

Summer 2010

# The Experiences of Counseling Victims of Trauma as Perceived by Master's Level Post-Practicum Students

Elizabeth More Ventura

Follow this and additional works at: <https://dsc.duq.edu/etd>

---

## Recommended Citation

Ventura, E. (2010). The Experiences of Counseling Victims of Trauma as Perceived by Master's Level Post-Practicum Students (Doctoral dissertation, Duquesne University). Retrieved from <https://dsc.duq.edu/etd/1309>

This Immediate Access is brought to you for free and open access by Duquesne Scholarship Collection. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of Duquesne Scholarship Collection. For more information, please contact [phillips@duq.edu](mailto:phillips@duq.edu).

THE EXPERIENCES OF COUNSELING VICTIMS OF TRAUMA AS PERCEIVED  
BY MASTER'S LEVEL POST-PRACTICUM STUDENTS

A Dissertation

Submitted to the Duquesne University

Duquesne University

In partial fulfillment of the requirements for  
the degree of Doctor of Philosophy

By

Elizabeth More Ventura

August 2010

Copyright by

Elizabeth More Ventura

2010

THE EXPERIENCES OF COUNSELING VICTIMS OF TRAUMA AS PERCEIVED  
BY MASTER'S LEVEL POST-PRACTICUM STUDENTS

By

Elizabeth More Ventura

Approved June 22, 2010

---

Dr. Lisa Lopez Levers  
Professor of Counselor Education and  
Supervision  
(Committee Chair)

---

Dr. Emma Mosley  
Professor of Counselor Education and  
Supervision  
(Committee Member)

---

Dr. JoAnn Jankoski  
Assistant Professor of Human  
Development and Family Studies  
(Committee Member)

---

Dr. Olga Welch  
Dean, Duquesne University  
Professor of Education

---

Dr. David Delmonico  
Chair, Department of Counseling,  
Psychology, and Special Education  
Professor of Counselor Education and  
Supervision

## ABSTRACT

### THE EXPERIENCES OF COUNSELING VICTIMS OF TRAUMA AS PERCEIVED BY MASTER'S LEVEL POST- PRACTICUM STUDENTS

By

Elizabeth More Ventura

August 2010

Dissertation supervised by Dr. Lisa Lopez Levers

The purpose of this study was to examine the lived experiences of master's level post-practicum students as they encountered trauma-related cases during their practicum experience. This qualitative, phenomenologically oriented study used Van Manen's (1990) four lived existentials, Bronfenbrenner's (1979) bio-ecological model of human development, and existing traumatology literature as its theoretical underpinnings. There is no existing literature that examines the experiences of beginning counselors as they encounter trauma-related cases in their academic training programs. The literature base surrounding traumatology is quickly expanding due to the increased awareness and prevalence of trauma in our culture. As the demand for services related to trauma increases, it is essential to understand the lived experiences of trainees in order to help them feel prepared to handle trauma-related cases. Without properly preparing students

for the trauma-related issues they will face in the field, counselor educators risk having trainees implement unintentional interventions that could re-traumatize clients.

For this study, eight master's level post-practicum students were interviewed regarding their experiences of working with traumatized clients during their practicum. The results were summarized into five themes that focused on the atheoretical counselor, lack of supervisory support, trainees feeling generally overwhelmed, stigmatizing trauma victims, and a pedagogical issue related to the need for self-reflective tendencies in counselor education programs. The author suggests ways to implement pedagogical methods within counselor training programs to increase trainees' self-reflective tendencies and to reduce the risk that unintentional interventions will re-traumatize treatment-seeking clients.

## DEDICATION

To Charles Coriale: You were a phenomenal man who wanted this as much as I did.

## ACKNOWLEDGEMENTS

There are so many people whose energy, enthusiasm, wisdom, and support helped to bring this dissertation to completion. First, I would like to extend my deepest gratitude and appreciate to my dissertation committee, Dr. Emma Mosley and Dr. JoAnn Jankoski, who provided me with invaluable support, guidance, and reassurance throughout the entire process. Their knowledge in the field of traumatology is irreplaceable. To that end, I thank you both very much.

Special thanks go to Dr. Lisa Lopez Levers, my dissertation chair, who was my mentor throughout my entire graduate career at Duquesne University. Having her support, confidence, and strength over the past six years has contributed to my development both as a counselor and, more important, as a person. Her enthusiasm for the field of counseling and her dedication to students is commendable. Throughout this entire process I relied on her wisdom and her faith in my abilities to guide me through some of the more trying times of this journey. I am honored to have her as a mentor and to know her as a person, and I look forward to the countless academic adventures we will take together in the future.

I would also like to thank Ardella Crawford, whose wisdom and superb editing skills helped to bring this document to fruition. I cannot thank you enough for your guidance.

Second, I would like to thank the friends I have made as a result of this process. I have realized that I have made friends in this program who will last a lifetime. I have relied on these friends for encouragement, support, and laughter; and to that end, I thank

them now for the fun that we have had over the past three years. I am honored to have each of you as friends and colleagues.

Beyond these relationships, I have benefited from an incredible support system with my family. Both of my parents are educators who have instilled in me the value of education. I will be forever grateful to each of them for providing for me the opportunity to achieve my goals and for giving me the chance to develop into the person I am today. I was taught never to quit, and I have not.

I am grateful for my grandmother, who has given me unconditional love throughout my entire life, and through her own relationships she has taught me how to love. Lastly, I am grateful for my brother, who has always been a role model to me. He is a remarkable person and an exceptional, supportive brother.

Finally, to my husband, Anthony, whom I have loved since I was sixteen years old: you have given me the best gift that I could have ever asked for in our son, Domenic. I love you. You will never know how much I appreciate your support, patience, and encouragement. You always believed in me, even when I didn't believe in myself. You are an incredible man, and I am thankful every day that you are in my life. You know me better than I know myself, and you always knew I could do this. I look forward to countless days with you and our son, as those are the moments that make my life fulfilled.

Domenic, you are my greatest joy. When I look at you, I see the greatest gift in my life. You will never fully understand how much I love you and how much you have changed my life.

## TABLE OF CONTENTS

	Page
Abstract.....	iv
Dedication.....	vi
Acknowledgement .....	vii
List of Tables .....	xiv
CHAPTER I: INTRODUCTION.....	1
Statement of the Problem: Why Master’s Students Need to be Trauma Informed.....	5
Purpose of the Study .....	10
Research Questions .....	13
Protocol for Semi-Structured Interviews.....	15
Delimitations of the Study.....	16
Limitations of the Study .....	17
Theoretical Framework .....	17
Implications.....	20
Operational Definitions .....	21
Summary .....	21
CHAPTER II: REVIEW OF THE LITERATURE .....	23
Theoretical Framework .....	24
Bio-Ecological Model of Human Development.....	24
Trauma Related to Developmental Perspective.....	27

The Four Lived Existentials .....	29
Exploring Trauma Theory .....	30
The Treatment of Trauma.....	33
Understanding the Impact of Trauma on the Beginning Counselor.....	40
Counselor Development and Supervision .....	44
A Pedagogical Issue.....	50
Summary .....	53
<b>CHAPTER THREE: METHODS .....</b>	<b>55</b>
The Philosophy Guiding this Research .....	55
Qualitative / Phenomenological Research.....	55
Phenomenology .....	58
The Theoretical Lens of Van Manen’s Lived Existentials.....	59
Lived space .....	60
Lived body.....	61
Lived time.....	61
Lived relation.....	62
The Current Study .....	62
Purpose of the Study .....	63
Research Design.....	64
Sample .....	64

Method and Procedures .....	66
Source of the Questions and Using a Semi-Structured Interview .....	68
Explication of the Method .....	70
Data Collection .....	72
Data Analysis.....	73
Delimitations of the Study.....	74
Summary .....	75
<b>CHAPTER IV: RESEARCH FINDINGS .....</b>	<b>76</b>
Individual Informant Interviews.....	79
Presuppositions.....	79
Informant Interview Analysis.....	81
Findings: Case-by-Case Analysis.....	84
Informant One.....	85
Informant Two.....	95
Informant Three.....	107
Informant Four.....	115
Informant Five .....	125
Informant Six.....	133
Informant Seven .....	142
Informant Eight.....	149

Final Thoughts .....	160
Similarities.....	162
Differences.....	163
Summary .....	163
CHAPTER V: DISCUSSION.....	166
Summary of Findings and Implications for the Field of Counselor Education .....	168
Theme 1: The Damage has Already Been Done .....	169
Theme 2: The Atheoretical Counselor.....	172
Theme 3: The Island of Counseling .....	177
Theme 4: What I Needed and Didn't Get: Increasing Self-Reflective Tendencies..	182
Theme 5: The Traumatized Client and the Traumatized Counselor .....	186
Summary of Themes .....	191
Facilitating Reflective Thinking in Beginning Counselors: Recommendations to Introduce in the Counselor Education Classroom.....	197
Pedagogy of Counselor Education .....	197
Pedagogical Methods.....	199
Interpersonal process recall.....	200
The reflecting team. ....	203
Journal writing. ....	205
The Pedagogy of Trauma: Course Design .....	207

Limitations .....	210
Implications for Future Research .....	211
Potential Hypotheses Generated from This Inquiry .....	212
Conclusions .....	213
References.....	216
Appendix A.....	229
Appendix B .....	232
Appendix C .....	236
Appendix D.....	245

## LIST OF TABLES

	Page
Table 1. Informant Demographic Information.....	78
Table 2. Sexual Abuse (Community Counseling Setting).....	92
Table 3. Witnessing Death (School Counseling Setting).....	103
Table 4. Family Conflict & A Suicidal Adolescent (School Counseling Setting).....	111
Table 5. Sexual Abuse Case (Community Counseling).....	121
Table 6. Adolescent Abortion (School Counseling).....	129
Table 7. Self Injury (School Counseling).....	139
Table 8. Suicide (Community Counseling).....	147
Table 9. Death (School Counseling).....	157
Table 10. Theoretical Framework Table.....	194
Table 11. Cross-reference Table.....	196

## CHAPTER I: INTRODUCTION

The word *trauma* is derived from the Greek *traumat*, meaning wound (Figley, 1985). A trauma, whether it is a natural disaster, a sexual assault, or a bullet wound, deprives the survivor of a sense of safety and of the inherent peace of well being. The survivor's immediate personal system and larger social system become disjointed and chaotic, and often the survivor is left to rebuild and reconnect the pieces of his or her system. Figley describes trauma as an emotional state of discomfort and stress resulting from "memories of an extraordinary, catastrophic experience which shatters the survivor's sense of invulnerability to harm" (p. xviii). Everstine and Everstine (1993) elucidate that a specific event alone is not traumatic; rather, trauma results from the way the victim perceives the experience. Therefore, while one individual can perceive and internalize an event as traumatic, another may encounter the same situation and not experience an associated trauma. It is clear that many individuals who have encountered traumatic events also experience lasting emotional, psychological, and physical consequences. According to Herman (1992), "Traumatic events overwhelm the ordinary systems of care that give people a sense of control; they are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary adaptations to life" (p. 33).

In order to frame the context of understanding traumatic experiences and the treatment of trauma survivors throughout this research, it is imperative to define *trauma* operationally. For this study, trauma is defined as a unique individual experience, associated with an event or enduring conditions, in which (1) the individual's ability to

integrate affective experience is overwhelmed or (2) the individual experiences a threat to life or bodily integrity. According to Pearlman and Saakvitne (1995),

The pathognomonic responses are changes in the individual's (1) frame of reference, or usual way of understanding self and world, including spirituality, (2) capacity to modulate affect and maintain benevolent inner connection with self and others, (3) ability to meet his psychological needs in mature ways, (4) central psychological needs, which are reflected in disrupted cognitive schemas, and (5) memory system including sensory experience. (p. 60)

The operational definitions chosen for this design vary from the operating definition used in the DSM-IV-TR (2000). Though this definition will be explored in greater detail in chapter 2, it is imperative to note here that the following definition is used in the DSM-IV-TR:

Direct, personal exposure of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. (p. 463)

The tangibility and concreteness of the DSM-IV-TR definition is very useful for diagnostic purposes; however, for the purpose of this study, it does not encapsulate the holistic nature involved in working with and understanding trauma victims. Therefore, the framework for this design arises from a systemic and holistic view of trauma, and hence uses the aforementioned definitions.

The overarching effect of trauma includes a disruption in one's frame of reference for operating in the world. *Frame of reference* refers to the way an individual relates to the world and incorporates his or her own self-concept in relation to it. This frame of reference is systemic, as it includes culture, spirituality, worldview, and personal identity. It is fundamental to an individual's perception of him or herself and to an understanding of personal life experiences; therefore, a drastic shift or disruption in this worldview, as the result of a traumatic experience, can have lasting effects for a person, especially if treatment is not sought to help rebuild this frame of reference.

The initial impact of a trauma leaves powerful messages with the trauma survivor. According to Riethmayer (2002), traumatic experiences tell the survivor that the world is no longer safe, predictable, kind, or trustworthy. The counselor needs to begin to meet these immediate needs of the trauma survivor by creating a counseling environment with the client that *is* safe, kind, predictable, and trustworthy. In essence, a new therapeutic world has to be co-created with the client that resembles the essential characteristics of the client's world prior to the destructive traumatic experience.

It is perhaps naïve to think that beginning counselors will not encounter treatment-seeking victims of trauma directly or encounter clients whose presenting symptoms have manifested due to a history of trauma. According to the National Institute of Mental Health, Post Traumatic Stress Disorder occurs in approximately 1 in 52 people, or approximately 5.2 million people in the United States alone. As one example of a common source of trauma, the Federal Bureau of Investigation estimates that a woman is raped every 6 minutes in the United States (Biden, 1993). Trauma histories are often associated with female survivors; however, it is imperative to understand that trauma

does not discriminate based on gender or race, and males entering treatment also may bring with them a history of trauma. According to Pearlman and Saakvitne (1995), one in six men has had unwanted sexual experiences before age 15, involving someone at least 5 years older. These statistics increase when clinical populations are considered, as 68-86% of hospitalized patients with a diagnosis of borderline personality disorder have childhood histories of sexual abuse, physical abuse, or witnessing severe violence.

With these alarming statistics, there is reason to suspect that treatment-seeking clients may present with some type of trauma history, regardless of whether or not the DSM-IV criteria are met completely for Post Traumatic Stress Disorder (PTSD).

Additionally, it is important to note that these statistics are based on crime reports; with the stigma attached to certain types of trauma in our society, it is clear that many acts of violence are under reported. Therefore, victims of trauma may seek counseling as their first line of defense in beginning to understand their traumatic experience. Trauma usually shatters the world of the survivor; what used to be “normal” no longer exists, and essentially, the world that existed prior to the trauma can never truly be recovered. In a sense, counseling for trauma is much like grief counseling, as it is a process of working through the “loss” of the particular life that the victim once experienced. Therefore, one of the major tasks of trauma counseling is to help the client find a new definition of *normal*. Life needs to be redefined, not by what used to be, but by what now exists.

Overall, because trauma is so widespread, and because the impact on mental health can be so profound, Kitzrow (2002) suggested that it is important to consider the extent to which graduate programs in counseling are providing training and supervision to prepare counselors to work with clients who have been traumatized. Kitzrow (2002) identified

major arguments to support the importance of training counselors to work with issues regarding trauma—namely, the prevalence of clients seeking treatment with trauma histories, the complexities of the problems presented, and ethical considerations about the risks that may arise when counselors are not adequately trained to treat these issues. The foundation of the present research is its search to capture the experiences of these beginning counselors in graduate training programs as they encounter victims of trauma in their practicum field sites and to elucidate their experiences in light of their training in the field of trauma work.

#### Statement of the Problem: Why Master's Students Need to be Trauma Informed

Professionals seeking to work with trauma survivors should be prepared to navigate these murky waters of traumatology and be deft enough to avoid re-traumatizing the victim. Nonetheless, the pre-service training of mental health service providers, including that of professional counselors, often tragically fails to address this critical issue in any significant depth. Master's-level clinicians who have matriculated into doctoral programs most likely have themselves graduated from programs in which there was not much exposure to trauma theory. Even though these clinicians might be minimally experienced in treating trauma survivors, they also are likely to be charged, eventually, with supervising the practicum and internship experiences of master's students, who, in turn, have not been exposed to trauma theory, thus perpetuating the unintended cycle of a failed knowledge-base through this inexperience (Levers, Ventura, & Bledsoe, 2008).

Too often, therapists lack the conceptual frameworks, practical approaches, self-efficacy, and supportive environments either for examining their role in relationships

with trauma survivors or for understanding the impact their work has on them (Pearlman & Saakvitne, 1995). All too often, because novice therapists may lack this self-reflective tendency toward trauma-related issues, techniques employed during sessions may not be intentional in nature and, therefore, may result in promoting helplessness for trauma victims. Because the ability to understand and conceptualize complex problems is related to counselor competence, the encouragement of reflective thinking should be an important objective of counselor education programs (Griffith & Friden, 2000; Nelson & Neufeldt, 1998). The goal is for trauma-informed counselors to use interventions that are designed to help people overcome traumatic experiences, and focus on mastery and empowerment, while avoiding further experiences that teach the trauma client helplessness (Bloom, 1999). It is imperative, then, that supervision functions as a foundational component in allowing for this uncertainty to be explored and for traumatology to be discussed with regard to practical implementation. However, as mentioned, the pre-service training does not guarantee that beginning counselors have been supervised by individuals who are knowledgeable or trained in trauma counseling. Lack of information and training increases the likelihood that therapists will impose, or counter-transfer, their needs and conflicts on their clients. According to Pearlman and Saakvitne (1995),

To date, few training programs for mental health professionals offer education about psychological trauma; even fewer address details of the complex process of trauma therapy, including issues of developing a therapeutic alliance, establishing a therapeutic frame, understanding and using transference and counter

transference, managing traumatic memories, and addressing common post-trauma adaptations in the context of a developmental trauma theory. (p. 2)

The implications of this are twofold. It is apparent that untrained counselors can cause harm to traumatized clients through re-traumatization; however, the second risk pertains to the counselor in training. If the novice counselor does not understand her own reactions to these cases, and then ruminates on self-defeating cognitions that stem from feeling incompetent when dealing with trauma-related issues, such a situation can compound the already existing self-doubt that many beginning counselors feel; as a consequence, the incipient counselor may begin avoiding these clients all together or perhaps even leave the field. Overall, counseling suffers when a therapy fails or a client is re-injured by a therapy, but the entire field of trauma therapy is at risk of extinction if overtaxed professionals are unable to mitigate the deleterious effects of their work upon themselves (Pearlman & Saakvitne, 1995).

One may question why such a stigma seems to surround trauma counseling and why this field seems to be so difficult to treat and to supervise effectively. Herman (1992) refers to the history of the field of psychological trauma as one of “periodic amnesia” (p. 48). According to Brett (1993), child abuse, for example, has existed for centuries, and it emerges into cultural consciousness episodically, only to be again dissociated, repressed, or denied. It is clear that trauma therapy work is subversive work; trauma counselors are responsible for naming and addressing society’s shame; and to supervise this and address this effectively is a daunting task.

Currently, the curriculum requirements of CACREP-accredited counseling programs do not require a course in trauma theory; however, the 2009 standards have

acknowledged the need to address trauma-related issues and those necessary for crisis intervention. According to Webber and Mascari (2009), “The 2009 CACREP Standards provide competencies for crisis, disaster, and trauma response that are infused in both core counseling and program specific curricula” (p. 125). These standards infuse disaster and trauma competencies across counselor preparation, which is a shift from the basic counselor training requirements. However, while Webber and Mascari elucidated that the adoption of these standards is a major step on the journey toward preparing competent counseling graduates to provide disaster and trauma mental health services, the larger issue presents itself if one reviews the competencies that are actually infused into the core curricular experiences. Those competencies that are outlined in the new standards, and which students need to demonstrate, focus primarily on crisis intervention and trauma counseling either during or immediately following a major identified crisis or disaster. For example, as noted by Webber and Mascari, in one of the eight core curricular areas identified by CACREP, the Clinical Mental Health Counseling domain, competencies include the following: “Understands the operation of an emergency management system within clinical mental health agencies and in the community.... Understands appropriate use of diagnosis during a crisis, disaster, or other trauma causing event” (CACREP Standards, 2009, pp. 30, 36). Competencies like these seem to prepare counselors to manage immediate crisis scenarios and disasters and to ignore those traumas that are experienced on an individual level. With major events like September 11<sup>th</sup>, Hurricane Katrina, and the Columbine school shootings, there is credence in having counselors prepared to handle crisis and disaster responses effectively; however, the traumas that flood counseling offices on a daily basis, those not precipitated by a catastrophic event,

require a different set of skills from the counselor. A dilemma exists if students do not take advantage of elective courses, if they are offered, which focus primarily on trauma theory and trauma counseling interventions, and choose to rely only on the concepts touched on and infused across the curriculum with the implementation of the new CACREP standards. Furthermore, supervisors who are charged with monitoring master's-level students in their trauma work may ignore the need to increase the counselor's awareness concerning trauma issues and to encourage the use of intentional therapeutic techniques that do not risk re-traumatization for the client. If supervisors themselves do not have an understanding of trauma theory, graduate students will not receive the proper guidance needed to deal with these cases or with the potential residual feelings left from working with traumatized clients. This situation, ultimately, can lead to counselor burnout and attrition in the field.

The student has a level of personal responsibility in assessing his or her own competency in counseling, and counselor educators are responsible as well as gatekeepers to the profession. According to Lamadue and Duffy (1999), counselor education programs have an ethical obligation to evaluate students' personal and professional competencies in an effort to ensure the quality of graduates' clinical service. Hensley, Smith, and Thompson (2003) examined the complexities of the professional and personal development of counselors-in-training. To date, no published studies have addressed the assessment of student professional development, and few have examined the evaluation of students' personal competence. Their review suggests that no consensus yet exists regarding criteria to evaluate student professional development, and that while ethical codes provide general guidelines regarding the importance of student evaluation, the

identification of specific criteria for assessment of students' development has been left largely to interpretation by individual programs (Hensley et al., 2003). In examining the implications of this in the context of trauma work, the implications are hard to ignore. Without effectively understanding students' personal and professional development specific to the areas of understanding trauma counseling, program directors run the risk that beginning counselors are entering into the practicum and internship phase of the program without having been exposed to basic concepts in traumatology. Ultimately, this lack of understanding can be harmful to clients who end up being re-traumatized by "therapeutic" interventions that ignore the most essential aspects of their existential crises (Levers et. al., 2008). Literature reviews in this area yield findings that point to vicarious traumatization and counselor burn-out; however, no literature exists to date that explores the lived experiences of master's level counseling students as they encounter trauma victims in field training.

#### Purpose of the Study

The purpose of this qualitative, phenomenologically-oriented study was to explore the lived experiences of master's-level students who have completed their practicum field training and who have volunteered to be interviewed as students who have been exposed to trauma-related client issues. This was important because, as an area not yet described in the literature, the data may provide substrates from which curricular reform could emerge in Counselor Education programs. The study operated out of the theoretical lens of current traumatology literature, existing trauma theory, and the use of Van Manen's (1990) four lived-existentials. These existentials, as outlined by Van Manen, explored lived-space, lived-body, lived-time, and lived-human relation. It was within this

theoretical framework that the qualitative data were analyzed. While the implications of using Van Manen's four lived existentials as a framework for this design has been explored in greater detail in chapter 3, interpreting the data gathered from the informants in light of Van Manen's existentials has aided in understanding the informants' in-session thoughts, feelings, and experiences when working with trauma victims. These four categories—lived time, lived space, lived human relation, and lived body—allow for systemic and cultural issues to be considered and interpreted in light of the experiences reported by the informant.

