b924240d

Dixson, A. D., James, A., & Frieson, B. L. (2019). Taking it to the streets: Critical race theory, participatory, research, and social justice. In J. T. DeCuir-Gunby, T. K. Chapman, & P. A. Schultz (Eds.), *Understanding critical race research methods and methodologies* (pp. 64–75). Taylor & Francis

Duane, A. M., Stokes, K. L., DeAngelis, C. L., & Bocknek, E. L. (2020). Collective trauma and community support: Lessons from Detroit. *Psychological Trauma: Theory Research Practice and Policy*, *12*(5), 452

Essed, P. (1991). *Understanding everyday racism: An interdisciplinary theory*. SAGE Publications, Inc

Ewing, S. (2021). *Compassion fatigue is overwhelming educators during the pandemic.* EducationWeek. https://www.edweek.org/teaching-learning/opinion-compassion-fatigue-is-overwhelming-educators-during-the-pandemic/2021/06?utm_source=fb&utm_medium=soc&utm_campaign=edit&fbclid=IwAR0meMsxg7sDaLetYl3wo-BAqr4czIJJZl9ZkF_hcEQn21ci7ZWQZt2_x0Y

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1–20). Taylor & Francis Group, LLC

Ginwright, S. (2016). *Hope and healing in urban education: How urban activists and teachers are reclaiming matters of the heart*. Routledge

Halpern, R. (2003). *Making play work: The promise of after-school programs for low-income children*. Teachers College Press

Herman, K. C., Hickmon-Rosa, J., & Reinke, W. M. (2018). Empirically derived profiles of teacher stress, burnout, self-efficacy, and coping and associated student outcomes. *Journal of Positive Behavior Interventions*, *20*(2), 90–100. https://doi.org/10.1177/1098300717732066

Hecht, M., & Crowley, K. (2020). Unpacking the learning ecosystems framework: Lessons from the adaptive management of biological ecosystems. *Journal of The Learning Sciences*, *29*(2), 264–284. https://doi.org/10.1080/10508406.2019.1693381

Hill Collins, P., & Bilge, S. (2020). *Intersectionality* (2nd ed.). Polity Press

Jaracz, M., Rosiak, I., Bertrand-Bucińska, A., Jaskulski, M., Nieżurawska, J., & Borkowska, A. (2017). Affective temperament, job stress and professional burnout in nurses and civil servants. *PLoS ONE, 12*(6),1–11. https://doi.org/10.1371/journal.pone.0176698

Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research*, *79*(1), 491–525. https://doi.org/10.3102/0034654308325693

Kendi, I. X. (2019). *How to be an antiracist*. One World

Kokka, K. (2016). Urban teacher longevity: What keeps teachers of color in one under-resourced urban school? *Teaching and Teacher Education, 59*(2016), 169–179. https://doi.org/10.1016/j.tate.2016.05.014

Kyriacou, C. (2010). Teacher stress: Directions for future research. *Educational Review*, *53*(1), 27–35. https://doi.org/10.1080/00131910120033628

Ladson-Billings, G. (2014). Culturally relevant pedagogy 2.0: a.k.a. the remix. *Harvard Educational Review*, *84*(1), 74–135. https://doi.org/10.17763/haer.84.1.p2rj131485484751

LeMenestrel, S. M., & Lauxman, L. A. (2011). Voluntary youth-serving organizations: Responding to the needs of young people and society in the last century.Journal of Youth Development, *6*(3). https://jyd.pitt.edu/ojs/jyd/article/view/171/157

Li, J., & Julian, M. (2012). Developmental relationships as the active ingredient: A unifying working hypothesis of "what works" across intervention settings. *American Journal of Orthopsychiatry*, *82*(2), 157–166. https://doi.org/10.1111/j.1939-0025.2012.01151.x

Locke, E. A. (1969). What is job satisfaction? *Organizational Behavior and Human Performance*, *4*, 309–336. https://doi.org/10.1016/0030-5073(69)90013-0

Luszczynska, A., Benight, C. C., & Cieslak, R. (2009). Self-efficacy and health-related outcomes of collective trauma: A systematic review. *European Psychologist*, *14*(1), 51–62. https://doi.org/10.1027/1016-9040.14.1.51