Reflection has been identified as an important component to counselor development (Griffith & Frieden, 2000; Hoshmand, 1994; Nelson & Neufeldt, 1998). Reflective thinking, for the purpose of this study has referred to a counselor's ability to engage in active, ongoing examinations of the theories, beliefs, and assumptions that contribute to understanding the client issues encountered in sessions and to conceptualize ways to demonstrate appropriate and intentional counseling interventions. According to Holloway and Wampold (1986), the ability to understand and conceptualize complex problems has been related to counselor competence; therefore, it should be an integral part of counselor education programs. Peterson (1995) observed that educating counselors to be self-reflective could be the most significant part of their academic preparation. Griffith and Frieden (2000) note the following:

It is obvious that memorizing specific responses to given problems, (like trauma) could never prepare a counselor for the variety of situations and problems encountered in therapy; thus, some other processes, like reflection, is needed to help students train for areas of uncertainty. (p. 2)

Effective counseling has been derived from counselors' use of self-reflective tendencies to implement intentional counseling interventions.

For the design of this study, self-reflection was held to be an important component of counselor development (Hoshmand, 1994; Nelson & Neufeldt, 1998; Neufeldt, Karno, & Nelson, 1996), and it was defined as the active, ongoing examination of the theories, beliefs, and assumptions that contribute to counselors' understanding of client issues and that guide their choices for clinical interventions (Griffith & Frieden, 2000). Furthermore, because case conceptualization has been imperative for treating complex problems effectively, and because effective treatment, in turn, has been directly related to counselor competence, the development of self-reflective counselors should be a major objective of counselor education programs (Fong, Borders, Ethington, & Pitts, 1997; Griffith & Frieden, 2000; Holloway & Wampold, 1986; Nelson & Neufeldt, 1998).

Because both the research and anecdotal support guiding this inquiry indicate that counselors in training lack conceptual and theoretical frameworks to effectively conceptualize trauma cases, it becomes imperative to begin to explore those techniques that could potentially aid in increasing counselors' self-reflective processes. The implications of Kagan's (1980) work with Interpersonal Process Recall (IPR) was also briefly discussed in Chapter 2, and further explicated in Chapter 5 as a contributing theory that may help in understanding the implications of counselors' self-reflective tendencies both in- and outside of sessions. It was believed that if beginning counselors increase their self-reflective tendencies through a technique like IPR, they would have a greater awareness of personal processes when treating trauma victims. According to

Nelson and Neufeldt (1998), students must develop not only skills, but also their very humanness in the process of becoming competent counselors.

From this research, it is hoped that the educational model formulated and generalized can help reform the curricula in counseling programs so that master's-level students can enter the human service field with a basic understanding of trauma theory. It also is hoped that this experience could facilitate a more self-reflective process during training, which would then transfer to these individuals' field work. This research has not presupposed that its effects would leave incipient counselors thoroughly prepared to counsel a broad range of individuals experiencing trauma, nor did it intend to assume that trauma training could alleviate the existential anxiety inherent in beginning counselors. However, what it did purport was that through trauma-informed curricula and practices designed to increase counselors' self-reflective tendencies, new counselors can enter their practicum experience, and ultimately the field, with an increase in self-awareness concerning trauma counseling and an ability to make the trauma-counseling process more self-reflective.

### Research Questions

The major purpose of this investigation was to examine the lived experiences of master's level students who have encountered trauma victims during their academic training at the practicum level, and to explore both the in-session reactions to these cases, and the trainees' reflections on their experiences of working with traumatized clients. This inquiry also explored the role of academic and clinical training in creating a level of preparedness for the informants when dealing with these cases.

The following guiding questions informed this inquiry:

1. How do master's-level students at the post-practicum level understand the clinical importance of psychosocial trauma?
2. What are their lived experiences when dealing with victims of trauma as counselors in training?
3. How might the information from the above questions illuminate trauma-informed instruction in the master's curriculum?

Questions that are subsidiary to the guiding questions and that, therefore, help in answering the guiding questions include the following:

1. In what ways do the informants understand the construct of trauma, as outlined in this inquiry?
2. What are the lived experiences reported by master's level students who have encountered victims of trauma in their field work at their practicum site?
3. What are the in-session experiences reported by the informants? How do they describe the overall experience of having worked in a session with a traumatized client?
4. How do the informants organize the experience of dealing with trauma victims, particularly relating to issues of transference or counter transference?
5. What information can be learned from the students' experiences regarding the role of supervision in processing these trauma cases?

The subsidiary questions targeted specific areas for focus. Informant responses to questions 1 – 4 were interpreted in light of Van Manen's four lived existentials. Question 5 explored the role of academic and clinical training in creating a level of preparedness for informants when dealing with trauma cases.

## Protocol for Semi-Structured Interviews

The key informant interviews were recorded on audio tapes for authenticity and later transcribed. The following open-ended probes were used to facilitate the conversation between the researcher and the informants. These probes served to elucidate the lived experiences of master's level students who were counseling victims of trauma during their practicum experience. The following are examples of probes used in the semi-structured interview (see Appendix A for the entire interview).

1. What has it been like for you to have treated victims of trauma at your practicum site?
  - a. How do you define the construct of trauma?
  - b. Did you have different experiences based on your perception of severity of the traumatic event?
2. Did you experience any difficulty in dealing with these cases or did you find that it was no different compared to other cases you encountered during your practicum experience?
  - a. If you found it more difficult, can you expound on why you may have felt this way?
  - b. Can you explain what cases, if any, you found to be particularly difficult to deal with emotionally during your training experience?
3. How did hearing these stories affect your day or your perception of yourself as a counselor?
  - a. Did you experience an increase or decrease in your confidence as a counselor or in your skills?

- b. Did you struggle with positive or negative residual emotions as to how it was handled?
- c. Did counter transference or transference play a role in your experience?

#### Delimitations of the Study

This study used homogenous purposeful sampling to choose eight total informants, all of whom were post- practicum level students in the Department of Counseling, Psychology, and Special Education, in a CACREP-accredited university in Western Pennsylvania. The investigation was limited to the experiences of post-practicum students who volunteered for this inquiry because they had encountered trauma-related cases at their practicum sites. Post- practicum students were defined, for the purposes of this sample, as those students who had completed their practicum field experience and who had not yet graduated from the program. Therefore, these students were likely engaged in the internship phase of the program while participating in this inquiry. This specific population was chosen for this design primarily because this is the trainees first “in – session” experience with clients. According to CACREP (2009), “These practicum experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community. Practicum provides for the application of theory and the development of counseling skills under supervision” (p. 14).

In order to be eligible for practicum, students must have completed the basic screening courses of academic work and have been approved by the university faculty to begin their field training. Therefore, according to CACREP requirements and standards, students at this level, though novices, have had academic training that is

suitable for entering the field and using theoretical application to counsel clients, under active supervision at off-site locations. Because the major interest of this inquiry was in the experiences of master's level trainees as they encounter victims of trauma, it was hoped that the practicum-level trainees would provide the most raw and authentic responses about their personal experiences of having a counseling session with a trauma victim for the first time.

### Limitations of the Study

Because of the nature of the investigation, this study has certain limitations. The investigation required the informants to recall events retrospectively, thereby relying on their memory of their feelings and experiences as practicum students for data collection. Consequently, the accuracy of the data is then linked to the accurate recall of their memory of their experiences. In addition, the primary researcher in this investigation identified, as part of the purposeful sampling process, certain students as potential candidates for data collection who also had been supervised, previously, by the researcher. It was largely through those primary interactions that the initial ideas for this investigation were developed. Therefore, certain students interviewed for this investigation were supervised during their practicum experience by this researcher and another doctoral student not involved in this current investigation. To reduce researcher bias and to allow for the efficacy of the study to emerge, various measures were incorporated into this investigation that are explored in more detail below.

### Theoretical Framework

This qualitative, phenomenologically-oriented study explores the experiences of master's-level students who have completed their practicum field training experiences,

and who were identified as students who had been exposed to trauma-related client issues. This qualitative design is grounded in a theoretical framework that includes the theoretical lenses of current traumatology literature, existing trauma theory, Van Manen's (1990) four lived-existentials, and the bio-ecological model of human development (Bronfenbrenner, 1979, 2005), the qualitative data were examined.

Van Manen's (1990) lived existentials explore lived time, lived space, lived body, and lived human- relation. The phenomenological framework for this design attempts to understand the lived experiences of the beginning counselor working with trauma-related cases. This framework was chosen to understand those in-session experiences as re-told by the informants. The use of this framework made it possible for the data to be organized, in part, by these existentials to better understand these areas of the counselors' in-session experiences. The following examples taken from the interviews with the counselors illustrate how Van Manen's (1990) four lived existentials can serve as a framework to explore the feelings expressed by the beginning counselors:

- Lived space: "I felt the walls close in when they disclosed their abuse."
- Lived body: "I felt my chest tighten, and my heart began to race when the client disclosed her trauma."
- Lived time: "Once the client disclosed she was raped, the session seemed to last forever."
- Lived human relation "When she displayed her grief, I felt myself emotionally mirror her; I felt her pain."

Bronfenbrenner's bio-ecological model (1979) has been widely published and referenced for assistance in understanding how individual development is affected by the

environment. This systemic approach is translatable not only to understanding counselor development, but also to understanding an integrative approach to treating trauma. This model, overall, explores the interrelated facets of the beginning counselor's experience, the experience of the supervisor working with the beginning counselor, and the impact of this system on the client.

This theory was adopted to look at the development of the beginning counselor within the context of the system of relationships that form his or her environment. Bronfenbrenner's theory defines complex "layers" of the environment, each having an effect on the counselor's development. This model suggests that any one change or conflict within one layer will ripple throughout other layers. To study the counselor's development then, it is imperative to consider some of the following factors that affect the beginning counselor's ability to conceptualize a case: the relationship that the counselor has with the client, her supervisors, the field site, the counselor's potential trauma histories, and even the relationship with her academic program. To understand a counselor's worldview and theoretical approach to working with trauma cases, one must consider not only the immediate environment of the student, but also the interaction of the larger environment. Bronfenbrenner (1979) discussed five layers or systems that are interrelated. These systems are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The microsystem is the layer closest to the counselor, encompassing relationships and interactions that have a direct influence on her functioning and can most strongly influence counselor development. Conversely, the macrosystem is the outermost layer, and while it is not characterized by a specific framework, this layer is comprised of cultural values, customs, and laws (Berk, 2000). The effects of larger principles defined

by the macrosystem have a cascading influence through the interactions of all other layers (Berk). This model will be more thoroughly explored in Chapter 2.

### Implications

Given the limited literature that exists in the field regarding the experiences of beginning counselors, specifically related to trauma work, the aim of this inquiry was to contribute to the literature by addressing an important gap. An additional goal of this study was to help those who design counselor education programs to understand the significance of preparing beginning counselors for trauma-related cases in the field.

The findings of the interviews were presented in light of the research questions, and further investigative questions have been generated for future studies that, it is hoped, will demonstrate applicability to contexts outside the realm of this study. The over-arching goal of this research was to generate ideas surrounding curricular reform in counselor education programs so that beginning counselors might leave their initial field work with a working knowledge of trauma theory and its application to treating victims of trauma. Furthermore, by revising the curriculum in CACREP programs to incorporate trauma theory into course development, the hope has been that counselors can feel less traumatized by the inadequacy of being unable to deal with the trauma issues presented and, instead of being immobilized by these fears and inadequacies, can use these feelings to propel them to continue their education about trauma issues so that they become and remain professionally competent. Finally, given that self-reflection has been a feature in counselor development that is imperative in order to conceptualize a case and provide intentional techniques within the session (Nelson & Neufeldt, 1998),

this study also explored the role of the educator in helping to promote self-reflection within the counseling classroom.

### Operational Definitions

This study used certain operational definitions when discussing numerous constructs in this design. A complete list of these terms can be found in Appendix D.

### Summary

This inquiry was formulated after years of anecdotal observations of master's level students feeling unprepared to handle issues of trauma work during their field training experience. More specifically, many beginning counselors have had an overall inability to conceptualize the area of trauma theory and the impact of trauma work on both themselves and the client. With no standards in place that make trauma relevant as its own academic area of study, it had seemed inevitable that beginning counselors will continue to encounter difficulty in working with trauma victims. While the role of active supervision at the practicum level has been imperative to safeguard the field and the client, issues that arise out of cases of trauma have tended to come after an unintentional intervention was employed or after a client has been re-traumatized. Therefore, the safeguards for this population come into place after the "damage," per se, has been re-created via unintentional interventions by the novice counselor. Supervision proves viable for the trainee so that he or she will not re-create the same experience for the next client. However, who ensures that the client, treated by the novice trainee, will ever re-engage in therapy after he or she has been re-traumatized?

No literature has existed, to date, that focuses on the experiences of Master's level students as they encounter victims of trauma in their training programs. This study,

therefore, has attempted to fill the gaps in the literature to provide a clearer picture of the experiences of these students so that proper training and supervision measures can be implemented in Counselor Education programs to better prepare these students for this type of work, to also increase their self – reflective nature as counselors in training, and to reduce counselor burnout as they progress in their careers. This study has not purported to advocate that CACREP programs produce students that are trauma experts, per se; however, the goal was to identify the experiences of these students and to tailor an academic experience that leaves them feeling competent in the areas they have identified as lacking in their course work. Furthermore, students can take experiences learned during their academic training and continue their education in areas of counseling that are of interest to them, without having negative experiences to jade their professional development.

Chapter 1 provided an overview of this research investigation including the significance, purpose, and method. Chapter 2 has summarized decades of literature on trauma theory, which furnished the basis for understanding the experiences of counselors-in-training being explored in this study. Chapter 3 has presented the study's method in extensive detail and the rationale for its selection. Chapter 4 has offered the results, and Chapter 5 has provided the analysis, implications of the findings, and further work that can be done in this area of research.

## CHAPTER II: REVIEW OF THE LITERATURE

The purpose of chapter 2 is to provide an overview of the pertinent literature in the field for the topic under investigation. This chapter elucidates the theoretical underpinnings of trauma theory and the existing literature, which coalesce to create the foundation for this research. Specifically, this study is an exploration of the experiences of master's-level students who have completed their practicum field training experiences, and who have been exposed to trauma-related client issues. In order to address the relevant topics in the literature, this review has been divided into three sections that outline the information needed to understand this investigation. The first section presents the theoretical framework used to ground this study. A review of the bio-ecological model for human development (Bronfenbrenner, 1979, 2005) is explored in conjunction with the use of Van Manen's lived existentials. The second section focuses on the relevant literature in the field related to trauma theory and counselor development, specifically on the assessment of counselor competency, supervision of beginning counselors, the pedagogy of counseling, and understanding the effect of working with traumatized clients. The last section highlights the need for educating beginning counselors in the field of traumatology prior to beginning clinical work.

The literature reviewed develops the following arguments in support of this study:

- (a) Research is lacking that specifically describes how counselor educators can comprehensively and systematically assess the development of all counselors in training (Lamadue & Duffy, 1999).
- (b) New therapists often lack the conceptual frameworks, practical approaches, and supportive environments for either examining their role in relation to trauma survivors or for understanding the impact their work has on them

(Pearlman & Saakvitne, 1995). The risk of re-traumatizing clients is severe, and the introduction of pedagogical methods in graduate training courses that increase counselor's self-reflective tendencies could alleviate the risk of re-victimization. (c) Counter transference that is experienced by therapists treating trauma cases can have adverse effects on the new therapists and on their development as counselors. Supervision needs to be intentional to handle these emerging concerns among trauma workers. These three concerns converge to illustrate why understanding the experiences of master's level trainees who encounter trauma cases in the field is so important to the field of counseling, and they also speak to the need to increase awareness of counselor educators who are responsible, as gatekeepers to the profession, for providing novice counselors with adequate support, training, and validation.

### Theoretical Framework

#### *Bio-Ecological Model of Human Development*

The lens of the bio-ecological model helps to frame the complex system that affects beginning counselors as they endeavor to treat complex trauma-related cases. At no other time in counselors' careers are they more closely supervised than during the practicum experience. Students receive both site and campus supervision, and they are responsible to themselves, their clients, their supervisors and faculty, the practicum site, and the university. These systems are intense and dynamic, and it would be impossible to look at the student as isolated from these complex systems. Therefore, to completely understand the lived experience of the trainee at the practicum level, it is necessary to consider the experience through the lens of the bio-ecological model of human development. In considering this holistic view of counselor development,

Bronfenbrenner's (1979) model frames these experiences while considering the multi-layered and dynamic experiences of these relationships that affect the trainee. The model explores five interrelated structures that demonstrate the connectedness of one's environment. A change in one structure or system directly affects another.

Bronfenbrenner's model consists of the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (p. 3). The microsystem is that system closest to the trainee, containing the structures with which the trainee has direct contact. The microsystem encompasses the relationships and interactions trainees have with their immediate surroundings (Bronfenbrenner). Structures in the microsystem can include personal trauma history, culture, or personal experiences. At this level, relationships have impact in two directions: both away from the trainee and toward the trainee. For example, trainees' supervisors may affect their beliefs and behavior; however, trainees also affect the behavior and beliefs of their supervisors. Bronfenbrenner calls these *bi-directional influences*, and he shows how they occur among all levels of the environment. The interactions of structures within a layer and between layers are central to his theory (Berk, 2000). At the microsystem level, bi-directional influences are strongest and have the greatest impact on the trainee. However, interactions at outer levels can still affect the inner structures, meaning that should a change occur in the exosystem, the trainee would feel this impact.

The mesosystem is the next layer; it can include the working environment or the supervisory relationship. This level can also include the relationship with the university, advisors, or even peers. The mesosystem also provides the connections between the

structures of the trainee's microsystem. An example of this could be the relationships between the trainees' site supervisors and the university supervisor.

The next level is the exosystem, which encompasses larger systems that may not directly affect the trainee, but that can have implications in an indirect transaction. The structures in this layer affect counselors' development by interacting with some structures in their microsystems (Berk, 2000). University policy, human resource policies, and administrative decisions are all examples of an individual's exosystem. Trainees may not be directly involved at this level, but they do feel the positive or negative force involved with the interactions within their own systems.

The next layer is perhaps the outermost layer, and it can include the professional associations of the trainee, state or national initiatives, legal mandates, community or cultural influences, and economic influences. While not being a specific framework, this layer is comprised of cultural values, customs, and laws (Berk, 2000). The effects of the larger principles defined by the macrosystem have a cascading influence throughout the interactions of all other layers. For example, if the field site's culture stigmatizes students who have complex or single-incident traumatic experiences, it is likely that this attitude will affect the other systems for the trainee and may alter the way in which the trainee interacts with the client.

The last layer is the chronosystem which encompasses the dimension of time as it relates to the trainee's environment. Elements within this system can be either external, such as the timing of hearing a traumatic story from a patient that coincides with a personal traumatic event, or internal, such as the physiological changes that occur with the development of a professional counselor. This layer has particular relevance to the

existential of lived time discussed by Van Manen. Lived time relates to the subjective experience one has within a relationship, and from the lens of the ecological model, the role that this relationship has on the other layers of the system.

Bronfenbrenner's (1979, 2005) bio-ecological model provides a framework to consider the development of beginning counselors and illustrates the complexity of considering and understanding their experiences of working with trauma cases. It is also necessary to understand trauma from a developmental perspective.

The constructs of risk factors and protective factors are essential to understanding the bio-ecological model of human development (Bronfenbrenner, 1979, 2005). Lynch and Levers (2007) have discussed the role of protective and risk factors in one's environment, noting that "Environmental factors have an impact on the person in stage-salient ways; and continual transactions within the environment, or ecology, determine the risk or protective factors present in the individual's ecology (p.590)." Risk factors have the potential to interrupt the individual's normal developmental pathway, and protective factors serve to buffer the individual from the influence of these risk factors. It is possible that protective factors can buffer and protect trainees from feeling overwhelmed during their practicum experience, ultimately aiding in enhancing their experience and promoting self-reflection. Conversely, in the absence of certain protective factors, like effective supervision for example, trainees may feel vulnerable and exposed to risk factors that threaten their development.

#### *Trauma Related to Developmental Perspective*

Individuals who experience early childhood trauma and who then present as adults in therapy need to be viewed from a developmental perspective (Pearlman &

Saakvitne, 1995). When using a developmental perspective as a frame, therapists can understand that the developmental period in which the trauma occurred likely reveals that certain milestones or developmental periods may be incomplete. Putnam (1989) revealed that from a constructivist framework, these experiences of trauma will be reinterpreted and reconstructed during subsequent developmental stages. “A developmental model suggests that earlier trauma will have more pervasive effects on the personality than later trauma” (Putnam, p. 58). This developmental model provides the following context for the therapeutic relationship:

We view psychotherapy as an interpersonal and developmental experience through which the client can resume some of the developmental processes that were derailed or arrested in childhood because of trauma. This model informs our conceptualization of the therapeutic tasks, not as re-parenting, but as the creation of a facilitating environment for the client’s personal growth and development. (Pearlman & Saakvitne, 1995, p. 58)

This developmental model illustrates the need for beginning counselors to have an understanding of the impact of trauma on an individual’s system. Too often, novice therapists lack the conceptual framework to understand these cases; and consequently, they overlook the importance of trauma on development. With the stigma surrounding trauma, it is clear that the easiest course of action for novice counselors would be to ignore this difficult issue. This action ultimately serves to perpetuate the cycle of shame and disrupts the therapeutic process.

The next section focuses on the four lived existentials as outlined by Van Manen (1990). While these are explained in extensive detail in Chapter 3, a brief overview is presented below to illustrate their importance in framing this design.

### *The Four Lived Existentials*

Van Manen (1990) explores the four lived existentials that served as the theoretical framework for understanding the data presented in this inquiry. Van Manen explores lived time, lived space, lived body, and lived human relation. Because this inquiry seeks to understand the lived experience of the beginning counselors working with victims of trauma, these existentials provide a framework for understanding the content that participants report from their in-session experiences. According to Van Manen, any experience that one encounters can be understood through these four existentials. These existentials or lifeworlds prove useful as guides for reflection throughout the qualitative research process.

Lived time relates to the subjective experience one has within a relationship. For example, participants may report that they felt the world “stand still” when faced with hearing a complex trauma case. After collecting the data, these lifeworlds prove useful in helping to categorize and establish themes within the participant information.

Lived space is felt space. This is the subjective feeling that one may encounter, for example, in a counseling session when the room “closes in” when the topics discussed become uncomfortable. Lived space can also refer to the microsystem in Bronfenbrenner’s bio-ecological model. The proximity to these structures in the environment directly affects the trainee.

Lived human relation is the way individuals relate to one another within the space they share. “As we meet the other, we approach the other in a corporeal way: through a handshake or by gaining an impression of the other in the way that he or she is physically present to us” (Van Manen, 1990, pp. 104-105). Lived human relation can have specific implications on the way individuals judge another and, consequently, covertly display these judgments within a therapy session. While nothing overt may have been disclosed, non-verbal communication can be just as re-traumatizing to the client.

Last, lived body refers to the phenomenon that we all exist in this world through our bodies. “In our physical or bodily presence we both reveal something about ourselves and we always conceal something at the same time” (Van Manen, 1990, p.103). This relationship can also have implications for displaying safety and trust within a relationship, and the presence of the novice will make lasting impressions on the treatment-seeking client.

These four lifeworlds can be differentiated, but not separated, similar to Bronfenbrenner’s (1979) four interconnected layers of an individual’s system. According to Van Manen (1990), “these existentials all form an intricate unity which we call the lifeworld or our lived world” (p.105). In order to conceptualize the large amount of data that is often produced with qualitative designs, these existentials are essential in understanding and framing the lived experiences of beginning counselors as they report their in-session experiences of working with trauma-related cases.

### *Exploring Trauma Theory*

This section begins with an operational definition of trauma and then discusses the specific trauma-related theory that is relevant in the literature and central to this

inquiry. For the purpose of this study, the following definition of trauma was chosen to frame the concept that drives this research. According to Herman (1992), *trauma* is defined as a unique individual experience, associated with an event or enduring conditions, in which (a) the individual's ability to integrate affective experience is overwhelmed or (b) the individual experiences a threat to life or bodily integrity. Additionally, traumatic events overwhelm the ordinary systems of care that give people a sense of control; they are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary adaptations to life (Herman, 1992). It is also imperative to understand the definition of trauma from the perspective of the Diagnostic and Statistical Manual (DSM –IV- TR, 2000):

Direct, personal exposure of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. The person's response to the event must involve intense fear, helplessness, or horror. (p. 463)

The DSM – IV-TR incorporates cognitive, biological, emotional, and behavioral components into its definition of trauma, or more accurately the definition of Post Traumatic Stress Disorder. However, this definition was not chosen as the major foundational definition for this research primarily because it lacks the empathy that the other definitions encapsulate by speaking to the person who was in fact traumatized and acknowledging the system in which the person exists.

According to Pearlman and Saakvitne (1995),

Any trauma inevitably involves traumatic loss of loved ones, of dreams, of innocence, of childhood, of undiminished body and mind; after a trauma nothing is ever the same again. This profound loss of the familiar is a hallmark of trauma. (p. 32)

According to Riethmayer (2002), trauma's initial impact brings four very powerful messages to a survivor; the world is not safe, not kind, not predictable, and not trustworthy. Trauma is unpredictable, dangerous, and destructive. The most important underlying theme in understanding trauma is the realization that the event alone is not traumatic. Rather, according to Everstine and Everstine (1993), events are in themselves neutral; it is the perception of the event by the individual that marks it as traumatic:

An event is in itself not traumatic. A person must experience the event before the trauma can be said to have occurred. The more intense the person's experience of the event, the greater may be the trauma. No matter what has happened, the significance attached to the event by the person involved is the key to measuring traumatic effect. (p. 4)

Therefore, although researchers can create lists of events that will categorically be traumatic experiences (e.g., rape, sexual assault, robbery, or murder), there are countless others that affect the day-to-day existence of individuals entering into counseling offices. Counselors in training will not likely be repeatedly exposed to the major hallmark events that signify traumatic experiences while at their training sites; however, what they will experience is the client who presents primarily with an addiction and after a few sessions discloses that the addiction started when she was, for example, raped by a family member 10 years ago. Beginning counselors may see the depressed single mother who presents

for treatment of routine depression; however, after a few sessions she discloses that she was a victim of domestic violence. According to Covington (2003), there is a high level of co-morbidity in women between post traumatic stress and other disorders: depression, anxiety, panic disorder, phobic disorder, substance abuse, and physical disorders. Given the connection trauma has to so many other disorders, it appears unlikely that during their practicum, students will avoid engaging with someone who has had a trauma-related past.

Again, because this research investigates the lived experience of beginning counselors as they encounter trauma-related cases in their training sites, it is imperative to understand that trauma can encapsulate countless events. Ursano, Fullerton, and McCaughey (1994) stated that “trauma and disasters throw lives into chaos and fill individuals with the terror of the unexpected and the fear of loss, injury, and death” (p. 8).

While the various definitions chosen to highlight the conceptualization of trauma are worded differently, the premise is exactly the same. Traumatic events, while subjective, emotionally change people, and their reactions to daily life are altered. What once seemed to be a safe world now seems unsafe; what was once considered trustworthy suddenly seems deceitful. Now, the world looks quite different, and many victims seek therapy to make sense of this new world, and to find assistance from someone able to navigate this new territory.

### *The Treatment of Trauma*

Similar to the definitions of trauma theory, theoretical counseling orientations use different language and interventions to explain certain behaviors and thoughts, but ultimately the premise behind these theories remains quite consistent. In order for clients to change, they first must want to change and, second, must feel safe in doing so.

Therefore, the treatment of trauma centers primarily on the therapeutic relationship between the client and counselor. Various theories have been proven efficacious in working with trauma victims; therefore, for the purpose of this review only certain theories will be highlighted. Consistent themes emerge as each discusses the importance of the therapeutic alliance, positive thinking, positive self affirmations, and validation within the counseling relationship (Covington, 2003; Dalenberb, 2000; Najavits, 2002).

Trauma treatment can really be divided into two distinct categories: present-focused trauma care and past-focused approaches. Present-focused approaches are designed to teach clients to build skills, correct distorted thinking, and instill hope (Covington, 2003). These present-focused approaches do not attempt to recreate the past, nor do they attempt to have victims relive their experiences in present-day sessions. This present-day approach would not use systematic desensitization as Ledray (1986) has suggested. Ledray proposed the use of systematic desensitization as a technique for overcoming fear and anxiety from a traumatic event, and also suggested the use of relaxation and visualization techniques in trauma recovery. This approach to treating trauma would categorically fall into the past-focused approach to trauma treatment. In either event, the cornerstone for therapeutic success lies in the working alliance between counselor and client. The therapeutic milieu needs to be intentional, in that it respects the space of the traumatized client and fosters genuine safety in the client's present. The milieu needs to echo safety, attachment, communication, and empathy. According to Pearlman and Saakvitne (1995), trauma survivors in therapy will be acutely attuned to the most subtle signs of "inattention, abandonment, or betrayal in their therapists demeanor; they will also be influenced by her communication of compassion and respect" (p. 16).

Because of the acuteness of the client's awareness, the level of counselor self awareness needs to be as acute. Furthermore, Pearlman and Saakvitne (1995) showed that the opportunity for therapeutic growth has to develop out of a relationship that is open and non-defensive. Therapists in this relationship need to have self-esteem, an identity as a "good enough" therapist, and a theoretical perspective that recognizes this process as the work of therapy (p. 16).

Some might argue that this is irrelevant to beginning counselors because they should not be expected to counsel victims of severe trauma; rather these cases should be referred to another qualified professional at the field training site. While this may be a valid argument, one needs to consider the therapeutic sequence of events that could lead to this conclusion. When students are presented with a trauma survivor for their first session, material may be exposed in the first few moments that will unravel something of paramount importance. Novice counselors do not have to evolve into trained trauma specialists; however, they do have to know enough to not re-victimize the client in those next moments. Students should have enough self-awareness and training to know that this case is beyond their skill set and not engage in unintentional techniques that ignore the core aspects of effective trauma counseling. Overall, a general lack of information and training in novice therapists increases the likelihood that they will impose their needs and conflicts on their clients (Pearlman & Saakvitne, 1995). Reliance on supervision in trauma work, while essential, is not common. In a study of 188 trauma therapists, only 64% reported receiving any kind of supervision, although 82% of those receiving trauma-related supervision found it helpful (Pearlman & MacIan, 1994). Though trauma supervision and counselor development will be discussed later in this chapter, it is worthy

to note here that even if beginning counselors encounter these cases during their field site experiences, the chances of receiving quality supervision for trauma-related cases seem less than hopeful.

Because trauma and substance use disorders are so closely intertwined, the standard of care for working with these clients is an integrated approach. According to a study conducted by Covington and Kohen (1984) that compared alcoholic and non-alcoholic women, 74% of the alcoholic women had experienced sexual abuse, 52% reported physical abuse, and 72% reported emotional abuse. Furthermore, statistics have revealed that upwards of 75% of women in substance abuse treatment programs have a history of physical and / or sexual abuse. Because of the co-morbidity of mental disorders and substance use disorders with trauma, an integrated treatment approach is suggested as a way to acknowledge both problems as primary at once. Clients who enter treatment presenting with substance use disorders cannot ignore the inherent triggers related to their traumatic events, ultimately causing numerous relapses. Conversely, treating the trauma as primary and avoiding substance use will prevent the trauma work from being successful as it is numbed by the addiction. The integrated approach, as proposed by Covington (2003), attempts to acknowledge the connection between substance abuse and traumatic events. “This explanation helps to validate a woman’s experience, confirming that she is not alone and clarifying that her experience is not shameful” (Covington, 2003, p. 16).

Though this literature illustrates the experience of trauma in women, it is imperative to acknowledge that similar therapeutic factors need to remain present in working with male survivors. Men typically manifest their traumatic experiences

outwardly through anger, while women are more self-deprecating. While the outward expression of traumatic symptoms is different in males and females, the treatment of trauma does not discriminate based on gender. Researchers and clinicians consistently recommend an integrated approach to treating substance use disorders and trauma as “more likely to succeed, more effective, and more sensitive to clients’ needs” (Najavits, Weiss, & Shaw, 1977, p. 279).

While various treatments purport to be effective in treating trauma with intentional interventions and distinct therapeutic traits, Bloom (1999) suggests a more simplistic approach to understanding effective trauma care.

We know that people can learn to be helpless too, that if a person is subjected to a sufficient number of experiences teaching him or her that nothing they do will affect the outcome, people give up trying. This means that interventions designed to help people overcome traumatizing experiences must focus on mastery and empowerment while avoiding further experiences of helplessness. (p. 4)

Trauma victims may have learned unhealthy coping mechanisms to deal with the triggers that infiltrate their daily lives. Many women who have suffered from traumatic events may turn to self-injury to relieve the pain of re-experiencing the trauma. If these clients come to treatment and are shamed for using these maladaptive coping mechanisms, yet are not offered healthier alternatives, the relationship fails. Bloom (1999) suggests that in the treatment of trauma comes the teaching of new ways of adapting to the pain that can occur in everyday living. While not specific to the treatment of trauma, but easily adapted to the client issue, Linehan (1993) offers various alternatives to dealing with maladaptive behaviors that the trauma victim uses to self-

soothe the pain. Through the treatment of Dialectical Behavior Therapy (DBT), clients learn various skills emotionally to regulate and manage the distress that can occur in everyday life from emotional triggers. DBT serves to increase the skills that deal with difficulties in emotion regulation. One of the major goals of using DBT with trauma-related cases is to help clients avoid the re-processing of traumatic experiences until they have the skills to regulate their emotions. Similar to Bloom's (1999) notion of learned helplessness, Linehan (1993) illustrates how trauma victims have learned emotional responses. One of the major goals of using DBT for trauma-related cases is to help clients break the associations between cues in the environment and these learned emotional responses. Ultimately, this aspect of the treatment centers on challenging and changing thinking patterns that have been maladaptive and distorted for the client. At this point in the treatment, clients will begin to feel safe and open to learning healthier coping mechanisms and can begin to reduce their current need for their learned maladaptive behavioral patterns.

While the approach may vary, dependent upon the theoretical orientation of the treating counselor, the literature suggests that some form of help is beneficial when treating trauma (Ledray, 1986; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). McCann and Pearlman (1990) cite four goals for traumatized clients in therapy:

1. The individual will be able to explore the meanings of the traumatic event at will, experiencing emotions that are appropriate to the situation without being overwhelmed.
2. The self that has been damaged or disrupted as a result of trauma will be restored over the course of post-trauma therapy.

3. Over-generalized negative schemata will become less rigid and maladaptive ,and more positive schemata will emerge.
4. As the individual works through the traumatic material, there will be an appropriate balance between approach and avoidance and between assimilation and accommodation. (p. 99)

This approach seems somewhat systematic and formal, but Herman (1992) has outlined a more humanistic and holistic approach to understanding the importance of the therapeutic relationship in the treatment of trauma. Because the patient enters treatment with a severe impairment to trust, "...both therapist and patient should be prepared for repeated testing, disruption and rebuilding of the therapeutic relationship. As the patient becomes involved, she re-experiences the longing for rescue that she felt at the time of the trauma" (p. 148). Herman again reiterates that trauma is the affliction of the powerless, and that it is the art of the relationship that can help move the client toward empowerment when counselors work with trauma victims.

Safety and trust are essential in establishing the therapeutic relationship. The literature suggests that the process of building these relationships is the therapy for trauma survivors (Kahn, 1991; Pearlman & Saakvitne, 1995). Therapists are required to have the confidence that they are "good enough" and to have grounding in a theoretical orientation that recognizes that the therapeutic relationship is the work of the therapy (Pearlman & Saakvitne, 1995). Good trauma-related therapy is first and foremost good theory-based therapy. The question remains, are novice counselors competent and prepared enough to provide this level of counseling? The answer is no, and this inquiry does not suggest that counselor educators need to train competent experts in the field of

traumatology. Rather, what this inquiry strives to understand is the experiences of these novice counselors when working with traumatized clients in order to understand what factors exist that make the relationship meaningful, and also to understand what potential risks exist for re-traumatization within these relationships. Before the development of the counselor is considered, the next section discusses the importance of understanding the impact that this work can have on the trainee.

### *Understanding the Impact of Trauma on the Beginning Counselor*

According to Herman (1992), “trauma is contagious” (p. 140), and novice counselors pose an increased risk of being susceptible to taking on the burden of the traumatized client. Beginning counselors often feel the need to fix, heal, and say the right thing in the early stages of their development. Often, trainees are not prepared for the severity of information that they will hear in their first training experience. The term vicarious traumatization (McCann & Pearlman, 1990) refers to the cumulative effect upon the trauma therapist of working with survivors of traumatic life events. According to Pearlman and Saakvitne (1995), “vicarious traumatization is the transformation in the inner experience of the therapist that comes about as a result of empathic engagement with clients’ traumatic material” (p. 31). Research supports the idea that this effect does not occur after only one therapeutic relationship; rather the effect is cumulative and occurs over time (Pearlman & MacIan, 1995). The following are certain characteristics that all affect the vulnerability of the therapist to vicarious traumatization:

1. Personal trauma history
2. The meaning of traumatic life events to the therapist
3. Psychological style

4. Interpersonal style
5. Professional development
6. Current stressors and supports

These factors become increasingly more important to understand in conjunction with research done by Skovhold and Ronnestad (2003), which identifies the struggles of the novice therapist. Researchers have illuminated several characteristics as identified by trainees that contribute to their feelings of inadequacy in their training experiences. The elements identified are acute performance anxiety, the illuminated scrutiny of professional gatekeepers, porous or rigid emotional boundaries, the fragile and incomplete practitioner self, inadequate conceptual maps, glamorized expectations, and an acute need for positive mentors. Specific to vicarious traumatization, the two elements that stand out are porous or rigid boundaries and a fragile and incomplete sense of self.

As a result of poor boundaries in the novice counselor, the task of regulating emotional involvement is challenging. The novice is flooded with impressions, images, feelings, ideas, worries, and hopes. For example, novice counselors and therapists can be very preoccupied with the emotional pain of the client and experience an “off duty” penetration of one’s own emotional boundaries. (Skovhold & Ronnestad, 2003, p. 49)

The literature reveals that less experienced practitioners report burnout because of over-involvement (Farber & Heifetz, 1981; Rodolfa, Kroft, & Reilley, 1988).

Understanding and practicing good boundaries take a tremendous amount of self-reflection and supervision. Novices need to understand that they should care for themselves so that they do not become over involved with the client. Understanding this

takes time, and the beginner will likely not have this knowledge. Consequently, trainees may feel overwhelmed and may question their professional career path.

The second element that contributes to concerns over vicarious traumatization is the fragile and incomplete practitioner self. The novice is fragile and, according to Skovhold and Ronnestad (2003), highly reactive to negative feedback. Furthermore, the authors reported that trainees shift through several emotions, like fear, anger, frustration, anxiety, and despair, that all contribute to the vulnerability of working with traumatized clients. The relevance of this literature to the current study is the implication that trauma exposure can have negative implications on the already fragile novice counselor. Furthermore, trainees fail to practice self-reflection within their work, so they will likely be more affected than practitioners who are reflective.

Harrison and Westwood (2009) identified protective practices for the prevention of vicarious traumatization. Because clinicians may experience cognitive and emotional symptoms similar to those of their clients (Herman, 1992; Pearlman, 1995; Sexton, 1999), it is imperative to understand what does sustain clinicians in their work over time with traumatized clients. Failure to protect one's self can result in two very different, but equally damaging paths. The first is that clinicians may leave the field from the burden of holding onto their clients' stories and emotions. The second is that practitioners remain in the field, despite being emotionally detached due to burnout, and continue to work with clients in an unintentional and apathetic way. Both can have serious effects on the profession, the professional, and the client. Of the nine protective factors identified, those relevant to this review include maintaining clear boundaries, being mindfully self-aware, and creating meaning. Mindfulness helps to keep the personal life of clinicians separate

from the professional experiences encountered. This approach, coupled with healthy boundaries, helps to reduce the risk of vicarious traumatization. Finally, counselors who can create meaning out of their work with trauma survivors are able to understand their purpose within the relationship without owning the responsibility for the clients' successes or failures. This enables the counselor to be invested, but not over-involved.

While these characteristics are seemingly more advanced and not entirely expected of a novice counselor, it is acceptable to think that the experience of a trainee could be enhanced by practicing some level of self-awareness via mindfulness practices. Given the information that exists in the literature about the prevalence of burnout and vicarious traumatization, it seems imperative at least to introduce this in graduate training programs and prepare counselors for the potential effects of working with traumatized clients.

Figley (1995, 1999) spoke extensively about the effects of working with traumatized clients and coined the term *secondary traumatic stress* (STS), which is interchangeably used with *compassion fatigue*, and he noted that these terms define the “cost of caring for others in emotional pain” (Figley, 1995, p. 9). There is a contrast between what Pearlman and Saakvitne (1995) describe as vicarious traumatization and burnout. Vicarious traumatization involves “long term alterations in therapists’ own cognitive schemas, or beliefs, expectations and assumptions about self and others” (McCann & Pearlman, 1990, p. 132). Burnout, however, is related to the external situation and not directly related to the direct exposure to the emotional aspect of direct therapy encompassing the graphic images and descriptions related to a traumatic event. “Symptoms of burnout may be the final common pathway of continual exposure to

traumatic material that cannot be assimilated or worked through” (McCann & Pearlman, 1990, p. 134).

Several studies have supported the existing literature showing that exposure to traumatic reports in therapy can have deleterious effects on the therapist. In a study conducted by Kassam-Adams (1994), she found that of 100 therapists surveyed, 75% of them reported that their exposure to sexually traumatized clients directly resulted in PTSD symptoms of their own. Similarly, in a study conducted by Munroe (1991), therapists in Veterans Administration facilities reported similar PTSD-like symptoms after working with combat-related trauma victims. Studies similar to this are exhaustive, indicating that the presence of vicarious traumatization is a real and potentially predictive factor related to attrition in the field. Beginning counselors need to understand the implications of these findings and be prepared to adequately address their own vulnerability factors.

### *Counselor Development and Supervision*

This section of Chapter 2 has two objectives. First, it discusses the implications of the current study on counselor development, focusing primarily on the novice counselor. Second, it depicts the role of supervision for the beginning counselor as discussed in the literature and introduces the idea that a pedagogical issue exists in the field of counselor education. This section specifically sets forth the arguments that emerge from these headings that significantly support the need for this study.

With the introduction of Post Traumatic Stress Disorder into the DSM over 30 years ago, its publicity in the literature has grown increasingly strong over the years. However, according to Black (2008) virtually no literature exists on the training for and

teaching of trauma counseling in graduate programs. To date, no research exists outside of the work done by Black (2008) that discusses the teaching of trauma counseling to students in graduate programs. Though Figley (1995) has done extensive work in introducing the counseling field to terms like *compassion fatigue*, and Pearlman and Saakvitne (1995) have written extensively on vicarious traumatization, little has been done actually to teach these concepts to counselors in training. While it may be the intention of many counseling programs to infuse trauma theory into each course informally, it remains the case that graduate courses in trauma training are not required in the core curriculum. With very little research outlining the importance of training beginning counselors in trauma theory, this study becomes increasingly more important in understanding the implications of this omission in the counseling curriculum.

Black (2008) outlined objectives for students' abilities that need to be infused into a course on trauma as follows:

1. Demonstrate a clearer understanding of the issues surrounding the treatment of trauma by counselors.
2. Articulate the role(s) that trained counselors can play in working with clients who have experienced trauma in their lives.
3. Develop a base of knowledge regarding what is effective in the treatment of PTSD and integrate this knowledge into their training as counselors.
4. Critically reflect on the field of traumatology and understand the risks and benefits of working with traumatized clients (Black, 2008).

These course objectives do not imply that novice counselors leave the course with a sophisticated knowledge base or that they are experts in trauma work. Rather, his

objectives were aimed specifically at counselor awareness in treating the traumatized client.

Black (2008) designed a trauma course and, with these guiding objectives, conducted a pilot study that examined graduate students' experiences in taking his course on trauma. The aim of the course was to increase counselor competency in trauma counseling. When asked about their perceived ability to deal with trauma in counseling after the course, the vast majority of the students (n=8) felt that their abilities as counselors increased significantly, and one student felt that his or her ability increased somewhat (Black, 2008). The significance of this study is clear. Students overwhelmingly felt more confident in their ability to deal with trauma after being informed and educated in trauma theory.

The *Code of Ethics and Standards of Practice of the American Counseling Association* (1995) specified that counselors must practice only within the boundaries of their competence and that they may practice in specialty areas "only after appropriate education, training, and supervised experience and must take steps to ensure the competence of their work and to protect of other from possible harm" (p. 6). The following also was noted:

Counselors, through on-going evaluation and appraisal, are aware of the academic and personal limitations of students and supervisees that might impede performance. Counselors assist students and supervisees in securing remedial assistance when needed, and dismiss from the training program supervisees who are unable to provide competent services due to academic or personal limitations. Counselors seek professional consultation and document their decision to dismiss

or refer students or supervisees for assistance. Counselors assure that students and supervisees have recourse to address decisions made to require them to seek assistance or to dismiss them. (Section F. 3.a., pp. 15-16)

This statement directly advocated for competency within the profession and placed the responsibility of “gatekeeper” on the supervisor and on the counselor that is overseeing the novice counselor. According to Lamadue and Duffy (1999), in addition to academic performance, counseling students are expected to possess personal qualities, characteristics, and evidence of readiness conducive to effective therapeutic practice.

Given these expectations and the increasing awareness of the damage to clients that may be caused by counselors who do not possess these skills, faculty may be expected to serve as gatekeepers for the profession. However, little has been published regarding effective policies and procedures for student review and retention. (Lamadue & Duffy, 1999; Hensley, Smith, & Thompson, 2003).

Kitzrow (2002) stated that there may be a serious clinical risk of harm or retraumatization when untrained counselors practice outside the boundaries of their competence, and that without a requirement by CACREP to make trauma a part of the core curriculum, “students may not be prepared to develop a therapeutic relationship, establish appropriate counseling goals and maintain appropriate boundaries” (p.108). According to Alpert and Paulson (1990), failing to include topics like sexual abuse in graduate program curriculums further perpetuates the cycle or belief that abuse rarely occurs. Pope and Feldman-Summers (1992) conducted a survey of 500 clinical and counseling psychologists to assess their ability to work with abuse cases based on their training in their graduate level programs. On a scale of 1-5, with 1 being very poor, both

male and female graduates rated the quality of the training program as very poor and rated themselves as moderately competent to provide services to abuse victims (Kitzrow, 2002). Kitzrow conducted a survey to determine what methods were being used to train counselors to work with clients who had been sexually abused. Of the 68 questionnaires returned, only 9% indicated that their program offered a required course that focused on sexual abuse; 22% indicated that an elective was offered, while 69% responded that no course was offered that provided specific training in treating sexual abuse. When asked why this training was not provided to graduate students, programs responded with answers that varied from little flexibility in the schedule, to the material's being covered in other courses, to the notion that the topic was too specialized or not relevant (Kitzrow). Overall, the findings suggested that counseling graduate programs do not provide adequate training in sexual abuse counseling, an interesting finding given that an estimated 39 million survivors of childhood sexual abuse exist in America today.

The aforementioned literature illuminates the need for counselors to be prepared to counsel trauma-related cases in their field training experiences. It is inevitable that counselors will encounter a client who has been a victim of a trauma, or who knows someone who has and has been personally affected by that relationship. Without beginning counselors having been properly trained to handle these difficult cases, the risk of counselor burnout intensifies and may ultimately lead to attrition in the field.

Research conducted by Williams, Judge, Hill, and Hoffman (1997) investigated the experiences of beginning counselors in training, specifically addressing their personal reactions and management strategies related to disclosure in therapy. Not only did investigators examine the reactions of beginning therapists, but also they aimed at

understanding the level of self-awareness achieved by these beginning practitioners. This qualitative design used triangulation to enhance the data and therefore surveyed the trainee, supervisor, and client to understand the implications of the trainee's reactions to the client in the session. The literature has revealed that beginning counselors need to manage their reactions and anxieties in order to be effective counselors (Hill, Charles, & Reed, 1981). The results of the study indicated that supervisors reported that over half of the trainees displayed negative or incongruent behaviors in their sessions. Three categories emerged: (a) displaying negative or incongruent behaviors, (b) avoiding affect or issues, (c) over-focusing or being over-involved and losing objectivity (Williams et al., 1997). Characteristics displayed by the novice included loose boundaries, difficulty establishing rapport, ending the session abruptly, avoiding the affect of difficult issues (trauma related), and offering their own opinions too much. While the authors reported that during the course of the semester, students achieved greater self-efficacy and felt more confident in managing their counter transference, the beginning part of the semester was not very successful. Ethically, the question is raised then: what happens to the clients in the first part of the semester? It is clear that their treatment, overall, did not meet with the same success as those clients seen in the second part of the semester. This speaks to a larger pedagogical issue in counselor education that advocates for novices to practice reflexivity throughout their training so that they can begin their practicum with greater confidence and understanding than is discussed above.