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

McLaughlin, M. W., & Irby, M. A. (1994). Urban sanctuaries: Neighborhood organizations that keep hope alive. *The Phi Delta Kappan*, *76*(4), 300–306. https://www.jstor.org/stable/20405321

McLaughlin, M. W., Irby, M. A., & Langman, J. (1994). *Urban sanctuaries: Neighborhood organizations in the lives and futures of inner-city youth*. Jossey-Bass

Morrison, J. K. (2014). *Employer strategies for supporting out of school time programming in Texas: Incentives for action, opportunities for collaboration.* The Bush School of Government & Public Service Texas A&M University. https://www.edtx.org/getattachment/49e4dc31-497c-40c4-8096-12d88897b08a/GetFile.aspx

Mosely, M. (2018). The black teacher project: How racial affinity professional development sustains black teachers. *The Urban Review*, *50*(2), 267–283. https://doi.org/10.1007/s11256-018-0450-4

National Scientific Council on the Developing Child (2009). *Young children develop in an environment of relationships*. Working paper 1. https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2004/04/Young-Children-Develop-in-an-Environment-of-Relationships.pdf

Osher, D., Cantor, P., Berg, J., Steyer, L., & Rose, T. (2020). Drivers of human development: How relationships and context shape learning and development. *Applied Developmental Science*, *24*(1), 6–36. https://doi.org/10.1080/10888691.2017.1398650

Racial Equity Tools (n.d.). *Implicit Bias.* Racial Equity Tools. https://www.racialequitytools.org/act/communicating/implicit-bias

Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Sage

Sandilos, L. E., Goble, P., Rimm-Kaufman, S. E., & Pianta, R. C. (2018). Does professional development reduce the influence of teacher stress on teacher–child interactions in pre-kindergarten classrooms? *Early Childhood Research Quarterly*, *42*, 280–290. https://doi.org/10.1016/j.ecresq.2017.10.009

Stamm, B. H. (2010). *The concise ProQOL manual.*https://proqol.org/proqol-manual

Substance Abuse and Mental Health Services Administration's Trauma and Justice Strategic Initiative (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* HHS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services

Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services* (pp. 14–4816). HHS Publication No. (SMA

Sue, D. W. (2010). *Microaggressions: More than just race.*Psychology Today. https://www.psychologytoday.com/us/blog/microaggressionsineveryday-life/201011/microaggressions-more-just-race

The National Child Traumatic Stress Network (2017). *Addressing race and trauma in the classroom: A resource for educators.*https://www.nctsn.org/sites/default/files/resources//addressing_race_and_trauma_in_the_classroom_educators.pdf

The Ohio State University – Student Wellness Center (2020). *Nine dimensions of wellness.* Office of Student Life Student Wellness Center. https://swc.osu.edu/about-us/nine-dimensions-of-wellness/

Vance, F. (2010). A comparative analysis of competency frameworks for youth development staff in the out-of-school time field. *Child & Youth Care Forum*, *39*, 421–441. https://doi.org/10.1007/s10566-010-9116-4

Wang, D., Gilbert, C. G., Bahiru, E., Yang, E. H., & Hsu, J. J. (2020). Asian-Americans and Pacific Islanders in COVID-19: Emerging Disparities Amid Discrimination. *Journal of General Internal Medicine*, *35*, 3685–3688. https://doi.org/10.1007/s11606-020-06264-5

Watson, M. F., Bacigalupe, G., Daneshpour, M., Han, W., & Parra-Cardona, R. (2020). COVID-19 interconnectedness: Health inequity, the climate crisis, and collective trauma. *Family Process*, *59*(3), 832–846. https://doi.org/10.1111/famp.12572

White, A. M., DeMand, A., McGovern, G., & Akiva, T. (2020). Understanding youth development staff job stress. *Journal of Youth Development*, *15*(1), 47–69. https://doi.org/10.5195/jyd.2020.817

Yohalem, N., Pittman, K., & Moore, D. (2006). *Growing the next generation of youth professionals: Workforce opportunities and challenges*. Cornerstones for Kids