In a study conducted by Bowman and Roberts (1979), practicum-level students were assessed for levels of anxiety. Anxiety was measured via self-report, skin conductance, and heart rate measures. Students' anxiety levels were measured during

normal conversation and during a counseling session. Results of the study indicated that on two of three indicants of anxiety, trainees were overall more anxious during counseling sessions compared to normal conversations. More recent research by Borders and Brown (2005) confirmed that beginning counselors or supervisees are highly anxious and “have little awareness of their strengths, weaknesses, and motivations, and lack confidence in their skills” (p. 13). Given the presence of anxiety for beginning counselors, the role of supervision and the responsibility of graduate programs to prepare students seem obligatory, yet the literature has shown that this is precisely where the difficulty lies. According to Hill, Charles, and Reed (1981), trainees’ abilities to provide effective counseling may also be related to their understanding of higher order counseling skills. Kagan et al. (1965) suggested that trainees need to manage their personal reactions to cases and to better manage their anxiety in order to be effective. The identification of what needs to happen is paramount in understanding reactions by novice counselors, and it is in the implementation of interventions to increase counselor awareness that progress is made. Therefore, it is clear that if pedagogical methods were implemented in the classroom to increase self-awareness, trainees would have the ability to reflect on their own practices and avoid re-traumatization through unintentional interventions.

### *A Pedagogical Issue*

The literature discussed to this point indicates several issues within graduate training programs, specifically related to the novice counselor. It is clear that trainees need clear boundaries, supervision, mentorship, and content-based course material in order to deliver effective interventions in psychotherapy. What has been made especially clear, however, is the importance of the self-reflective practitioner. Granello (2000)

believed that the field of counselor education lacks a coherent, articulated pedagogy. The implications of this are profound for trainees. Peterson (1995) remarked that educating reflective practitioners is the single most important factor in preparing future counselors. Additionally, given that case conceptualization is essential in proving counselor competence, incorporating pedagogical methods that increase trainees' self-awareness and that, in turn, promote self-reflection should also be considered essential in graduate programs.

Schon (1987) suggested that reflection is essential in linking theory and practice. He noted that the processing of client information occurs when the counselor is (a) actively attending to information received from the client, (b) applying theoretical knowledge to the situation, and (c) deciding on optimal interventions to meet counseling objectives.

The reality of the profession is that the issue of pedagogy in counselor education is relatively new. In an article written by Nelson and Neufeldt (1998), a literature review revealed no information in the relevant databases that linked counselor and pedagogy. Granello and Hazler (1998) reported that although the field has focused on the content of the curriculum, there has been very little discussion on how the information is best conveyed to students.

From a cognitive perspective, Furr and Carroll (2003) identified a model that speaks to counselor development. "The developmental process involved in learning to counsel is a process that allows individuals to move from declarative (factual) knowledge to procedural knowledge" (p.483). Similarly, Nelson and Neufeldt (1998) concurred:

An important value in counselor education pedagogy is to promote students' development of refined strategies for understanding and addressing client problems. To that end, counselor educators continue to develop and improve methods for assisting student in developing strong conceptual skills. This is a process of translating declarative knowledge into procedural knowledge. (p. 70)

Considering that traditional methods may not be adequate to reach the multicultural needs of a diverse student population nor the diverse needs of the adult learner, many counselor educators will need to implement pedagogical methods that are "outside of the box" and challenge the trainee's ability to practice self- reflection. The process of helping students to move from declarative knowledge to procedural knowledge is best fueled by a constructivist theoretical base, which advocates for students to be active in the classroom and experience their own learning.

In conclusion, the research supports the belief that implementing pedagogical methods within graduate training programs that increase counselors' self-awareness is not intended to give students concrete answers to each client dilemma that they encounter. Rather, by implementing self-reflective teaching techniques, students will be able to plan for uncertainty in counseling sessions because they will have the ability to conceptualize cases more thoroughly and to implement intentional interventions that address the client's primary concern. Self-aware counselors have the greatest potential to minimize client re-traumatization. Self-reflective practitioners, according to Shaw (1984), use information to inform a more complex process of thinking and feeling about a problem. "The technical acquisition of new interventions is rapid, whereas judgments about when to apply these interventions develops slowly" (p. 179).

It is clear that ignoring the relevance of reflection in graduate training programs promotes unprepared and ill-equipped counselors. While the literature in this area is underdeveloped, the message is clear. Preparing competent and effective counselors for a lifetime involves implementing pedagogical methods in the classroom that teach reflexivity.

### Summary

Chapter 2 has provided a summary of the relevant literature on trauma theory and treatment, understanding the implications of working with the traumatized, counselor development, and the pedagogy of counseling. The theoretical framework for understanding this study was also explored.

Given the varying definitions for *trauma*, it is clear that the message is consistent. Trauma alters a person's worldview, and often it is through the counseling relationship that this worldview begins to be repaired. This speaks to the importance of the counseling relationship and the intentionality with which the treatment needs to be delivered. It is evident that regardless of the theoretical orientation used, the personal characteristics of the therapist are essential in both establishing and maintaining a sense of safety for the client. For the novice therapist, the literature revealed that doing so can be quite difficult, given the barriers that are in place in the counselor's early development. We know from the bio-ecological model (Bronfenbrenner, 1979) that any change in one level of an individual's system can have serious effects on the other layers. Therefore, as the gatekeepers to the profession, counselor educators need to train novice counselors with pedagogical methods that promote self-reflection. While the pedagogy of counseling is relatively new, the existing literature is consistent in advocating that educators move

toward a more constructivist classroom that promotes active and experiential learning. This can be done through role playing, journal writing, and other reflective practices.

The purpose of this inquiry was to examine the lived experiences of master's level counselors who have counseled trauma victims during practicum. The relevant literature explored in this chapter has provided the foundation for understanding the lived experiences of these beginning counselors and for the implications their information has for the profession.

## CHAPTER THREE: METHODS

The purpose of this chapter is to present the method employed to investigate the current study and to explore the rationale for the methodology of choice. In addition, the theoretical lens used to analyze the data will be discussed.

### The Philosophy Guiding this Research

Social scientific theory revolves around two paradigms, once thought to be in competition in the field of inquiry: quantitative or logical positivism and qualitative or phenomenological research. According to Johnson (1995), qualitative methodologies are powerful tools for enhancing our understanding of teaching and learning, and they have gained increasing acceptance in the field in recent years. Primarily in the social sciences, certain constructs are difficult to capture and quantify with traditional quantitative methods. For the purpose of this study, an historical overview is necessary to elucidate the purpose in choosing qualitative research.

#### *Qualitative / Phenomenological Research*

Patton (1990) advocated a “paradigm of choices” that seeks “methodological appropriateness as the primary criterion for judging methodological quality.” This will allow for a “situational responsiveness” that strict adherence to one paradigm or another will not (p. 39). Each represents a fundamentally different inquiry paradigm, and researchers’ actions are based on the underlying assumptions of each paradigm (Hoepfl, 1997). The driving underlying assumption of qualitative research is that it seeks to better understand any phenomenon about which little is yet known. Furthermore, it is used in situations where one needs to first identify the variables that might later be tested quantitatively, or where the researcher has determined that quantitative measures cannot

adequately describe or interpret a situation (Strauss & Corbin, 1990). Given the purpose of the present inquiry, it is difficult to quantify the *lived experiences* of master's level counselors through traditional experimental methods and quantitative measures. Rather, with little research having been done in this particular aspect of counselor education, this present study benefits from a phenomenological inquiry that uses a naturalistic approach to better understand the phenomena in context specific settings, with the goal of discovering the meaning events have for the informants specific to this inquiry. According to White and Farmer (1992), "Research methods have the potential for shaping one's view of reality; empirical analytic methods cannot help us know the phenomenological experience of a beautiful sunset, nor can we know the phenomenological experience of a rape survivor using traditional research paradigms" (p. 45). Qualitative research is the obviously preferred method of choice for this study, as it will yield descriptive data that will enable the researcher to see the world as the informants have seen it, and through this type of inquiry the researcher will better understand those lived experiences for interpreting the data through the theoretical lens of Van Manen's (1990) lived existentials. Qualitative research helped to formulate a theory that could later be tested with quantitative methods and then generalized to a larger population specific to counselor education needs.

The role of the researcher in qualitative analysis is to be the human instrument of data collection, using primarily inductive data analysis to interpret and discover the meaning of the events as reported by the informants. According to Patton (1990), qualitative research uses the natural setting as the source of the data, and the researcher attempts to observe, describe, and interpret settings as they are, maintaining an "empathic

neutrality” (p. 55). Lincoln and Guba (1985) identified the characteristics that make humans the “instruments of choice” for naturalist inquiry. Humans are responsive to environmental cues and are able to interact with situations in which human emotion can evolve. They have the ability to collect various cues simultaneously, as well as to perceive a situation holistically; data can be processed immediately, and feedback can be provided to help clarify content. Experiences with the informants can be probed further at the moment if unexpected or atypical responses are generated by way of clarifying and observing human reaction, which allows for accuracy in self-reporting by the informants.

However, both qualitative and quantitative researchers need to test and demonstrate that their studies are credible. The credibility in quantitative research depends on instrument construction, but in qualitative research, “the researcher is the instrument” (Patton, 2001, p. 14). On the other hand, Patton stated that validity and reliability are two factors about which any qualitative researcher should be concerned while designing a study, analyzing results, and judging the quality of the study. This brings up the question, “How can an inquirer persuade his or her audiences that the research findings of an inquiry are worth paying attention to?” (Lincoln & Guba, 1985, p. 290). In answer to the question, Healy and Perry (2000) asserted that the quality of a study in each paradigm should be judged by its own paradigm's terms (Golafshani, 2003).

To understand the meaning of reliability and validity, it is necessary to present the various definitions of reliability and validity given by many qualitative researchers from different perspectives. In contrast to quantitative research, qualitative research has an emergent design, in which the researcher focuses on an emerging process that attends to the observation and interpretation of meaning in the context of which it is occurring.

Therefore, according to Patton (1990), it is neither possible nor appropriate to finalize research strategies before data collection has begun. Overall, judgment regarding the credibility and usefulness of the data collected by the informants is left to the researcher; therefore, specific to qualitative research, certain mechanisms must be in place to ensure the trustworthiness, credibility, and accuracy of the findings and interpretation of the results. This will be explored later in this chapter in conjunction with the specific data collection and analysis techniques that will be employed in this inquiry.

### *Phenomenology*

The framework for both designing and analyzing the data for the current study is phenomenological. According to Bogdan and Taylor (1975), phenomenology “understands human behavior from the actor’s own frame of reference” (p. 2); therefore, no imposition should be placed on the informant in this framework. Rather, the participants communicate to the researcher their own reality or lived experience, and it is the responsibility of the researcher to interpret these findings through identified frameworks or theoretical lenses specific to the inquiry in question.

This investigation is congruent with a phenomenological approach because it seeks explanation after data collection, and from this will derive further questions that could be answered quantitatively and further generalized to larger populations in the counseling field. The underpinnings of phenomenology lend themselves to flexibility in understanding the unpredictability of human experiences and emotion. The essence of capturing the lived experiences of informants, in this case through in-depth, semi-structured interviews, allows for their experiences to emerge and themes to be collected

by the researcher to better understand the experiences as they were understood by the informants.

For counseling in particular, having a phenomenologically oriented study is particularly useful in allowing for themes to emerge that can change the course of instruction specific to counselors-in-training. Because many counselor-specific constructs cannot be tested accurately via quantitative methods, qualitative designs can reach below the surface to tap into the inherent emotions or reactions that may have been triggered by certain stimuli in the environment. To have rich, descriptive data that is based on the experiences of the participants' supports the need to address issues that emerge as themes from the informants and, from these themes, derive supportive learning structures that will augment and enhance the experiences of counselors-in-training.

#### The Theoretical Lens of Van Manen's Lived Existentials

The theoretical framework from which the informants reported and from which the data was interpreted and analyzed for emergent themes was Van Manen's (1990) description of four lived existentials. According to Bogden and Taylor (1975), "The phenomenologist examines how the world is experienced, for him or her, and the important reality is what people imagine it to be" (p. 2). Because one of the underpinnings of phenomenology is to view individuals holistically, Van Manen (1990) echoed this sentiment when describing the lifeworlds of individuals:

All phenomenological human science research efforts are really explorations into the structure of the human lifeworld, the lived world as experienced in everyday situations and relations. Our lived experiences and structures of meaning (themes)

in terms of which these lived experiences can be described and interpreted constitute the immense complexity of the lifeworld. (p.101)

While Van Manen (1990) noted that various lifeworlds can exist on numerous levels for countless experiences, this inquiry focused on four fundamental existential themes, which Van Manen (1990) described as pervasive to all individuals regardless of historical, cultural, or social situations. The four lived existentials include lived space, lived body, lived time, and lived human relation. These four lived existentials served as guides for organizing the emergent themes from the informants' data.

### *Lived Space*

Lived space does not refer to something measurable or even overtly tangible; rather this construct draws attention to the feelings that can be evoked by a specific space in which individuals may find themselves. As defined by Van Manen (1990), "Lived space is a category for inquiring into the ways we experience the affairs of our day-to-day existence; in addition, it helps us uncover more fundamental meaning dimensions of lived life" (p. 103). For example, someone who experiences an anxiety-provoking event may report that his or her lived experience was feeling that the room was closing in. We understand that the room did not actually change shape, but the individual's feeling that it did constituted a lived experience, which is what becomes important in understanding his or her world. Similarly, when we experience a sunset, travel through the great desert, or stand before the immensity of the ocean, we may feel very small in comparison. In general, according to Van Manen (1990), we tend to become the space we are in. The emerging themes from the data collected during the interview process were examined to determine if any responses fit into this specific lived existential category.

### *Lived Body*

Lived body refers to the phenomenological concept that we are physically present in the world. According to Van Manen (1990), “In our physical or bodily presence we both reveal something about ourselves and we always conceal something at the same time – not necessarily consciously or deliberately, but rather in spite of ourselves” (p. 103). Lived body can be considered the firsthand experience of observing another’s bodily reaction, or being mindful of one’s own bodily reaction in relation to another. During a positive experience people may feel a sense of confidence and consequently note that their gait becomes more forthright and assertive. Conversely, intimidation by another may cause reticence and a retreat noticeable in the posture. This awareness, or mindfulness, of bodily reactions to specific stimuli was noted as *lived body* in the analysis of the data.

### *Lived Time*

Lived time is our temporal existence in the world. The lived experience of a child, with an anticipated future, is very different from that of someone who has lived and who is now approaching the end stages of life. As elucidated by Van Manen (1990), lived time can refer to the way time seems to speed up during pleasurable activities and slow during daunting experiences. This lived existential is entirely subjective, not referring to the actual time that passes or the amount of time spent with something or something. Rather, it refers to the way in which individuals, through their own lived experience, feel time in relation to their interaction with other individuals or events. Themes coded under this lived existential pertained to informants’ self report of their awareness of time, as it related to their experience in counseling victims of trauma.

### *Lived Relation*

Lived relation is defined as the relational experiences we have with others, primarily in the interpersonal space we may share with them in a given experience. According to Van Manen (1990), “When we meet another person, we are able to develop a conversational relation which allows us to transcend our selves” (p. 105). Lived human relation allows for contact, interaction, and deeper empathy. In viewing the counseling relationship through this lived existential, one can see the parallel process that may occur. The client may feel support, empathy, and positive regard from the counselor, which allows the client to disclose his or her worldview in an undefended way, thus enhancing the therapeutic relationship. Conversely, the counselor may become enmeshed in the clients lived experience and allow counter transference to harm the effectiveness of the relationship, potentially causing vicarious trauma or counselor burnout for the provider.

These four lived existentials are not isolated from each other. Though for the purposes of analyzing the data from the qualitative inquiry, they were viewed as single constructs, it is imperative to understand that they can be differentiated, but not separated. The impact of one existential on another is intentional, purposeful, and certain. While the data analyzed was predominantly from a phenomenological framework consisting of Van Manen’s four existentials, it was also considered through existing traumatology literature.

### The Current Study

The current research project was based on the philosophy that the informants were studied in a holistic manner, considering the aforementioned factors that were used to examine their reported lived experiences as beginning counselors for victims of trauma. The goal of this study was to use descriptive data as provided by the informants through

the use of semi- structured interviews and to view the world through their eyes. It sought to generate not an a priori theory, but one that could be derived through the descriptive data generated in this study and interpreted by the researcher. According to Sherman and Webb (1990) ,“We seek explanation when we want to predict and control, but if our aim is to interact with each other, rather than control social scientists need to act as interpreters , so we can converse more effectively” (pp. 17-18).

This study employed certain fidelity measures to ensure that the informants’ data was interpreted credibly and accurately. Additionally, the use of the semi-structured interview allowed for additional probes that were directed by the researcher to check for atypical responses. Various measures were also employed to ensure the researcher’s own credibility throughout this process, consisting of continual checks for researcher bias that could have skewed the informant self- report. These measures will be discussed later in this chapter.

### Purpose of the Study

The purpose of this study was to investigate the lived experiences of master’s- level students who had completed their practicum field training experiences and who had volunteered to participate in this inquiry because of their exposure to trauma-related client issues. This inquiry also examined the training that counselor trainees have had to this point and their perceptions of preparedness in counseling victims of trauma.

My experience in the field of traumatology allowed me to conduct this inquiry credibly. Having had over nine years in the clinical and supervisory field, focusing primarily on female trauma-related issues stemming from eating disorders, domestic violence, and substance-use disorders, I have focused my work on understanding the

intricacies of trauma and have used my knowledge and experience in the field as a supervisor to master's level students, during my doctoral work. It was in supervising these students that I noticed themes emerging from trainees who felt unprepared to counsel trauma cases, primarily at the practicum level. After years of anecdotal evidence that speaks to this phenomenon, this inquiry was formulated to shape and formally address those experiences shared by master's level counselors who have experienced trauma work in their field sites. Furthermore, when this information was presented at the state and national level via conference presentations, it became apparent that other counselor educators had experienced similar difficulties with their students; yet they had never addressed the need for more trauma-informed curriculum at the Master's level prior to the students' entering their field sites. The support from other counselor educators further validated that this area of inquiry needed to be addressed, not only to meet the needs of the clients we serve, but also those of the students we are charged with educating.

## Research Design

### *Sample*

This study used purposeful sampling to choose eight informants, all of which were post- practicum level students in the Department of Counseling, Psychology, and Special Education, at a CACREP-accredited university in Western Pennsylvania. Because the primary target of interest was the specific experiences of the post-practicum level trainee, this was the most effective form of sampling to use for this investigation. According to Patton (2002), "There are no rules for sample size in qualitative inquiry" (p. 244). The investigation was limited to the experiences of post- practicum students that

had volunteered for the investigation because they had encountered trauma-related cases at their practicum sites and had met the other qualifying criteria set forth by this inquiry. As the student co-investigator, I presented the purpose of this investigation during a large group meeting on the university campus. This meeting included all of the students who had completed their practicum experience and who were beginning their internship field placements. During this meeting I distributed a notice of the opportunity to participate in the study (Appendix B), provided selection criteria, and provided my contact information so that students could contact me privately if they were interested in participating. This design allowed for the students' participation to be kept confidential from their current supervisors, other students, and faculty members. During the time I was conducting this investigation, I also served as a university-based supervisor; therefore, no students whom I was currently supervising could have participated in the study. The specific criteria for participation in the study were the following:

1. Successful completion of the requirements for practicum
2. Current enrollment in internship
3. One year or less of counseling experience prior to beginning of practicum experience
4. Work with trauma-related cases in supervisory sessions during the practicum experience
5. No current supervisory relationship with the student co-investigator on the study

According to Patton (1990), purposeful sampling deliberately seeks subjects who may provide the greatest wealth of information regarding the subject under study. This approach differs greatly from the random sampling that is customarily employed with

quantitative research, for it reduces the instances of chance or bias. Additionally, with qualitative research, generalization to the larger population is not expected as it is with quantitative research. Therefore, using only 8 informants was not considered a limitation in this study.

Specific to this study, the informants were (1) master's level students in a CACREP accredited counseling program in Western Pennsylvania who had completed their practicum experience and who were either enrolled in or entering into their internship phase of training; (2) who had experience during their practicum treating clients with past or present trauma histories; (3) who were willing to commit the required time for the interview and review process; (4) who were willing to disclose their personal experiences with the researcher, knowing that the information provided would be kept confidential; and (5) who did not have more than one year of counseling experience outside of academic training.

### *Method and Procedures*

To obtain the data for this inquiry, I used semi-structured, open-ended interviews that lasted approximately 45-60 minutes. I was responsible for the audio taping and the transcription of the interviews to ensure that both the client and participant information was kept confidential. For analysis purposes, the informants were given a number so that their names were not used in the reporting of the information. As the researcher, I was the only person with the key that linked the numbers to the informants. All written information was kept in a locked cabinet in my home.

Informants were scheduled for 75-minute time slots to allow for an in-depth interview and time for the informed consent procedure. I tried to schedule informants on

separate days to further protect their anonymity. On the day of the scheduled interview, the informants were called to confirm their appointments. No informant needed to reschedule his or her day or time for the interview. Prior to the start of the interview process, I discussed the purpose of the study, confidentiality, the risks and benefits to the interviewees, and their role in the study. I reviewed the informed consent procedure, answered any questions that were generated by the informants, and signed the appropriate documentation. It was made explicitly clear to each participant that not participating in this inquiry would have no affect on their internship experience or their potential to graduate from the program. Furthermore, I informed all interviewees that any disclosure regarding their practicum experience would not affect their current standing in the internship program. After the informed consent process was completed, I began to audio record the interview process. The semi-structured interviews followed a protocol that will be outlined later in this chapter; however, each interview began with the informant's stating his or her demographic information and detailing his or her academic or professional training in trauma. Each interview began with this set of structured questions, but as the interviews progressed, though the content areas remained somewhat consistent, the information flowed between the interviewees and me as if we were conversational partners. This style was consistent throughout all eight interviews.

To ensure trustworthiness, the interviews were returned to the informants following transcription for verification of the information. The process for doing this was as follows: following the transcription process, the interviews were compiled and sealed in an envelope with my signature across the seal for security purposes. Informants could either request that I hand-deliver the envelopes to them when they were on campus, or

they could choose to have them sent to a specified address via certified mail. I also offered to have the information emailed to the informants, only after they were able to respond to a test email that certified it was their valid email address. Consequently, I ended up emailing the information to all 8 informants, as that was each interviewee's preferred method of delivery. Upon receipt of the interviews, informants had one week to review the information for accuracy. I contacted the informants again, via email, to determine if there were errors in the accuracy of the information transcribed. Of the eight informants contacted, three responded that no errors existed. The other five informants did not reply to the email. Because no changes were needed, the data interpretation phase of this inquiry ensued.

I maintained a reflective journal in order to document my personal reactions during the interview or research process, and it served to objectify the experience and theoretically reduce bias in my reporting. In addition to my reflective journal, I also made notes regarding behavioral observations that I noticed throughout the interview process. This information helped to supplement the information contained in the audio recordings.

#### *Source of the Questions and Using a Semi-Structured Interview*

Miles and Huberman (1984) indicated four reasons for using a semi-structured interview protocol:

1. If the researcher knows what information she is looking for, she can plan ahead how she will collect the data.
2. Without prior planning, too much unnecessary data may be gathered which may jeopardize the ease of analysis.

3. Using similar protocols across studies assists in comparing results. Using similar protocols also assists in developing theories, predictions, and recommendations.
4. Using instruments which have been shown to be effective in previous studies helps to ensure the gathering of relevant and meaningful data.

In keeping with a semi-structured approach, however, and also allowing for a natural flow of conversation to occur, I relied on my skill set as a seasoned counselor not only to build rapport with the informants, but also to allow them to fully explore their lived experience as beginning counselors working with clients who had experienced trauma. I wanted to be a part of their world and understand their experiences as they had lived them. In order to do this, I had to balance intentionality with my questioning and redirection techniques should they digress. I also had to create the atmosphere that we were conversational partners. This, at times, proved to be somewhat dialectic; however, as the informant interviews became more in-depth, information that seemed to be off topic at the moment showed itself to be powerfully meaningful upon further review. Therefore, as I continued in the data collection process, I allowed more of the information to evolve naturally. There were several questions, however, that did remain consistent across each interview. The following questions were asked in all interviews:

1. What academic coursework or professional training have you attended that have been related to trauma?
2. How do you define the construct of trauma and provide an example?
3. How would you describe the supervision that you received both on campus and at your practicum site related to trauma- specific cases?

4. Did you feel prepared to counsel this trauma-related case at the practicum level?
5. What recommendations do you have for other students entering into practicum related to trauma counseling?
6. What theoretical framework did you operate out of to best counsel this trauma related case?
7. What should I have asked you that I did not ask that would have helped me to better understand your lived experience as a beginning counselor working with trauma-related cases?

While these structured questions helped to format the interview, several other follow-up probes were used during the course of the interview in order to fully understand each informant's own unique lived experience.

#### *Explication of the Method*

The transcription of the information obtained during the semi-structured interview included both verbal and non-verbal communications. Because the reflexive journal was kept throughout the inquiry, my assumptions, biases, and even preconceptions were documented in the journal and bracketed for later review following data analysis. As the researcher, I knew I was the instrument for this qualitative review. Therefore, using the reflexive journal, field notes, and debriefing sessions with my advisor, I was able to be self-reflective throughout this process. I needed to understand my own biases and preconceived notions throughout the data collection process and also to understand how this may or may not affect my interactions with the informants. According to Berg (2009), there are several questions that a researcher can ask to help guide analysis of the data. These questions—*who, what, where, when and why*—prove beneficial to the

researcher in the analysis of the data and also are key questions to ask informants during interviews. Following each informant interview, I asked myself these questions in an attempt to review the material objectively. I also made copious notes after each session so that I could better summarize the data at a later point. I asked myself the following: How was this experience for me? What did I learn from this participant? What objective am I trying to meet? What did I observe about the participant's body language? What did I not observe about the participant? How were the questions received?

After understanding my role in each interview, I continued to take field notes and consult with my dissertation chair to review any concerns or questions that arose during the process.

As the instrument in this qualitative design, it is imperative to note that my experience in this field makes me capable of conducting this research. I have over nine years of clinical experience working with clients who have histories of trauma. My initial experience began with women suffering from eating disorders, who also reported significant trauma histories related to sexual or physical abuse. My clinical experience was then augmented by a role in a study on the efficacy of Dialectical Behavior Therapy (Linehan, 1993) for the eating disordered population. I then accepted another clinical position to work with pregnant women who also suffered from addiction. This dually diagnosed population had extensive histories of trauma, and I found my training in DBT to be particularly useful. After working with this population for 5 years, I was promoted to a supervisory position, concurrent with my acceptance into a CACREP-accredited Counselor Education and Supervision doctoral program. My passion for the field and affinity for understanding trauma theory continued to be at the forefront of my

academic training. I continued to stay focused on understanding trauma theory and the role of supervision in dealing with trauma-related cases. During my time as a doctoral student, I elected to supervise master's level students who encountered trauma cases, and who also felt traumatized because of the experience. After doing this type of supervision for 3 years at my home university and at another CACREP-accredited University as an adjunct instructor, I began to notice a pattern. I chose to present on the topic at ACA and ACES where other Counselor Educators reported similar experiences. Because of this validation and support, I felt that this study could provide further support for understanding the lived experiences of beginning counselors who have been charged with counseling trauma-related cases.

#### *Data Collection*

The main venue for collecting data was digital audio recordings. This allowed the direct quotes and exact detailed information to be documented in its purest form. During the interview process, I was able to keep notes on other observable behaviors because I had the audio recording to capture the informants' detailed information. In order to ensure the credibility of this qualitative design, data triangulation was used. According to Patton, triangulation of sources refers to an examination of the consistency of different data sources from within the same method. To that end, I employed the following forms of data collection: field notes, audio recording tapes, and transcriptions. To maintain my own reflexivity, I kept personal field notes, a self-reflection journal, and notes from advisory meetings with my dissertation chair. I also consulted and reviewed the pertinent literature.

### *Data Analysis*

According to Berg (2009), analyzing qualitative data is an ongoing and recursive process. At each point along my journey of data collection, I reviewed my findings so that I would be more informed for the subsequent interview. I was mindful throughout the process to analyze the “units of meaning” as described by Giorgi (1985). Qualitative research requires constant self-reflection and critical thinking to contextually analyze the rich data. After conducting a content analysis for each interview, I engaged in my own self-reflective process of examining the data. Because qualitative research is both an iterative and recursive process, I repetitively examined the data through the theoretical lens of Van Manen, Bronfenbrenner, and existing trauma theory. After each interview, I examined the data for specific trends or themes, and as I started to notice a pattern, I made a note of the topic for later review. In the event that certain phrases of significance did not fit specifically in one of the identified categories that I had outlined, I allowed these data bytes to be considered as units of meaning. The content analysis of the data was extremely recursive and self-reflective. I continually examined the data, extracting significant phrases, organizing my list of risk and protective factors, and capturing phrases that fit with Van Manen’s lived existentials. It was only after I was able to see and organize the data through my theoretical frameworks that I was able to construct the five major themes that encapsulated the data. It is clear that the five major themes can be further distilled into the risk and protective factors influenced by Bronfenbrenner, the existentials influenced by Van Manen, and the framework of existing trauma theory. In Chapter 5, I have outlined the identified risk and protective factors that informants identified in this design.

Once certain themes emerged, I took different colored highlighters and coded these units of meaning into specific chunks of data. I designed a chart that would highlight the specific analytical categories that emerged within the data and within these categories provided examples of significant phrases of significance from each informant. Throughout the analytical process, I continued to reflect on the theoretical underpinnings of this design. I frequently referenced Van Manen's (1990) work, as well as relevant traumatology literature and literature related to counselor supervision and development. Revisiting the literature review helped to keep me focused and grounded when analyzing the large amount of data.

After I reached my eighth interview, I noticed that the data had reached saturation and that no new data points were being revealed. I felt comfortable concluding the data collection process after eight in-depth and intentionally focused interviews.

#### *Delimitations of the Study*

As is the case with most qualitative designs, a limitation of this study is that the small sample size limited the ability for the results to be generalized to a larger population. Additionally, despite the fact that I adopted several measures to ensure the credibility of this study, my own biases and presuppositions cannot be ignored as a potential factor contributing to the limitations of this study. The audio recording was helpful for hearing the tone and inflection of my voice in asking certain questions; however, without a video camera there is no way to tell if my non-verbal behavior influenced the informants in any way. Furthermore, because I was a university-based supervisor, the informants might have felt restricted in what they said for fear that I might disclose their information to other faculty members, despite the informed consent

outlining my adherence to confidentiality. Conversely, informants may have minimized the difficulty in their experiences in order to impress me with more advanced counseling skills. Finally, the sample used for this inquiry was diverse with regard to age, race, and gender.

### Summary

The current study is phenomenologically oriented, using Van Manen's four lived existentials and existing traumatology literature to understand the experiences of master's level, post-practicum students as they encountered victims of trauma during their field experiences. This study employed methodological triangulation (Patton, 2002) to increase its credibility. Various forms of data collection were used, including semi-structured, open-ended interviews, digital audio recordings, field notes, and behavioral observations.

Chapter 4 elucidates the findings, and a content analysis of the data compiled through the interview process is depicted. Chapter 5 outlines the findings and implications for this research in the field of counselor education and discusses the need for further research to explore the self-reflective tendencies of master's level students entering into the field, who will inevitably be charged with working with a trauma victim.

## CHAPTER IV: RESEARCH FINDINGS

In qualitative research investigators attempt to learn something (collect data), try to make sense out of it (analyze), see if the interpretation makes sense in light of the data collected, and again analyze the data and refine the interpretation, and so on. This iterative process is dialectic, not linear (Agar, 1980, p. 9). This chapter provides a case-by-case narrative of the data collected from the eight informants during their semi-structured interviews. This chapter also provides eight charts that illustrate phrases of significance captured during the interviews; these charts highlight analytical categories that provide the reader with an understanding of the context of the interviews, as well as lay the groundwork for the themes that will be further discussed in chapter 5. This chapter also includes a narrative of my own experience in conducting this research and initiates a cross-case analysis from the eight informants, which is explored in this chapter and also elucidated in chapter 5.

The participants in this study were eight, master's-level post practicum students, who agreed to be interviewed regarding their experiences of working with traumatized clients during their practicum experience. None of these informants had over a year of counseling experience prior to beginning their practicum work. Because these students were participating in this research, while also finishing their internship experience, it was imperative to protect their confidentiality. Therefore, informants were encouraged not to use names during the interview process and were assigned an interview number so that no names were tied to the data. If names were used during the interview process, they were omitted during transcription.

Seven females and one male participated in this research. The informants were all actively involved in the internship phase of their master's degree programs, and all informants were being supervised by someone other than the researcher so that dual relationships were avoided. Three informants presented cases from community counseling agencies, and five presented cases from the school counseling setting. The cases presented were all categorized as "traumatic" by the informants, covering topics like sexual abuse, physical abuse, suicide, self-injury, homicide, grief, and loss. Three of the informants had taken academic coursework in either crisis intervention or trauma, while only one of the informants had formal training outside of an academic setting. The other four informants did not report any academic or formal training. Table 1 summarizes the demographic information from the eight informants.

Table 1.

*Informant Demographic Information*

Participant	Age	Race	Place in Program	Concentration	Academic Coursework in Crisis/Trauma	Formal Training in Crisis/Trauma	X<1 year counseling prior to practicum
1	29	W	Last semester	School Counseling	Crisis Intervention week long course	None	Yes
2	28	W	Last semester	School Counseling	Introduction to Trauma week long course	None	Yes
3	37	W	Last semester	School Counseling	None	None	Yes
4	27	W	Last semester	Community Counseling	None	Several crisis trainings; trauma discussed	Yes
5	26	W	First semester of their last year	School Counseling	None	None	Yes
6	24	W	Last semester	School Counseling	None	None	Yes
7	24	W	Last semester	Community Counseling	Introduction to Trauma week long course	None	Yes
8	26	W	Last year	School Counseling	None	None	Yes

## Individual Informant Interviews

In this section, issues associated with individual informant interviews are discussed, as these specifically relate to the process of coding and analyzing the data from the eight informant interviews. Additionally, several researcher presuppositions are identified and illuminated, in light of addressing researcher bias.

All of the interviews were digitally recorded, and a reflexive journal was kept that included notes from the interview, as well as my own bias and opinions that came up both before and after the interview process. While a semi-structured interview protocol was used to help structure the material, most of the interviews evolved so that the informant and I became conversational partners in the process of uncovering a deeper understanding of their experiences as practicum students counseling victims of trauma. My extensive training in Dialectical Behavior Therapy (Linehan, 1993) has strengthened my interview skills in mindfulness, directedness, validation, and intentionality. The in-depth interviews were focused, intentional, and directed toward the content that was purposeful for this inquiry. I was able to redirect the informants from potentially irrelevant side conversations to the topic at hand, while still conveying validation. The eight interviews lasted between 45 and 60 minutes, and through the conversational nature of the interviews, most of the information was obtained informally.

### *Presuppositions*

The first presupposition was that master's level practicum students lack the self-reflective processes needed to counsel complex cases, like those involving trauma. The literature suggests that reflective thinking is the active, ongoing examination of theories, beliefs, and assumptions that contribute to counselors' understanding of client issues and

help guide their choices for clinical interventions (Griffith & Frieden, 2000; Hoshmand, 1994; Nelson & Neudfeldt, 1998). When counselors are actively engaged in the session and are self-reflective, they are able to practice with intentionality and to link counseling theory and clinical practice with the use of intentional interventions. This line of thinking is not meant to suggest that counseling students can be experts in the field of trauma work. What is suggested, however, is that these beginning counselors should be able to use basic counseling skills to attend to the needs of the client, regardless of the presenting issue. According to Griffith and Frieden (2000), “It is obvious that memorizing specific responses to given problems could never prepare a counselor for the variety of situations and problems encountered in therapy; thus, some other process, like reflection, is needed to help students train for uncertainty” (p. 2).

The second presupposition was that these students would be given cases that had been identified by the sites as “damaged” or “lost causes.” The theory is that students can “practice” their skills on these clients because these clients were already so traumatized that nothing more could be done to “damage” them. This idea, if conveyed to the students, sends multiple irresponsible messages. First, it allows the students to minimize the experience of working with the traumatized client, because it conveys that their issues are not worthy enough to be taken seriously and treated with intentionality. Second, it conveys that the students are not capable of initiating positive change because these patients are “so far gone” that nothing can really help them. Finally, a bias is initiated before the student even meets the potential client. This bias, while hard to ignore, can elicit judgment, via counter transference, that can ultimately re-traumatize the client in the session.

The last presupposition came from experiences in supervising practicum level students who have encountered trauma cases, which can result in a phenomenon known as the “traumatized counselor.” This concept arose from the fact that when these unprepared counselors encounter complex trauma cases, they sometimes feel that damage was done to the client because of unintentional techniques employed or because of unfiltered counter transference during the session. Because these students also lack the self-reflective skills to understand the implications of trauma for an individual, these students can misinterpret symptoms of trauma for maladaptive or incongruent behavior and consequently judge the client based on these misinterpretations. Many site supervisors lack the formal knowledge and training necessary to help these beginning counselors conceptualize cases from a traumatology perspective.

#### *Informant Interview Analysis*

Because of the aforementioned assumptions, I knew that I needed to be self-reflective and aware of my own biases and reactions during this processes. In addition to the reflective journal, I used my regular meetings with my dissertation chair to discuss my feelings and reactions to the information that was being revealed during the interview process. Much of the information revealed during the interviews was congruent with my own experiences in working with these students and with the literature reviewed in Chapter 2. I was aware that my personal reactions and demeanor could lead the informants during the interview, so I was particularly mindful of my own actions in the interviews. Patton (2002) and Giorgi (1985) suggested four steps in qualitative analysis:

1. A general reading of the entire description: In this initial step, Giorgi (1985) suggests a general reading of the entire description in order to understand the

language of the informant. This process is iterative, as it may take several readings to get a good grasp of the data.

2. A detailed review with intentionality: The researcher reviews the data with the intention of examining the “meaning units” (Giorgi, 1985, p. 10) from within a specific theoretical framework.
3. An examination of the units of meaning: Once the initial review of the data yields specific units of meaning, the researcher then uncovers and analyzes the insight behind these units of meaning, as intended by the informant.
4. The synthesis: In this final stage, the researcher synthesizes the data, including the units of meaning, to fully understand the informants’ lived experience.

After the interview process, I spent time reviewing my field notes and reflecting on the interview interaction. I listened to the recordings several times and took additional notes in my reflexive journal on varying themes and phrases of significance that emerged. As the interviews progressed, it was clear that the same prevalent themes were surfacing in all eight of the interviews. I was focused on looking at the interviews in light of my research questions and by way of understanding the true *experiences* of the master’s level students. After the interviews were transcribed, I spent time “coding” (Patton, 2002) the specific phrases of significance that emerged from the data and took additional notes in the margins of the transcriptions so that I could refer to these codes across all eight interviews. I was able to chunk most of the phrases of significance into charts under specific analytical categories. From these charts, I could begin to see themes emerge that would be further discussed in chapter 5. I continually linked these codes/chunks of information to the literature review in chapter 2. By the time interview 5 was completed,

a clear pattern had emerged, and I continued to gather data in the three additional interviews to determine the trustworthiness of the pattern presented. It was clear that after the eighth interview, the data had reached saturation. The themes and analytical categories were viewed in light of Van Manen's four lived existentials (1990), trauma theory, and the existing literature surrounding counselor development. I organized the data into initial charts to capture the phrases of significance that would allow the reader to see the depth of the data and the richness of the content disclosed by the eight informants. Many of the phrases of significance could be grouped into five major analytical categories. The five major domains outlined in the charts were as follows:

1.) Lived Existentials

- a. Covers Van Manen's four lived existentials

2.) The role of supervision

- a. The presence or lack of supervision both on site and on campus
- b. Explores the site dilemmas that may or may not complicate the students experience

3.) Damaged population

- a. Captures the notion of site supervisors' referring clients "too damaged to help" to practicum students
- b. Reveals judgments made by the student or the site toward the client

4.) Case conceptualization

- a. Outlines the knowledge base of the beginning counselor related to trauma
- b. Allows for the presence of or lack of intentionality to be discussed related to trauma

5.) The beginning counselor

- a. Examines the role of academic and professional training in preparing the counselor to work with trauma victims
- b. Reveals the experiences of the “traumatized counselor”

6.) Units of Meaning

- a. Allows space for those phrases of significance that do not necessarily fit into the other categories, but are too significant to the data not to include.

These charts allow the reader to capture fully the depth of the experience of the informants. The major themes emerging from this inquiry came from compiling these charts and reviewing the analytical categories. It was clear from compiling these charts that the data had reached saturation. The analytical categories were then used to construct the major themes for this inquiry that will be discussed in detail in chapter 5.

Findings: Case-by-Case Analysis

The interviews for this inquiry were all conducted in a private room at a CACREP-accredited university in Western Pennsylvania. When the participants were scheduled for the interview they were told go to the room designated for the interviews. Before each meeting, a confirmation call was made earlier in the day for verifying the informant’s participation. A digital recorder was set up in the interview room, the interviewer’s notes prepared, and the informed consent paperwork readied for review with the participant. Once the participant had arrived, the purpose of the study was again reviewed and the informed consent paper signed.

At the beginning of each interview, participants were asked to state their demographic information, including their age, position in the program, and if they had had formal training in trauma. The purpose of this question was to better understand the informants' experiences prior to beginning practicum, as well as to consider if students with trauma training or academic coursework could better conceptualize the construct of trauma compared to those participants who had experienced no training or academic coursework. After this information was obtained, all participants were asked to give an overview of their practicum experience. This open-ended question was not intended to lead participants to answer in any certain way; it was geared more toward understanding the participants' lived experiences during their practicum experience.

#### *Informant One*

Informant one is a 29-year-old Caucasian female, who was in the last semester of her academic program in school counseling. She has taken a week-long crisis intervention course, but has no formal training in trauma. Making sure that she understood the purpose and parameters of the study, that she had no additional questions, and that she had signed the informed consent document, we began the interview. Most of the information unfolded in a natural way, and thus throughout the interview, researcher and participant became conversational partners. The interview naturally ended after approximately 45 minutes when all of the information had been obtained and the topics discussed seemed exhausted.

Participant #1 reported that she was in the school counseling track, but she did her practicum experience at a rehabilitation facility because "I needed to get hours and I picked a site that wouldn't conflict with my work schedule during the day." She went on

to comment that she attended her site three evenings per week and would see three patients per week for individual sessions lasting 30 minutes each. Participant #1 reported that her site was purely a facility that focused on drug and alcohol issues, and that discussing mental health issues was not endorsed. She reported the following:

I was told that we were a rehab facility, so it should be about the drug and alcohol piece, so I was a little bit confused. They didn't want us to discuss any mental health issues, so that made it really hard because it was too hard to separate out the drug use and the mental health issues that were really present.

After I had obtained understanding of where informants conducted their practicum, the subsequent questions in the protocol really targeted their experiences and their ability to conceptualize trauma. Each informant was asked to define the word *trauma* and then to provide examples of situations that they felt were traumatic based on their definitions. Participant #1 said, "I guess any major negative life changes." When she was asked to clarify her definition and expand it, she continued, "I think of accidents, serious illness, death, abuse, and those kinds of things. I know it has to be pretty bad to be traumatic, I know that much." She went on to describe a case that she thought fell under her definition of *trauma*, the case of an adolescent female who had experienced sexual abuse. She began by discussing her initial reactions to the case:

It is sort of an odd split, because I felt like I slipped into a zone. I felt like I was there for the individual in the moment, but I don't know if I did the best work with them, I wasn't sure how far to push them, if I should pull back or just refocus to the drug and alcohol piece, especially because I knew my site didn't want me to focus on anything but that, and to ignore the mental health stuff.

Also, I didn't know how the individual would feel if I kept asking more questions, like they would think I was being voyeuristic.

She continued to talk about the affect of the adolescent female that had been sexually abused, and reported that "she slipped out of affect; she was very chatty, which actually helped alleviate my discomfort because she talked so much and she had no emotion about the situation, just reported facts." I did ask her to clarify what she meant when she stated that the client, "slipped out of affect," and she responded by saying, "I felt like she was reading a script; she had no emotion when she talked about it. I don't know why, though, and I can't figure out how someone could be sexually abused and not act like they care?" At this point in the interview, I wanted to understand how the participant felt when the client first disclosed the trauma. I asked her if she could remember back to being in the moment with that client, and report what she felt when this was all being disclosed. The participant reported that she was "overwhelmed and somewhat frustrated because she [the client] didn't seem to care about the abuse." She reported, "I felt so overwhelmed because I never heard this before and had no clue what to do with the information. I felt very unprepared."

I did want to understand what, if anything, the beginning counselor felt she did well with the client in the moment. The participant reported that she felt she had validated the client and actively listened. She also recalled that she brought the issue of abuse back to talking about addiction because she "had no clue what to do with it," and said that "it was easier for me to ignore the abuse and deal with the drug piece." This was very interesting to me, as I wanted to understand if this was because she was a new counselor and the site required her to stay focused on the drug and alcohol issues, or if this perhaps

had been related to her own issues of counter transference. I asked her to clarify her motivations for doing this, and she reported the following:

I think knowing that I was at my site and this is what they wanted from me was a piece of it, but mainly because I had nothing to fall back on. It was a relief to know that I had to do what they asked of me and not explore the abuse, I really wanted to ignore it.

The interview progressed to the next time the client was scheduled to meet with the beginning counselor. Participant #1 noticed that she was slated to see this same client again, the following week. In answer to a question about how she felt about continuing with this client in therapy, she reported, "I felt my stomach drop a bit when I knew she wanted to see me again; I thought I had avoided it the last time, but I realized she just wanted someone to talk to, so I tried to keep it on the surface." When asked to clarify why she felt it was so essential to keep the information in that session on the surface, Participant #1 replied, "I don't have any experience with abuse personally, and I don't have any experience helping friends through it so it was kind of a first time, and I was just nervous to create a bond with her." This information opened up a new conversation point in the interview process as the point was discussed that counselors cannot possibly relate to everything that clients bring into a session. Participant #1 commented as to why this was so different, as illuminated in the following text:

Substance abuse falls into a lot of the issues that people deal with or something related to depression or anxiety. These things fall into the category of things that are normal or things that you expect as a counselor, those things that you learn about in school like grief, depression, etc. Trauma doesn't seem to fall into those

normal things that we talked about at all in school. I feel like it was out of left field to me and I find it way more difficult to treat.

In discussing her ability to deal with these cases after the day of counseling at her site now that the experience has passed, Participant #1 reported that she has a difficult time letting go of these cases, as evidenced by her very accurate recall of the event a year later. She reported that she found support in her on-campus supervisor and was able to process the experience of working with this client, after the fact, during her campus supervision. She did not say much about her practicum site supervisor, and when asked to discuss the supervision at her site, she reported that it had turned very bad:

My site supervisor ended up disclosing ... [personal information regarding a sexual assault]...so I ended up counseling my supervisor because at this point, [the supervisor who was overseeing my work] was not in a place to help me with my case because of the sexual abuse stuff. I ended up feeling like I had to counsel my supervisor, so having...[the supervisor at my site] help me with my case wasn't happening. My supervisor was not in a place to help me with all that was going on, so I had to do it myself....Now that I think about it, maybe I ignored the sexual abuse issues because I knew there was no one to help me. All I know is that I ended up having to counsel my boss about... [the sexual assault] and... [the site supervisor] ended up giving me a grade for my practicum experience; that's crazy.

In answer to being asked to elaborate on her experience of working with her supervisor and to discuss how she felt when this experience transpired, she reported, "I was so angry that I had to feel responsible to help my boss when my boss was suppose to

be helping me. I had to turn to my university-based supervisor for help; I had nowhere else to go.” The conversation flowed naturally into a discussion that centered on her relationship with her campus-based supervisor. She reported that this supervisor was very knowledgeable in trauma theory and that the university supervisor was very helpful in conceptualizing cases dealing with trauma. As an example, she reported that her supervisor told her not to get nervous when dealing with these types of cases because “you will not screw them up worse than they already are.” When Participant #1 was asked to tell how she felt about that statement, she responded,

Hearing that really helped me a lot, because I guess I felt like something was better than nothing, and I didn’t have to feel totally responsible for re-traumatizing her; almost like ignoring the abuse issue, feeling overwhelmed, or frustrated was okay because she was not going to be much worse than she was in that moment.

At this point in the interview, we began to explore her theoretical understanding of and interventions for trauma and whether she knew of specific counseling skills or interventions that are useful when working with traumatized clients. She reported that she didn’t know of any except to expect to listen to someone and try and be present with the person in the moment. She went on to report that she does not have a theoretical understanding of trauma and did not think that her site supervisor did either. Unprompted by my line of questioning, she went on to say what she needed to have to feel more confident dealing with these types of cases. She disclosed that she “felt prepared to be a compassionate person,” and she reported that she wished she could have learned something to say in the moment so that she didn’t feel so overwhelmed.

The final open-ended question attempted to target her ability to be self-reflective regarding her practicum experience. Participant #1 was asked to discuss how her experience could have been better, or what could have helped her to feel, as she put it, less “overwhelmed.” She responded,

Perhaps weaving trauma into the program a little better and how to hand the more serious cases, looking at what skills are best to use in the moment to help clients experiencing a trauma deal better. I am not saying train us as experts, but something so that my experience could have been avoided.

When asked to hypothesize on what counselor educators could do to help reduce the feeling of being overwhelmed by these cases in particular, she suggested that having more role plays within the classes regarded traumatic cases would have been helpful. She felt that practicing techniques in classes related to these cases specifically would have helped her to feel more confident in the moment. She also commented on the timing of taking the crisis intervention course offered as an elective, and reported that taking it closer to the start of her practicum might have helped her handle the case better. She had originally taken that course four years prior to the start of her practicum. She was unable to provide other suggestions as to what, specifically, could have helped her handle the situation better.

Participant #1 had numerous phrases of significance that contributed to the quality of her interview. Table 2 outlines these phrases in the corresponding analytical categories that were discussed earlier in this chapter. Many of the phrases outlined in Table 2 were highlighted and explored throughout this text. Each participant has a corresponding table that supplements the text within chapter 4. The analytical categories identified in each of

these charts are consistent across each participant and ultimately coalesce to create the five themes that have emerged from this data set and form the foundation for chapter 5.

Table 2

*Topic: Sexual Abuse (Community Counseling Setting)*

<b>Analytical Categories</b>	<b>Quotations of Significance</b>
<b>1. FOUR LIVED EXISTENTIALS</b>	
<ul style="list-style-type: none"> <li>• <i>Lived Body</i></li> </ul>	<p><i>I started to feel very uncomfortable because I didn't know what to say, I felt very anxious.</i></p> <p><i>I felt like my stomach dropped when she wanted to see me again.</i></p>
<ul style="list-style-type: none"> <li>• <i>Lived Space</i></li> </ul>	N/A
<ul style="list-style-type: none"> <li>• <i>Lived Human Relation</i></li> </ul>	<p><i>I felt like she wanted someone to talk to, it didn't matter who it was.</i></p> <p><i>When she disclosed the abuse, my heart broke for her and I wanted to cry.</i></p> <p><i>I felt that I wanted to hug her and cry for her, and also really angry that somebody did this and set her on this path.</i></p>
<ul style="list-style-type: none"> <li>• <i>Lived Time</i></li> </ul>	<p><i>When she disclosed the abuse, I slipped into a zone.</i></p> <p><i>This case has still stuck with me, here it has been over a year and I am still thinking about it.</i></p>
<b>2. THE ROLE OF SUPERVISION</b>	
<ul style="list-style-type: none"> <li>• <i>Lack of supervisory support</i></li> </ul>	<p><i>I gave her tissues, and I was told in supervision not to do this. I was told it is like telling someone to clean yourself up, you know, fix that mess you are doing right there.</i></p> <p><i>Supervision turned bad at my site, my supervisor ended up disclosing to me... [a sexual assault], so I ended up counseling... [the supervisor who was overseeing me] and my supervisor wasn't in the place to help me with my case because of the sexual abuse stuff.</i></p>

---

<ul style="list-style-type: none"> <li>• <i>Supervisory support</i></li> </ul>	<p>N/A</p>
<ul style="list-style-type: none"> <li>• <i>Practicum site dilemmas</i></li> </ul>	<p><i>I was told we were not to focus on mental health issues, only drug and alcohol because we were a rehab facility; it made it hard to separate the two out.</i></p> <p><i>If issues related to mental health or trauma came up I dismissed it or briefly acknowledged it because I was told to do that.</i></p> <p><i>I ignored the abuse because my site wanted me to and I had nothing to fall back on.</i></p>
<p><b>3.A “DAMAGED” POPULATION</b></p>	
<ul style="list-style-type: none"> <li>• <i>Stigmatizing: The hopeless case</i></li> </ul>	<p><i>My supervisor on campus told me not to get nervous because I could not screw her up any worse than she already is</i></p>
<ul style="list-style-type: none"> <li>• <i>I can’t relate so I can’t help</i></li> </ul>	<p><i>I had never heard this before, I felt unprepared, overwhelmed, and sad.</i></p> <p><i>I kept it on the surface, I don’t have any experience with abuse personally, and I have not had any experience helping friends through it... I was nervous about creating a bond and relating to her.</i></p>
<ul style="list-style-type: none"> <li>• <i>Trial and error</i></li> </ul>	<p><i>Having my supervisor tell me I couldn’t screw her up worse than she already was made me feel like I was not totally responsible for re- traumatizing her.</i></p>
<ul style="list-style-type: none"> <li>• <i>Re-traumatization</i></li> </ul>	<p><i>Ignoring the client was not good, I know that now, but that’s all I knew to do and with some preparation, that could have been avoided.</i></p>
<ul style="list-style-type: none"> <li>• <i>Judgmental</i></li> </ul>	<p><i>I felt like she was reading a script; I can’t figure out how someone can be sexually abused and not care about it; it was like she had no emotion.</i></p>
<ul style="list-style-type: none"> <li>• <i>Atheoretical framework</i></li> </ul>	<p><i>All I know is to listen to someone and try to be present with them.</i></p> <p><i>I really had no clue what I was doing, so I don’t think I worked out of a theoretical</i></p>

---

- 
- *Perceived need to refer* *orientation, I do think I actively listened.*
  - *Trauma conceptualized* *N/A*
  - *Trauma conceptualized* *I guess any major negative life changes...accidents, serious illness, death, abuse, I know that much.*
  - *Counselor development/self-reflective tendencies* *The abuse issue came out of left field, it was never discussed in school and made it harder for me to understand and treat.  
Maybe I ignored the sexual abuse stuff and kept it on the surface because I knew no one was going to help me at my site.*
  - *Lack of intentionality* *I kept asking questions; I didn't know what else to do, and I felt voyeuristic.  
I ignored the issue of the abuse and tried to talk about the drug and alcohol aspect because that was easier for me. I don't know if she picked up on that.  
Handing her the Kleenex was for her, but it did give me a minute to regroup.*
  - *Intentional interventions* *I validated that it was not her fault, and I think I actively listened.*

## **5. THE BEGINNING COUNSELOR**

- *The unprepared counselor* *I didn't feel prepared to work with her; I felt prepared to be a compassionate person; I didn't have skills to help her. That's why I ignored her issues and focused on what was comfortable for me.  
We role played cases that you would expect from someone bringing in everyday issues to class—you know, relationship issues, stress, time management.*
  - *Academic preparation* *I did take the week-long crisis intervention course, but I have no formal training in trauma.*
  - *What I needed and didn't get* *I don't think you can ever be fully prepared, but what I was looking for was to really not feel so overwhelmed or to have something in that moment to say that could*
-

---

<ul style="list-style-type: none"> <li>• <i>What I needed and didn't get</i></li> </ul>	<p><i>have helped.</i></p> <p><i>...Weaving it [trauma] into the program, how to handle the more serious cases helping people to better understand that there are certain skills that you can use in the moment...</i></p>
<ul style="list-style-type: none"> <li>• <i>The traumatized counselor</i></li> </ul>	<p><i>What I was hoping for was not to feel the way I felt, but to be able to handle these issues at least until I could talk to someone who does know what to do.</i></p>
<ul style="list-style-type: none"> <li>• <i>Counter transference</i></li> </ul>	<p><i>I was frustrated that she was disclosing all this to me, and I didn't know what to do with it.</i></p> <p><i>...She slipped out of affect and she was very chatty, it helped alleviate my discomfort because I didn't know what to say.</i></p>

---

*Informant Two*

Informant two is a 28-year-old Caucasian female, who is in the last semester of her academic program in school counseling. She had taken a week-long introductory course on trauma two years ago, and she reported that she attended a day seminar on play therapy where trauma was mentioned. She did not report any additional training in trauma work. This interview lasted approximately 50 minutes, and the format of the interview replicated that of the first, whereby much of the information was discussed in a conversational way and unfolded naturally.

Participant #2 conducted her practicum experience in an intermediate school that was demographically categorized as impoverished and that consisted of mainly African American students. She reported that she was in a district that did not focus much on counseling; rather their focus was on discipline and reducing chaos. She stated, “My supervisor fought to get counseling back in the school, but there were so many behavioral

issues that counseling was overlooked.” She attended the site two full days per week, and she reported seeing three to four students per day, on a walk-in basis. She reported that her site focused on behavioral issues so much that very few students could be identified for her to work with by her supervisor; therefore, she had to rely on her own abilities to triage the cases that came into the counseling office each day.

When asked to define the word *trauma*, she was reluctant to do so at first, pausing, she said, because she felt unable to articulate what trauma actually means. After some time to consider a working definition, she reported,

Trauma to me is an experience where a person, either emotionally or something like that because it can take many forms, but something that has a great effect on someone. It would be negative and would cause someone to change. I don't know what events would be traumatic, but it would have to be a big deal.

I did ask her to try and elaborate on what cases she could think of that fit this definition for her in her practicum experience. She was able to discuss, in great detail, a case of a 9-year-old girl who had witnessed her brother dying. The following excerpt outlines the details reported by Participant #2:

I remember working with a girl who was in 5<sup>th</sup> grade, and she was in learning support. She was tiny and everyone knew her as being crazy. Everyone in the school knew her as being angelic looking, but that she couldn't control herself. She lived in the projects and had witnessed an older brother dying, or being murdered; I am not sure of the specifics. Everyone knew he was murdered, though, and assumed that she acted the way she did because she witnessed this murder. When I first saw her, she was quiet and mute. I remember thinking how

am I going to do this? Why am I the one to do this? How am I going to get through to her? Then I realized they gave her to me because no one wanted to deal with her, so I knew that my supervisor thought, “Just give her to the student.”

It was apparent that Participant #2 was still affected by the information that had been presented to her in session. Her non-verbal behavior, which included poor eye contact, pressured speech, arms folded across her chest, legs crossed and body turned away, all indicated that she was, in fact, traumatized by hearing this case. When asked if this was her first experience with a case like this, she reported that this was her first counseling case, ever. Upon being asked to describe how she felt in the initial moments of disclosure by the client, she reported,

I felt so inept and helpless having to deal with this all at once. I remember feeling like I was looking only at a shell of a child, and because I didn't know what to do, I just kept asking questions and trying to tell myself that I was only going to have to help her for a semester.

In response to neutral questions from the researcher, the participant continued to elaborate her in-session thoughts and feelings when working with this client; her personal awareness pertaining to this case was advanced, as indicated by the following statement:

I remember thinking to myself about Maslow's Hierarchy and realizing that of course she cannot do her school work, she witnessed her brother being murdered and that if she saw that, what else has she seen? I remember thinking right now she is just trying to survive.

Participant #2 displayed insight into the case and an ability to look at it from a holistic point of view. When asked if she had learned this concept from a class or training or if it

were intuitive, based on her collective experience, she reported that she remembered understanding Maslow in the context of trauma work from her introduction to trauma class that she had taken the previous summer. Her ability to look at a client from a systems standpoint, however, came from her collective experience and academic coursework.

In response to a question about the stigma that the client held in the school, and why Participant #2 felt she was the one to see this client and not her supervisor, her response was similar to Participant #1's, suggesting a potential trend. She reported,

I felt I could understand why she was acting out, considering what she had been through. I felt that I had a different view point than the other people in the school that dumped her on me because they didn't want to deal with her and thought that I could try and deal with it myself because no one really wanted to help me with her because they were fed up with her.

To elicit an understanding of trauma and the potential to implement effective techniques specific to this case, Participant #2 was asked to explore what aspects of her sessions were most effective when dealing with this adolescent. In a response to this open-ended question, she reported that she felt successful only one time because the counselee "actually started to answer some of my questions." Participant #2 offered, without probing, that she "really wanted to know what happened." One of the techniques that she suggested to the client was to "re-tell the entire story," and the client followed the directive and did re-tell the event. Participant #2 reported being surprised that the client retold the story "in a factual and non- emotional way." Immediately following this report, Participant #2 offered, "I had no clue how to deal with any of it; I figured that I

would just keep asking questions and avoid going to the emotional place because that is something that I am not comfortable with.”

This information was congruent with the literature reviewed in Chapter 2, which suggested high levels of counter transference in beginning counselors (Pearlman & Saakvatine, 1995). This was further supported by a similar self-report from Participant #1. Hence I concluded that this could be another trend in the data to be explored again with the subsequent informants. The benefit of using a semi-structured interview is that it allows for adaptations and altered questioning as the data collection process evolves.

It was clear that this student felt that clients were given to her by “default” or because other counselors in the school were “fed up” in dealing with the cases, so the discussion turned to her feelings about the referral process at her site. She reported that several students had been identified by her site supervisor as ones who would agree to having their sessions taped and who would be able to obtain permission slips without resistance. Participant #2 reported that she knew these were the kids with unstructured home lives and uninvolved parents who would likely not question the audio- or videotaping requirements. She also stated,

I knew everyone was so sick of her behavior issues and that no one else wanted to see her so they gave her to me. I also knew that seeing me was better than nothing, even though I had no idea how to work with her. I tried to be present but that is all I could do. I remember feeling so overwhelmed, but didn’t know what to do with that emotion either.

At this point in the interview, it was a natural progression to begin to discuss supervision both on campus and at her site to see if the participants in this inquiry felt

supported in their work. Participant #2 recalled feeling supported, in that she was given information about some of the cases prior to seeing them for the first time, but she said, “I had an unspoken expectation of ‘do your best, but there is not much that can be done.’ I remember feeling like I got the ‘dead end’ cases, so I really didn’t feel the pressure to be successful because no one thought I would do much good.”

The interview progressed, naturally, into a discussion surrounding her theoretical framework in counseling: was she able to use the information gained in her introductory trauma course to conceptualize the case and use techniques or interventions specific to the sensitivities of traumatized clients? She reported that she was not thinking of a theoretical framework at all, but that the class helped her understand that she was working with a unique population and that it had to be looked at differently. She was, however, not able to verbalize techniques, interventions, or case conceptualization strategies that were specific to working with traumatized clients. Furthermore, she was not able to articulate a general counseling orientation that she employed when working with this client. She was, however, able to articulate what areas of her training could have been improved to help her feel less overwhelmed with these types of cases. She reported,

I don’t know if learning facts is the best way to be prepared for trauma because it is so in your face. I would have appreciated hearing more real stories about people who were in the field and actually had to work with traumatized clients and to learn ways to deal with cases in the moment. I wanted something, looking back on it now, to desensitize me, so that I could know what to say in the moment.

Participant #2 was asked to clarify what techniques were implemented in her training or academic coursework that helped prepare her, in any way, for counseling

related issues in general, not just specific to trauma. She recalled participating in role plays in the classroom. When asked if these role plays focused on issues that could be considered traumatic, she replied, “We didn’t discuss abuse or anything like that, just basic relationships stuff.” Unprompted she added, “I would have really appreciated something to help me feel less overwhelmed, something to use in the moment, something like a technique that is always good to do in the moment.” The researcher restated her words thus: “What you have said, and correct me if I am wrong, is that you wanted something to address the trauma immediately, you didn’t expect to be an expert with the case, but wanted to be able to implement something in the moment so that you did not cause harm.” Participant # 2 replied, “Yeah, I would have loved that.”

This discussion flowed naturally into understanding the academic coursework that helped her prepare to be a beginning counselor, and we began to explore her ability to conceptualize cases. “I feel like my academic coursework helped me maybe to know what to expect and to be more familiar with the territory I was getting into, but prepared to be able to effectively work with a trauma case, absolutely no.” We continued to discuss her ability to process her feelings around this case, and why, after a year it is still so fresh in her mind. She reported that she was able to create a wall, and explained,

I think there was a wall barrier that I put up that allowed me to not get super close to where it would really affect me, which is funny because people tell you not to get too close because you will burn out in this field, but then if you don’t get close you feel that you are not really present with someone. I didn’t get close to the clients; I knew I wasn’t going to be there for long and I knew there wasn’t much I could do for them.

After the second interview, a review of the tape and notes from both interviews showed that a similar dialectic had presented itself in both interviews. The participants were able to report vivid recollections of the cases and could accurately report their in-session feelings, as well as the details of the case. However, both informants reported that they self-imposed a barrier to protect themselves from getting “too close” to the clients or their stories; yet they recognized that by distancing themselves, they risked not being fully present with the client in the moment. Informants were able to justify this behavior by recognizing and confirming that “there isn’t much that could be done for the clients anyway.”

One of the most important places to process feelings like this would be in supervision. Participant #2 was able to recognize the value in having productive supervision. She reported that once she is in the field practicing full time, she would not refer these cases; however, she would find “good supervision” so that she could learn to feel more confident and competent handling these cases. She also reported finding comfort in her site supervisor’s comments surrounding traumatized clients.

I feel like I was able to understand, through supervision at my site, that there is a point when you can’t help anymore, and I feel really good about working in a school where you really can’t do therapeutic work, at least you are not suppose to, so I feel good about saying to kids, “I can’t handle this, I have to refer.”

Table 3 outlines the key phrases from the interview. Most of the information is found in context in the text; however, other significant phrases are reported in the chart.

Table 3

*Topic: Witnessing Death (School Counseling Setting)*

<b>Analytical Categories</b>	<b>Quotations of Significance</b>
<b>1. FOUR LIVED EXISTENTIALS</b>	
<ul style="list-style-type: none"> <li>• <i>Lived Body</i></li> </ul>	<p><i>I felt in my heart I could help her, even if I didn't know how or know where to begin.</i></p>
<ul style="list-style-type: none"> <li>• <i>Lived Space</i></li> </ul>	<p>N/A</p>
<ul style="list-style-type: none"> <li>• <i>Lived Human Relation</i></li> </ul>	<p><i>I couldn't relate, I felt helpless, and I couldn't understand her experience.</i></p>
<ul style="list-style-type: none"> <li>• <i>Lived Time</i></li> </ul>	<p>N/A</p>
<b>2.THE ROLE OF SUPERVISION</b>	
<ul style="list-style-type: none"> <li>• <i>Lack of supervisory support</i></li> </ul>	<p><i>No one would help me with the case at my site because they were fed up with her.</i>  <i>I knew I was not going to get help from my site, so I really did not want to go that deep with her.</i></p>
<ul style="list-style-type: none"> <li>• <i>Supervisory support</i></li> </ul>	<p><i>My campus supervisors were knowledgeable in trauma theory, and that really helped, but it was after the fact.</i></p>
<ul style="list-style-type: none"> <li>• <i>Practicum site dilemmas</i></li> </ul>	<p><i>My school was discipline oriented; I was disappointed because counseling issues were ignored.</i></p>
<b>3.A “DAMAGED” POPULATION</b>	
<ul style="list-style-type: none"> <li>• <i>Stigmatizing: The hopeless case</i></li> </ul>	<p><i>I remember they gave her to me because no one else wanted to deal with her...</i>  <i>Everyone in the school was so fed up with her... I know they dumped her on me because they didn't want to deal with her, and thought that I could try and deal with it myself.</i>  <i>I knew that everyone was so sick of her and the issues and the behavior that since she came to the office we had to see her; no one else wanted to, so they gave her to me.</i></p>

- 
- *I can't relate so I can't help* *I felt like I couldn't relate; I felt so far from what they experienced and like the idea of trying to grasp it, I felt helpless.*
  - *Trial and error* *...How much of a chance do I have to get through to this girl, when I see her 2 or 3 times a semester?*  
*I was given these cases and was told to do my best, but there was not much that could be done with this kid...I didn't feel that much pressure to be successful because no one thought I would do that much, I guess.*
  - *Re-traumatization* *I don't know, now that I think about it, if she knew that everyone thought of her as crazy, or if she knew no one wanted to help her.*
  - *Judgmental* *I remember working with a girl, she was in 5<sup>th</sup> grade, and everyone knew her as crazy. She witnessed a murder, so everybody assumed she acted the way she did because she couldn't be controlled or reasoned with.*

#### **4. CASE CONCEPTUALIZATION**

- *Atheoretical framework* *I definitely was not thinking about a theoretical framework; I knew it was a different population, but I didn't work from a framework.*  
*I don't think I know of any skills for trauma specific cases.*
  - *Perceived need to refer* *I will refer these cases in the future, unless I get good supervision; I mean, I won't want to do it alone like in my practicum.*  
*In the school you are not allowed to do therapeutic work, so I feel good about saying I can't handle this anymore and I am going to refer, like I'm justified in saying that in the school...It relieves me a bit to know that if the issues get too big, I can fall back on saying that I shouldn't do therapy in the school.*
-

- 
- *Trauma conceptualized* *It is something that has a great affect on somebody...typically the negative, it causes someone to change, I don't know what specific events could be traumatic, but I know it has to be a pretty big deal.*
  - *Counselor development/self-reflective tendencies* *I remember asking myself all these questions, like was she acting like this because of the trauma?  
...Of course she cannot do schoolwork; of course she cannot focus; she is just trying to survive.  
Who could ever be prepared to counsel something like this?  
I made a conscious effort to not get close to the clients, mostly because I knew I wasn't going to be there long and really because I knew there wasn't much I could do for them.  
I do feel like I know where my boundary stops, where I know I cannot help anymore.*
  - *Lack of intentionality* *In session she wouldn't talk, so to get something going I prodded a lot...  
I remember thinking that I wanted to know what happened, I kept asking her to re-tell the story, and I thought that was a good idea.  
I just kept asking questions and avoided getting to the emotional place because that is something I am not comfortable with.*
  - *Intentional interventions* *I did try to be present with her.*

## **5. THE BEGINNING COUNSELOR**

- *The unprepared counselor* *I remember how I felt working with her, and feeling so inept and helpless.  
I know there is a reason for all of this, but I don't know how to help...I had no clue what to do with any of it, her emotions, her story, any of it...I had no idea what to do with the feeling of being overwhelmed.  
...In over my head and I don't know*
-

---

*how to really work effectively with these clients...I would really like to read my trauma books; since nothing was required related to trauma, I really didn't make it a priority to read them.*

*We really didn't do much role plays in school that were related to trauma.*

- *Academic preparation*

*I did take the week-long trauma course in the summer, but no other formal training.*

*My academic work helped me to know what to expect to be a little bit more familiar with the territory I was getting into to...*

- *What I needed and didn't get*

*I am not sure the best way to be prepared, as trauma is so in your face, but I would appreciate hearing from people who were in the field who had experienced a lot of it and hearing what skills to use in the sessions.*

*I wish hearing more stories about trauma would have helped to desensitize me, so I could have been more prepared in that first session, in that first moment.*

*I would have liked to have a discussion on the types of things that are always good to do when you work with a trauma case.*

- *The traumatized counselor*

*...It's been some time since I had dealt with this case, and clearly it has stayed with me.*

- *Counter transference*

*I had no clue what to do with any of it, so I just figured I would just keep asking questions and avoid going to the emotional place because that is something I am not comfortable with.*

---

## **6. UNITS OF MEANING**

*She was a shell of a child.*

---

### *Informant Three*

Informant three is a 37- year-old Caucasian male who is in the last semester of his academic program in school counseling. He has not taken any academic or professional training in the field of traumatology. He reported that he conducted his practicum at his place of employment, a diverse high school that had a representative mix of students from numerous ethnic and socioeconomic backgrounds. I followed the usual protocol in beginning the interview. This interview lasted approximately 55 minutes, and the format of the interview followed the protocol, whereby much of the information was discussed in a conversational way and unfolded naturally.

Participant #3 defined trauma as “something physical, but after taking counseling classes I know it can be mental too, but really I think that something is physically wrong with someone.” Upon being asked to clarify, he said, “I don’t necessarily think disability, but I think something on a large scale, nothing on a small scale, that wouldn’t be traumatic. It would have to be a large scale event to be considered traumatic, something life changing.” After hearing his definition, I realized that this in and of itself was a trend in the data. There was, to this point, no consistency around conceptualizing or defining trauma. The one consistency was that no one was consistent. I made a notation to follow up on this trend after the data collection concluded, to determine if one of the major issues in treating trauma is that beginning counselors cannot even begin to describe what it is.

Participant #3 disclosed that he had never taken course work in trauma and admitted that he was uncertain as to whether the university offered such a course. He did

note that throughout his group supervision experience, various people discussed cases in which individuals were traumatized, and that was his first exposure to hearing these types of cases. He reported,

It was nice to get feedback in supervision around these cases to hear how different people handled the situation, but it wasn't until it already happened that we were talking about it, nothing that I remember happened before practicum related to this, but we did talk about it after the fact.

I asked him to begin to describe to me some of the cases that he saw during his practicum experience that he considered being traumatic. He offered several cases, one being that of a 17-year-old male who feared for his life. A second case involved a 16-year-old female whose mother had recently been arrested in a public scandal. She also was having behavioral problems at school and was feeling conflicted over her sexual identity. He chose to talk about this case in the first part of the interview. He reported that he used "choice theory, and really just whatever came to me in the moment; my instinct is what guided me, nothing that was theory related." When asked if he felt confident handling this case, he replied, "I felt confident talking the whole time and asking questions, you know, to keep the conversation going." He was able to offer an intervention that he used that he felt went very well in the session. He described the following statement that he offered to the client as being validating.

I told her, you are here in school and you are passing; you work until eleven o'clock; you are taking care of your brother; your mother is an alcoholic and going to jail; you say you are a lesbian, half of your friends know; you get B's in school, and you are actually a success.

When I asked him about his intentionality behind this statement, he replied, “I was trying to build up her ego and trying to make her feel good.” When asked if this was a technique that he had learned through his counseling coursework, he reported that it was his instinct that drove his interventions, not his academic preparation. However, when I went on to ask him if there was ever a time when he felt overwhelmed dealing with a case during his practicum, he reported that one case overwhelmed him, and he felt that using his instinct was limiting. He reported that this case involved a suicidal adolescent female. The rest of the interview focused on his experience dealing with this suicidal adolescent.

Upon being asked to give an overview of the case, he began, “Well, I was in practicum and I knew this was bigger than me at this point. She came down to the office and said that she had a plan and wanted to kill herself, and I said to her ‘Whoa, okay.’” I asked him to continue by explaining his thoughts and feelings in the session with her. “I felt shocked; I knew this was going to happen at some point; my first thought was, *I think I can handle this but I don’t want to screw it up because someone’s life is on the line.* He went on to say that he remembered learning in class to explore if the client had a plan and the means to carry out their plan. This thought propelled him to engage in some self-talk during the session. He remembered thinking; *I have to see if I can get her to talk about the future, because if I can get her to do that then that means she plans on being here.* He continued,

Because I didn’t have anything in class that really talked about what to do, I went off of instinct and kept going with what felt good in the moment with her; and because I went and got my supervisor to sit in with me when I was working with her, I wanted a second opinion, and I felt confident that I did the right thing.

He went on to say that he needed validation from someone else that he was doing the right thing, and he felt confident when he got the validation from his supervisor.

Participant #3 attributed much of his skill to instinct. He also reported that the supervision he received, both on and off campus, was atheoretical. He reported that while there were times that he felt “in shock” working with traumatized individuals, he admitted that using techniques in these sessions was very much “trial and error.” During this section of the interview, I wanted to be certain that this participant was not grounded in theory, but that he rather operated out of instinct. I clarified by asking him, “Do you operate solely out of instinct?” His response was, “Yes, it is like I will try this, this time, see what I can do different next time, you know, if it didn’t work with the client, that is, if they come back” [laughs]. He offered that in his academic coursework, role plays were a large part of the curriculum in the techniques course that was required in the program. He added that in this course, students role played issues that were from their own personal lives, but he reported that no issues were discussed that touched on trauma-related events. At this point in the interview, I wanted to understand his input on helping other students prepare to counsel victims of trauma at the practicum level. He reported that a day conference or seminar would have been helpful to supplement his instinctual counseling drive; however, he said, “It depends on the person doing the counseling, and if someone is going to panic, they are going to panic, no matter how well they are trained.”

In the last portion of this interview, I asked Participant #3 to consider a population in which he would have difficulty working. The purpose of this question was to gauge his level of personal awareness, to ascertain whether there were potential counter transference issues within the setting, and to ask him how his instinctive techniques

would handle such cases. He stated that sexual abuse cases would be the most difficult for him to handle, which is a grave consideration, given that he desires to work in school setting. When asked how his instinct would guide him to handle such a case, he replied, “I would state my opinion to the kid like, ‘You know, how about I punch them in the mouth or something for you’ [laughing]. Because I am not a big fan of that, and I feel bad for the kids.” To clarify, I asked him if this would be the best intervention given his approach from an instinctual point of view, and he confirmed his response.

This section concluded the dialogue with Participant #3. I ended the interview asking him if he had any additional comments or questions; and once he declined, I thanked him for participating and ended the taping. Again, I referred to my notes and continued to outline my initial thoughts and reactions to this interview. While much of the data augmented the existing findings, some new themes emerged in this interview, particularly, the atheoretical orientation to counseling in general, but specifically for victims of trauma. This reliance on instinct was something I would integrate into the subsequent interviews to determine if this was a theme amongst beginning counselors.

Table 4 outlines the phrases of significance reported by Participant #3. This table serves to supplement the text that has already highlighted several of these units of meaning.

Table 4

*Topic: Family Conflict & A Suicidal Adolescent (School Counseling Setting)*

<b>Analytical Categories</b>	<b>Quotations of Significance</b>
<b>1.FOUR LIVED EXISTENTIALS</b>	
• <i>Lived Body</i>	<i>N/A</i>
• <i>Lived Space</i>	<i>I was overwhelmed when she disclosed she</i>

---

	<i>wanted to die; I kind of lost where I was for a minute.</i>
<ul style="list-style-type: none"> <li>• <i>Lived Human Relation</i></li> </ul>	<p><i>I felt overwhelmed for he; I felt that it had to be so hard for her; I really felt for her.</i></p> <p><i>I grew up in a similar town, so I just knew how to approach it.</i></p>
<ul style="list-style-type: none"> <li>• <i>Lived Time</i></li> </ul>	<p><i>I knew it was a matter of time before she gave up and committed suicide... how much can one person take?</i></p>
<b>2.THE ROLE OF SUPERVISION</b>	
<ul style="list-style-type: none"> <li>• <i>Lack of supervisory support</i></li> </ul>	<p><i>I'm sure they had theories somewhere, but I really think a lot of their work was on instinct or experience, like mine.</i></p>
<ul style="list-style-type: none"> <li>• <i>Supervisory support</i></li> </ul>	<p><i>I asked if I could bring in my supervisor for support...</i></p> <p><i>I really liked my supervisors; I liked the group discussions when someone would present a case and we could all discuss it.</i></p>
<ul style="list-style-type: none"> <li>• <i>Practicum site dilemmas</i></li> </ul>	N/A
<b>3.A "DAMAGED" POPULATION</b>	
<ul style="list-style-type: none"> <li>• <i>Stigmatizing: The hopeless case</i></li> </ul>	N/A
<ul style="list-style-type: none"> <li>• <i>I can't relate so I can't help</i></li> </ul>	N/A
<ul style="list-style-type: none"> <li>• <i>Trial and error</i></li> </ul>	<p><i>...You know working with these kinds of people is really trial and error.</i></p> <p><i>You have the experience [with the client] and rethink it later; you either improve or keep the skills the same, or you say I am not doing that again.</i></p>
<ul style="list-style-type: none"> <li>• <i>Re-traumatization</i></li> </ul>	<p><i>I felt overwhelmed; and I even told her that, I told her like "wow, that's a lot."</i></p> <p><i>She disclosed that she wanted to kill herself and that she had a plan and I was like, "Whoa, okay."</i></p> <p><i>I work out of instinct; if it didn't work with the client, you try again, and that is, if they come back.</i></p>

---

- 
- *Judgmental*

*My supervisor thought she was just acting like she was suicidal to get attention, but I wanted to take it seriously just in case.*

#### **4. CASE CONCEPTUALIZATION**

- *Atheoretical framework*

*I studied like Choice theory; I kind of just did what came to me and what I felt the student needed at the time, really just my instinct.*

*I didn't have any information on theories or I didn't use any theories, I went off of what felt right, off my instinct.*

*A day conference might help, but nothing will be better than my instinct in the moment.*

- *Perceived need to refer*

*Right now, I would avoid this population and refer it, just because it is too much to take on.*

- *Trauma conceptualized*

*When I think of trauma, immediately I think physical, but after taking counseling classes, I know it could just be mental...*

*I know it has to be on a large scale, nothing small, that wouldn't be traumatic...something life changing.*

- *Counselor development/self-reflective tendencies*

*I thought the suicidal client was bigger than me, at this point, in my practicum...I just needed someone to tell me I was doing the right thing, someone to tell me you are doing okay.*

- *Lack of intentionality*

*I felt confident working with the client; I felt confident talking the whole time; I figured something would happen.*

*I was taught to just keep asking questions, you know, to see what the problem was and to keep the session going.*

*I don't know what skill I used; I just tried to make her feel good.*

- *Intentional interventions*

*I knew I needed to find out if she had a plan... I asked if I could bring someone into*

---

---

*the session to help with her case.*

## **5. THE BEGINNING COUNSELOR**

- *The unprepared counselor*

*I felt overwhelmed, and I even told her that; I told her like “Wow, that’s a lot.”*  
*I felt uncomfortable when a girl told me she was suicidal... I thought “I’m only in practicum and this is way bigger than me.”*
  - *Academic preparation*

*I think there is a class here for that (trauma), but I didn’t take it.*  
*Nothing happened before practicum supervision to talk about these types of cases; it wasn’t until it already happened that we were talking about it; it was after the fact.*  
*I remember in one class something about finding out if there was a plan [for suicidal clients].*  
*We didn’t role play anything like this; it was more about personal life stuff like relationships, everyday living...*
  - *What I needed and didn’t get*

*I wished I would have had to take the class; having it as an option wasn’t good for me because I took other classes instead.*
  - *The traumatized counselor*

*I was in shock...I felt like I was getting ready for a big game; I thought here we go no turning back.*  
  
*I panicked; I felt that I knew I was going to deal with this, but not right away in my practicum.*
  - *Counter transference*

*I grew up like that kid; it really got me because that could have been me, and it wasn’t, but I really could relate to their story, because it felt like me.*  
*I couldn’t work with sexual abuse cases; I mean I would just state my opinion to the kid like “You know how about I punch them in the mouth for you?”*
-

### *Informant Four*

Informant four is a 27- year-old Caucasian female, who is in the last semester of her academic program in community counseling. She was the most experienced informant, reporting several crisis and trauma related trainings prior to beginning her practicum. She reported that she conducted her practicum at a drug and alcohol residential facility with court-ordered male clients. She reported that the demographic of the population served was between 18-25 years and that the majority of men in the program were African American. Participant #4 reported that the men in the program were dually diagnosed, with depression and anxiety being the major conditions presented. Residents in this facility also reported extensive histories of trauma, including sexual abuse, physical abuse, and domestic violence perpetrators. The usual protocol was followed in beginning the interview, which lasted approximately 55 minutes; and the format of the interview also followed the protocol, whereby the information was discussed in a conversational way and unfolded naturally.

Participant #4 began the interview with a prelude as to why she chose this site as her practicum location. “Drug and alcohol is a population that I don’t particularly enjoy working with, so I wanted to challenge myself to work with them.” Participant #4 explained a site dilemma that she had encountered early on in her experience and one that, she felt, hindered her personal development.

I didn’t feel it (my site) was very supportive as far as how I was doing counseling there and the individuals that I worked with. I felt they had one way to work with the client and I needed to fit that mold. So when I wanted to reach out and try

different things, because it was practicum, I felt I did not have room to grow and do that.

Participant # 4 offered this information unsolicited, and in order to clarify, I asked her if she felt she was on her own at the site, and she confirmed that this was her feeling. Because she felt unsupported, she consulted the supervisors on campus to get her needs met.

This informant interview was unique because of her training experience in trauma and crisis intervention. I asked her what propelled her to take this elective training, and she stated that she knew she wanted to work as a crisis counselor after graduating from the program. In order to feel prepared in the field, she elected to take the training. Because of her experience, I wanted to capture her definition of trauma, and determine if it differed greatly from that of the other informants who did not have formal education in trauma. Therefore, when I asked her how she would define the construct, she replied, “I would say that whatever the client considers traumatic is considered a trauma. Sexual abuse is one of the more significant ones, but I have met people who experienced very minimal things to me that are huge to them. It is subjective.”

At this point in the interview, we started to discuss a case that she identified as being traumatic, both for her to counsel and for the counselee. She recalled working with a client who had been a resident in the drug and alcohol facility and who had been identified by the staff as a “narcissist.” She reported that he disclosed substantial sexual abuse, and the following vignette outlines the client’s disclosure.

After a few sessions I realized we were on the surface, so I took a step back and we started talking about his family. It was a touchy subject, so I took my time

getting there, but once we could get there it was clear that he had been through terrible sexual abuse, I mean repeated sexual abuse. I really counted on my campus supervisors to guide me through it because it was the worst I had ever heard. He struggled so much in sharing, that I kind of took a long time. We spent a lot of time together, and the addiction he had was so secondary compared to all the other things that he had been through. That was the worst case ever.

It is imperative to note her non-verbal behavior as she was reporting this case during the interview process. Her speech became more pressured as the details of the case unfolded, her eye contact was minimal, and she used several instances of humor to bring levity to the case. Asked to elaborate on her feelings about the case, now that she had had time to reflect on the details, she reported that she was “overwhelmed,” and she commented on how her initial judgments of him bothered her because they were incorrect. She stated, “When he first came in to treatment he was so arrogant, you never would have known that he was suffering so badly. I am normally a good judge of character, and I missed that piece and judged him instead.”

The interview began to focus on her in-session thoughts and feelings. She was able to verbalize the feelings she had being alone with him in this session. “I felt this case was going to be a lot more than I was ready for at that moment; it just seemed a lot more intense for me, and I didn’t know how to react to his reaction of the abuse.” She naturally started discussing how she dealt with the abuse in the moment and reported using several techniques with him in the session. “The first time he told me about the abuse, I thanked him. I said, ‘Thank you for sharing your story with me; I can’t even imagine how difficult it was to do that.’” She then went on to describe another intentional intervention that she

reported was useful in the session. “He started to break down when we talked about the abuse; I just let the silence play out a bit because I could tell it was a lot for him, and he needed the space.”

At this point in the interview, I needed to understand where Participant #4 had learned these trauma-sensitive skills. I also needed to delineate whether or not she would report, as did Participant #3, that these skills were instinctual and not grounded in theory. In order to do this, I asked her to clarify what specifically prepared her to see this client. She reported, “I think most of it came from my trainings, some of my own personal reading, and a lot was instinct.” When I asked her about the specific contribution from her academic program, she replied that it was helpful in grounding her in general counseling skills, but that during her academic coursework, cases involving sexual abuse were not discussed. She did confirm that her support system on campus is what allowed her to feel confident working with this case, and she felt that she could handle it because of the validation she received from her campus supervisors.

It was clear to me that her sole reliance upon the campus supervisors suggested a deficiency in the supervision at her site. Naturally, we started to discuss her expectations of supervision, and her overall experience working with the supervisors at her site. She discussed her experience when she reviewed this case with her site supervisor.

I talked to my site supervisor about the case a week after the fact, because the week it happened he wasn't on site. [My supervisor] did not think it was something that should have overwhelmed me. I started to tell my supervisor that I felt stuck for a minute and was not sure which way to go in the session, and I was hoping to get some direction. [My supervisor] told me that at this particular site,

they “go for the throat” and confront the clients. I mentioned that I didn’t feel comfortable doing that, given the intense sexual abuse that the client was disclosing. Regardless, the message I received was that I still needed to confront him and focus on his addiction. This was why I felt supported with my on campus supervisor, because I was able to go their support and direction on a more appropriate approach.

She continued to discuss her comfort in working with her on campus supervisors and reported that their knowledge base in trauma was more established than that of her site supervisors, saying, “My site supervisor was trained in addiction counseling, and really only wanted me to confront issues and focus on the addiction piece; I knew, with this case, there was much more going on.”

At this point, the interview began to shift and focus on her own experience in her academic program and on her formal training in trauma work. Not having taken the introductory trauma course on campus, she could speak to her experience only from the trauma work related to her elective training . However, I did ask her if any of the other courses that she had taken in the counseling program incorporated trauma-related issues like sexual abuse, suicide, or physical abuse into the curriculum. She was able to recall that she had done a presentation on suicide in a class and that she remembered having a discussion about being a mandated reporter for child abuse cases; however, she was not able to recall, in detail, instances in which these cases had been discussed in light of counseling skills or interventions.

Participant #4 was asked if the practicum experience had changed her at all. She stated,

It flooded me; it flooded me with trauma and addiction. I was surrounded by all of those issues every day, and I was the only person doing individual counseling sessions with the residents; I was writing notes, and doing everything for these clients, all day long, and all alone. I was thrown into the situation, and I really felt like they made the students see the clients that were too difficult or overwhelming or annoying to the other staff, like I got the “lost cause” cases, so to speak.

To clarify, I asked her if she ever felt that she did *harm*, or if she felt that she should not have been counseling some of these cases because of her lack of experience. She commented,

I told the clients we were going to learn together; I am sure I made mistakes but I don't think I was harmful. The clients knew that this would really be just day by day to see what works and what does not work, like an experiment, I guess. Now thinking back on it, it really wasn't the best way to go about it, but I had no other option. I was there alone, with little support from my site.

When Participant #4 confirmed that she was not adequately prepared for her experience, I asked her what she would have liked to have in order to better prepare her for the cases she encountered at her site. She reported that she would have liked more classes geared toward interventions in counseling specific to trauma related cases. She added that role plays were central to many of her classes, and having role plays relating to trauma specific cases could have better prepared her for hearing these stories firsthand in the field.

The interview process naturally concluded at this point as no new information regarding this inquiry surfaced. She felt comfortable to end the interview with no

additional comments. In keeping with the protocol of the previous interviews, I spent some time reviewing my notes on this interview and documented my thoughts, biases, feelings, and hypotheses in my reflexive journal. I noted that her definitions of trauma, as well as some of her interventions described, were more advanced compared to the other participants. I hypothesized that this was because of her elective training in trauma and began to wonder if this was a trend that would emerge with some of the later interviewees.

In keeping with the established protocol, I compiled a table to illustrate the key phrases of significance described by Participant #4, which can be found in Table 5.

Table 5

*Topic: Sexual Abuse Case (Community Counseling)*

<b>Analytical Categories</b>	<b>Quotations of Significance</b>
<b><i>1.FOUR LIVED EXISTENTIALS</i></b>	
<ul style="list-style-type: none"> <li>• <i>Lived Body</i></li> <li>• <i>Lived Space</i></li> <li>• <i>Lived Human Relation</i></li> <li>• <i>Lived Time</i></li> </ul>	<p><i>N/A</i></p> <p><i>N/A</i></p> <p><i>N/A</i></p> <p><i>I felt like everything just stopped when the abuse was being disclosed, like I just really focused in on him.</i></p>
<b><i>2.THE ROLE OF SUPERVISION</i></b>	
<ul style="list-style-type: none"> <li>• <i>Lack of supervisory support</i></li> </ul>	<p><i>I didn't feel it was supportive as far as how I was doing counseling...I felt that I was on my own.</i></p> <p><i>I didn't get to debrief my case with my site supervisor, because [my site supervisor] wasn't there all week.</i></p> <p><i>My supervisor seemed unaffected by my reaction to the case, and didn't think it was something that should have overwhelmed me.</i></p> <p><i>It was my own expectation that I was going to get support, and I didn't...</i></p>
<ul style="list-style-type: none"> <li>• <i>Supervisory support</i></li> </ul>	<p><i>I brought most of my supervision issues on campus, to my-on campus supervisor, who,</i></p>

---

*I feel, was one of the best.*

*I was left alone at my site, so I used my on-campus supervisors; I was able to build a support system to deal with the abuse issues on campus.*

- *Practicum site dilemmas*

*I felt that the site had one way of doing things, one way to work with the clients, and that was the way I needed to really kind of fit in.*

*My supervisor told me to go for the throat and confront, and I didn't think that was a good idea to deal with sexual abuse issues.*

### **3.A "DAMAGED" POPULATION**

- *Stigmatizing: The hopeless case*

*I feel like they used the students to see the clients that were too difficult or too overwhelming or annoying to the other staff. I felt like I got the "lost causes," so to speak.*

- *I can't relate so I can't help*

*N/A*

- *Trial and error*

*I told clients that we're going to kind of learn through it together on what works and what doesn't, so I think for sure I made mistakes absolutely, but I don't know that they ever have been harmful.*

*The clients knew that this would really be just day by day to see what works and what doesn't work, like an experiment, I guess.*

- *Re-traumatization*

*N/A*

- *Judgmental*

*...Before I got the case, you know, everyone told me this guy was a raging narcissist, and everyone at the site treated him this way, you know, that he was so into himself...*

*I think what made this case stand out is that it was my judgment when he first came in, like I could not even imagine that this person, who is so confident, who is so arrogant, could have suffered so badly.*

---

---

#### 4. CASE CONCEPTUALIZATION

- *Atheoretical framework*

*I do think that some was my training, some of my own personal reading and a lot of it was instinct, I think I do a lot of things on instinct because I get a feel when I am with a person what is going to work and what is not.*

*I felt like I was stuck for a minute, and I wasn't sure which way to go, so I kind of went back on instinct and did what I had to do.*

*I don't know specific trauma theory.*
  - *Perceived need to refer*

*I was overwhelmed, but I didn't think I had to refer, I felt that my training gave me what I needed.*
  - *Trauma conceptualized*

*Trauma is whatever you consider trauma...Sexual abuse is a significant trauma, but I have met people who experienced very minimal things to me that are huge to them.*
  - *Counselor development/self-reflective tendencies*

*Drug and alcohol is not a population that I enjoy working with, so I would challenge myself to work with them...At practicum when I kind of wanted to reach out and try different things cause that was my only time I could really do it, I was not able to do that. So it did not give me the room to kind of grow and try new things.*
  - *Lack of intentionality*

*N/A*
  - *Intentional interventions*

*We started talking about his family; I knew it was a touchy subject so I took my time getting there.*

*I usually put on a pretty good face in counseling; I don't think I reacted physically...When he first disclosed, I said "Thank you, thank you for sharing your story because I can't even imagine how difficult that was."*

*I never asked him specifics; I knew he would tell me when he was ready...I*
-

---

*remember from a conference, you don't push a client until they are ready, like you don't push them off a cliff until they are ready to go with you so that was playing in my mind, knowing I had to be very cautious on how I proceed.*

*From my readings I knew not to push him or re-hash this out with him...I know enough to not have them rehash their story, to have to re-live it.*

## **5. THE BEGINNING COUNSELOR**

- *The unprepared counselor*

*I remember thinking "Wow, this is going to be a lot more than I am ready for in this moment," and this individual was so opposite reacting than what I was used to.*

- *Academic preparation*

*I know the trauma course was offered as an elective; however I didn't take it, I took training in crisis intervention and trauma was like, a part of it...It wasn't my academic training that help me with this, it was more in the training I took that covered issues related to trauma.*

*I think school prepared me with basic skills, but I can't remember, to be honest with you, sexual abuse in any class...I remember suicide was touched on in one class, and physical abuse was touched on in regards to mandating reporting...No role plays were done related to trauma specific cases.*

- *What I needed and didn't get*

*I needed support at my site, and I didn't get it; I needed to feel that I could take risks and try new skills, I didn't feel that I could do that, and I needed to have had the academic training to be better prepared, I mean I took those trainings, and they helped, but with them I was still so overwhelmed.*

*I needed more classes around interventions with trauma, I wish, to be better prepared when someone sits down in front of you; we should have done role plays that included trauma cases.*

---

- 
- *The traumatized counselor* *I was scared hearing it; it was some of the worst sexual abuse I ever heard...I felt so overwhelmed when I heard all this, just so overwhelmed.*  
*The practicum experience flooded me, that's how I am less overwhelmed; it flooded me with trauma.*
  - *Counter transference* *N/A*

**6. UNITS OF MEANING**

*I tried to be very open in the beginning, and tell the clients that I would try to do my very best; at least that was my intention....*

---

*Informant Five*

Informant five is a 26-year-old Caucasian female, who is in the last semester of her academic program in school counseling. She did not have any academic coursework or training in trauma prior to beginning her practicum. She reported that the demographic of the middle school population was primarily Caucasian and African American, with a predominately lower socioeconomic status. Participant #5 reported that she saw adolescents 2-3 days per week and that they were referred to her by her site supervisor. She reported that the school valued the counseling department, and it was known by the students within the system that the counselor had an open-door policy. After the usual opening protocol, we began the interview, which lasted approximately 60 minutes, and the format of the interview followed the protocol whereby the information was discussed in a conversational way and unfolded naturally.

Participant #5 started out her interview discussing how much she enjoyed her practicum experience. She felt very supported and encouraged by her site supervisor, and felt that her site allowed her the opportunity to see students that challenged her skill set and, ultimately, helped her confidence and competence in counseling grow.

She defined *trauma* as “something that someone has experienced that is really, really awful and has changed their behavior and level of functioning.” She naturally offered a case that supported this definition. She identified a case involving a seventh-grade girl who was going through an abortion. Participant #5 offered, “It was actually traumatic for me to hear because I never heard that before, you know, the step-by-step procedure and then, on top of all that, how to deal with you, you know, the aftermath. On top of all that, she was having nightmares.” At this point in the interview, I wanted to understand her immediate reaction to hearing this, her lived experience of being in the session with this client. I asked her to take a moment and remember back to this initial disclosure and to tell me what her in-session thoughts and feelings were in the moment. She conveyed the following:

Initially, I just listened because I really didn’t know what to do, and I wanted her to have someone to talk to. I made sure I didn’t do all the talking and I was supportive because I didn’t want to re-traumatize her and I was nervous; I mean this all happened after the first session. I really just sat in my car and cried, because I didn’t know what to do or say. What do you do when this happens? I wasn’t taught what to do with this stuff. I mean I didn’t learn that in classes; you don’t learn how to deal with this stuff in your coursework. I felt lost, scared, and really helpless.

Participant #5 reported that she felt she was no help to the student; she reported feeling very empathic towards the client, as she felt most moved by the notion that the adolescent was experiencing this event alone. She reported,

I felt sick to my stomach because she had no one to go to for support or to talk to. I felt like I just wanted to run away from the situation, like I had no way to know what to do and I just wanted to get someone to help me. I told myself there is no one, it is you, and so I just sat there and listened to her.

When she reported the pressure that she felt during the session, I wanted to understand how she managed to cope with the information that she was given. She reported that she felt “empty and useless” and that she felt “relieved that the session was over, and guilty that those feelings existed.” She reported that she felt relief after going to her car and crying.

The interview shifted toward understanding her level of preparedness in working with victims of trauma. When asked if she felt prepared to handle this case, she reported, No, I was not prepared at all for this. I remember role playing cases in class, but they were on friendship issues and things like that, nothing that was even close to something as serious as this, and I was not prepared at all.”

Participant #5 reported feeling anxiety and pressure to say the right thing to the client at the right moment. This was a thought shared by several other informants. Given this perceived pressure by the participants in this study, I asked her to speak more about this pressure and how it affects her counseling relationships. She reported, “I felt I needed to say and do the right thing, had so much anxiety to say the right thing, that I said nothing. I froze.” She continued, “I felt prepared with basic counseling skills, but not with interventions or techniques that were useful for situations like this. What I wanted was something that I could have said or done in the moment; anything was better than what I did, which was nothing.”

In reviewing my case notes from the interviews conducted to this point, I noticed the trend that participants reported working from their “instinct” and not a theoretical orientation to counseling. Therefore, I wanted to determine the presence of a theoretical orientation with this participant. I asked her to discuss the orientation used with clients like the one discussed thus far. She reported, “I trusted myself and my gut, and I kind of went with it. I didn’t have training or information as to how to deal with these people, so I just went with what felt right, I guess.” To clarify, I asked her if her work was grounded in a specific theoretical orientation or if she relied on her instinct, and she confirmed that her instinct guided her in this case.

Given the severity of this case, I asked her if the session had been audio taped for her practicum requirement. The purpose of this question was two-fold. First, I wanted to determine if the taping allowed her to seek additional supervision related to the case. Second, I wanted to determine if she was sensitive to the content discussed and offered the client the opportunity to stop the tape. She replied,

I actually taped a lot of the sessions with her because she had a lot of baggage, and really because I couldn’t stop the tape anyway because I had a requirement for ten tapes and so I needed that one. I didn’t ask her; I just kept taping.

The conversation progressed into discussing areas of the curriculum that were helpful in preparing her to deal with these cases, and she also commented on areas that would be valuable to improve for future practicum students. She began by commenting on the vast knowledge of her campus supervisors and the support she felt from the university community. “I felt my supervisors were knowledgeable and provided constructive and supportive feedback regarding these difficult cases; it was helpful to

hear it from someone who is in the field.” She was also able to provide constructive feedback regarding the curriculum that would support other counselors-in-training. I really can’t sit here and say I was prepared because I wasn’t, but I can say that if I would have role played some cases like this, it may have helped. Also, I think that it would have been helpful to have a few techniques that are good to use when clients present with these types of issues. Lastly, I think that taking classes related to these cases right before practicum would have also helped.

At this point in the interview, the discussions became somewhat circular, and we started to revert back to topics that had been discussed earlier in the interview. Because of my extensive training in Dialectical Behavior Therapy, I was mindful that we had digressed and redirected the interview. It was apparent that no new content was emerging, and it was clear that the interview was coming to a natural close. Therefore, I asked her if she had any final comments or questions, and when she declined, I thanked her and ended the interview.

In keeping with the protocol of the previous interviews, the phrases of significance are captured in Table 6 for Participant #5.

Table 6

*Topic: Adolescent Abortion (School Counseling)*

<b>Analytical Categories</b>	<b>Quotations of Significance</b>
<b>1.FOUR LIVED EXISTENTIALS</b>	
<ul style="list-style-type: none"> <li>• <i>Lived Body</i></li> </ul>	<p><i>I felt empty and useless.</i>  <i>I felt sick to my stomach because she had no one to support her.</i></p>
<ul style="list-style-type: none"> <li>• <i>Lived Space</i></li> </ul>	<p><i>I wanted to get up and run away and get someone to help me, but there was no one, just me.</i></p>

- 
- *Lived Human Relation*

*I sat in my car and cried, because you know, what do you say to someone?*

*She had no one, no one to support her to help her...I felt genuinely bad for this girl, and I know you can't take things home with you, but I did; how can you not?*

- *Lived Time*

*N/A*

## **2.THE ROLE OF SUPERVISION**

- *Lack of supervisory support*

*My supervisor had no formal training, just because [site supervisor] had done it for so long, [ site supervisor] knew what to do*

*My supervisor on site was there if I needed anything, but didn't help me get prepared before sessions or after.*

- *Supervisory support*

*My on-campus supervisor was knowledgeable in the field and had formal training in trauma. It was helpful to get that kind of feedback...*

- *Practicum site dilemmas*

*N/A*

## **3.A "DAMAGED" POPULATION**

- *Stigmatizing: The hopeless case*

*N/A*

- *I can't relate so I can't help*

*N/A*

- *Trial and error*

*I guess I was better than not having anyone to talk to, even if I didn't know what I was doing.*

*I learned as I went, you know tried some things, hoped that it worked, but a lot was just my own style.*

- *Re-traumatization*

*I did tape the session with the abortion, and I don't know if it caused a barrier; I certainly wouldn't of wanted all that taped if it were me, but I had a requirement to tape so I left the tape on...*

*I never asked her if she wanted me to turn off the tape; I had taped a lot with her*

---

---

*because she had a lot of baggage, and really because I couldn't stop the tape; I had a requirement of 10 tapes, and I needed that one.*

- *Judgmental*

N/A

#### **4. CASE CONCEPTUALIZATION**

- *Atheoretical framework*

*I would say, because I didn't have any training, that what I did with her was based off instinct.*

- *Perceived need to refer*

*I wanted to go get someone, but there was no one; it was just me.*

- *Trauma conceptualized*

*I would define trauma as just a really awful experience that changes the way a person behaves or functions.*

- *Counselor development/self-reflective tendencies*

*I know that I can never be prepared to hear all of that, but I do know that I could have said or done something in the moment, and I didn't.*

*I am not the same counselor now as I was when I started practicum; I realized that you never ever know what is going to walk through your door, and you never know how much you could impact a kid's life.*

- *Lack of intentionality*

*I made sure I didn't let her do all the talking, and I was supportive because I didn't want to re-traumatize her...I felt a lot of pressure to say and do the right thing, and I ended up saying nothing.*

*I did ask her a bunch of questions, now looking back on it; I hope it didn't come off as over interested. It was that or be silent because I didn't know what else to do.*

- *Intentional interventions*

*I validated her feelings and told her to tell me if she felt I was pushing her with too many questions.*

#### **5. THE BEGINNING COUNSELOR**

- *The unprepared counselor*

*I was really nervous because I didn't know*

---

- 
- what to say... I didn't learn what to say or do with stuff like this in my coursework.*
- I was sick to my stomach and nervous because I didn't know what to say, and I didn't know really what to do; I was no help to her.*
- *Academic preparation*

*I have had no formal training in trauma (laughs), and I know I need it.*

*What do you do with all this stuff? They never teach you what to do with all of it...I was not at all prepared for this. I remember role playing in class, but they were like on friendship issues and stuff like that, nothing that was even close to something as serious as this.*

*I really can't sit here and say I was prepared, because I wasn't, and I didn't know what I was doing. We only role played adult issues, like relationships, and I think sexual harassment was touched on once, but nothing like abuse or death or anything like that.*
  - *What I needed and didn't get*

*I wish there were like specific techniques or specific interventions, so I didn't feel the way I felt.*
  - *The traumatized counselor*

*I dealt with a client who had an abortion, and you know it was actually traumatic for me to hear because I never heard the step-by-step process of how it happens, and you know the aftermath, she was having nightmares... I sat in my car and cried at the end of the day, because I mean, what do you say?*
  - *The traumatized counselor*

*I felt lost, scared, and really helpless...I guess what I wanted was not to feel the way I felt.*

*I went and cried in my car because I was so overwhelmed; all this information was just dumped in my lap at once... You can*
-

---

*get burned out with this, you know? I felt kind of depressed.*

- *Counter transference*

*I felt sick to my stomach because no one was supporting her, and I needed to and didn't know what to do.*

*When she left me, I felt relieved that I was done with that session. I felt bad then that I was relieved.*

---

### *Informant Six*

Informant six is a 24-year-old Caucasian female who recently completed her internship and is graduating from the school counseling program. She did not have any formal training in trauma or trauma-related content areas, nor did she take the electives offered as part of the university's curriculum. She reported that she conducted her practicum at a middle school in a predominantly low socioeconomic district. The demographic of the students served was mainly Caucasian; she reported that there were two students in the school that were African American; however, they did not seek counseling services during her practicum experience. Participant #6 was mainly referred female clients that were pre-selected by the school counselors as students who needed extra help. Participant #6 reported that she felt, at times, that the school picked students who were extremely difficult or troubled for her to see, primarily because others within the system were reluctant to continue to provide services.

The interview, which lasted approximately 50 minutes, began and continued with the same general protocol as the others. Participant #6 began by discussing her general likes and dislikes about her practicum experience. Much of her concern centered on her lack of site supervision and her inability to process cases with her supervisor after

providing counseling services. She reported that her practicum experience did allow her the opportunity to counsel cases that were diverse and challenging.

Participant #6 defined *trauma* as “something that affects a person so much that they can’t handle, or cope with everyday life situations. Trauma is something that affects every single area of a person’s life.” When asked for clarification, she said, “It is one specific event, something like 9/11 or a death in the family or rape.” I then asked her if she had encountered any events in her practicum experience that fit this definition. She began to disclose a case related to an adolescent female that was engaged in self injury. She described the following situation.

It was the second week of practicum and I was working with this girl that I had seen twice. We were just chatting and she just told me she was cutting. I knew in the back of my head that this was traumatic for her, but I honestly didn’t think; I didn’t know what to think. I just blanked. I didn’t know how to deal with this at all; it was the second week of practicum and I had no counseling experience whatsoever before practicum.

During this portion of the interview, I started to ask her about her lived experience of being in the moment with this client and hearing this disclosure, how she felt when this adolescent disclosed the self injurious behavior. Participant # 6 recalled feeling overwhelmed, and disclosed,

I didn’t have any thoughts for a few seconds, then I felt like I wanted to get up and leave, and I wanted to run away because I had no idea what I was doing. To be honest, I remember my heart pounding and my stomach sinking and just wanting to run.

When I asked Participant #6 about her in-session reactions to the client, she was able to recall that she asked the client if she was hurt or if she had done the cutting that day. Her initial reaction was to determine if the client was safe. However, she recalled being confused by the client's reaction to the self injurious behaviors. "She wasn't crying. She just didn't understand the severity of the cutting or maybe she just didn't take it seriously. This was the way she was though; the whole semester she had no emotion." Participant #6 understood the client's lack of emotion as apathy. Without understanding the construct of trauma or the impact that traumatic events can have on a person, labeling this behavior as apathetic would be understandable and would, consequently, set the tone for subsequent sessions.

When I asked Participant #6 about interventions that she used within the session, she reported that she immediately told the client she had to call her mother and report the behavior. This intervention was met with resistance, although Participant #6 did follow through and call the client's mother. She reported that after the client left she did have a chance to debrief with her site supervisor.

I told my supervisor that I had no clue what I was doing and that I wished I could have gotten [the on-site supervisor] to help me and watch [the on-site supervisor] handle this case so I could learn. I hoped I did something right and didn't damage her more than she already was. I was so uncomfortable in the situation that I did think I did damage.

When I asked Participant #6 about any follow-up sessions to address the self injury, she reported the following.

I had seen her after this event, several times throughout the semester and I never came up again. I never brought it up again because I was so uncomfortable with the situation. I never had anyone do it in my family or have any of my friends cut. I saw it on TV and in the movies but never learned about the topic or read about it. I never brought it up to her again, and I purposely ignored it.

At this point during the interview, I asked Participant #6 to conceptualize the case from the perspective of the client. I asked her to consider how the client may have interpreted her decision to ignore the self injurious behavior in session. She replied,

I think she may have wondered why I never asked about it again. She probably thought that I thought it was no big deal or that I brushed it off and didn't care. I think she could have picked up on me being uncomfortable. I tried to come across that I knew what I was doing, but I have no idea.

Participant #6 spent the next portion of the interview discussing her academic preparation related to this case and her involvement with supervision, both on-site and on-campus. She reported that she did not do much role playing in her coursework, and she reported that of the role plays that were conducted in her techniques course, they focused on issues related to relationships and everyday problems. I asked Participant #6 to recall trauma-related topics that were discussed during her academic training. She recalled that counseling issues or specific interventions related to suicide or abuse were not discussed. "I remember in ethics class, it was my first class here, something was mentioned about 'do no harm,' type of thing and he may have mentioned suicide, like duty to warn, but nothing specific stands out."

Participant #6 naturally started to discuss how she is a different person now than when she started her practicum experience. She discussed how the experience of working with adolescents allowed her to see the importance of doing counseling within the school system. She also commented on how her counseling skills were challenged and how she has changed as a school counselor.

I learned how to relax more in the counseling sessions. I was always trying to do and say the right thing. I learned to relax and just have a conversation with someone, not always worry about a theory or what techniques to use. This was what was in my mind before I started practicum because of all my classes. Now, I just talk to people and have conversations instead of worrying about what technique or theory to use.

Participant #6 continued to discuss how the role of supervision helped her to conceptualize cases related to trauma throughout her practicum experience. She attributed much of her growth in trauma case conceptualization skills to her campus-based supervisors. “Even though it was after the fact, my on-campus supervisors were helpful in role playing these scenarios with me and helping me determine different techniques to use and skills to implement.” She added, “I was not prepared as much when the disclosure actually happened, but after processing it in supervision, I felt that it helped me be prepared for the next time I encountered something that was traumatic.”

In order to begin closing down the interview, I ended by asking Participant #6 what would have helped her better prepare for dealing with cases like the one she had encountered so early in her experience. She had several suggestions worth noting. First, she suggested that students need to be warned that they will hear stories that vary in

magnitude and severity. “Students need to be prepared, because they don’t teach you or help you process in the classes what to say in cases like this; you deal with all of it after the fact, and in the meantime, someone could be hurt.” Second, she suggested that students should take advantage of the trauma related coursework or training. “I know I liked having a trauma class; I think that as an elective it is good, but I really think all counselors should have this before they start counseling.” Finally, Participant #6 commented on the quality of the supervision she received at her site.

I think site supervisors need to do more monitoring, especially the first day, and even into the first few weeks. I wish I would have had my supervisor watch me for like five minutes and given me feedback. That would have been so helpful in the moment. Overall, I felt supported in that the site had an interest in what I did, but I didn’t feel anyone had an interest in helping me to better my skills, because no one at my site actually observed me do counseling.

Participant # 6 ended the interview with the aforementioned suggestions regarding ways that her experience could have been improved. She concluded by saying that her experience, while valuable to her, was overwhelming and inundated her with feeling incompetent most of the time. She reported that, while she was fortunate to have campus supervision that proved beneficial in understanding trauma and conceptualizing the impact that trauma can have on a person and his or her system, it all occurred after the fact. Participant #6 felt strongly that more needs to be done to educate students before they encounter victims of trauma, so that no client has to be the “practice” case. She concluded, “I felt like I practiced on that client; I never wanted to do that.”

In keeping with the format of the other informant interviews, Table 7 illustrates the key phrases of significance that are relevant to this interview.

Table 7

*Topic: Self Injury (School Counseling)*

<b>Analytical Categories</b>	<b>Quotations of Significance</b>
<b>1.FOUR LIVED EXISTENTIALS</b>	
<ul style="list-style-type: none"> <li>• <i>Lived Body</i></li> </ul>	<p><i>I remember my heart pounding; my stomach was sinking, and I just wanted to get up and run.</i></p>
<ul style="list-style-type: none"> <li>• <i>Lived Space</i></li> </ul>	<p>N/A</p>
<ul style="list-style-type: none"> <li>• <i>Lived Human Relation</i></li> </ul>	<p><i>I felt for what she was going through, but she didn't seem to care; she didn't have any emotion.</i></p>
<ul style="list-style-type: none"> <li>• <i>Lived Time</i></li> </ul>	<p>N/A</p>
<b>2.THE ROLE OF SUPERVISION</b>	
<ul style="list-style-type: none"> <li>• <i>Lack of supervisory support</i></li> </ul>	<p><i>My supervisor just let me do it on my own, with no experience in counseling; I could go to [the site supervisor] afterwards, but none of my work was ever observed; no one ever watched my skills.</i></p> <p><i>I told my supervisor that I had hoped [that site supervisor] was there so I could have gotten [the site supervisor], because I felt so overwhelmed and didn't know what to do.</i></p>
<ul style="list-style-type: none"> <li>• <i>Supervisory support</i></li> </ul>	<p><i>My supervision was supportive, but after the fact. In the moment I didn't know what to do; it was only that I started to understand, after the fact... too little, too late.</i></p>
<ul style="list-style-type: none"> <li>• <i>Practicum site dilemmas</i></li> </ul>	<p><i>I needed more monitoring at my site, especially that first day where you are first meeting with a client; I wish I would have had more support, but that was not how my site worked.</i></p>

---

### 3.A “DAMAGED” POPULATION

- *Stigmatizing: The hopeless case* N/A
- *I can't relate so I can't help* *I knew what cutting was, but I didn't have friends or family who did it, so I really didn't know how to help her.*
- *Trial and error* *I really didn't want to practice [my counseling skills] on her.*
- *Re-traumatization* *I asked her if I could see her cuts...I told her we had to call her mom and tell her mom what she was doing; she didn't like that too much, but I didn't know what else to do.  
I purposely ignored the issues because I didn't know how to deal with it...She could have picked up on how uncomfortable I was, or maybe she thought the reason I never brought it up again was because I didn't think it was a big deal.*
- *Judgmental* *She wasn't crying; it was almost like she was making it up, because she wasn't crying or acting like it was a big deal; I can't understand why she didn't see the severity in what she was doing.  
I hope I didn't damage her more.*

### 4. CASE CONCEPTUALIZATION

- *Atheoretical framework* *I think in my first class, in ethics, something was mentioned about 'do no harm', and I think something about duty to warn.  
I want to just have a conversation with someone, not worry about what theory I am going to use or what technique.*
  - *Perceived need to refer* *Our school really didn't believe much in counseling; the mindset was definitely to refer.  
I would stay away from counseling trauma victims...*
  - *Trauma conceptualized* *I define trauma as something that affects a*
-

---

*person so much that they can't handle or cope with everyday life situations, so much so that it affects every area of their life.*

- *Counselor development/self-reflective tendencies*

*I remember thinking, like self talk, that I couldn't get up and run; I had to be a professional and figure out some way to deal with it...In thinking about it, I knew I could have done damage, or more damage, because I was clueless and had no idea what I was doing.*

*I learned how to relax more in the counseling sessions. I was so worried about what is right and wrong, what you think is best and what theory to use.*

- *Lack of intentionality*

*We were in our second or third week of counseling, and we were just chatting; nothing really to discuss.*

*I really changed in practicum; I stopped worrying about the right thing to say and just had conversations with people, not worrying about a theory or specific techniques.*

- *Intentional interventions*

*I asked her if she was hurt, if she needed someone to attend to her cuts.*

## **5. THE BEGINNING COUNSELOR**

- *The unprepared counselor*

*I just went in and I had no clue what I was doing, if it was right or wrong.*

*It was like the third week where she told me that she was cutting and I just blanked; I didn't know how to deal with it at all. It was the third week of my practicum, and I have counseling experience.*

*When she told me she cut, I wanted to get up and go get my supervisor, but my supervisor wasn't there, so really I just wanted to get up and run.*

- *Academic preparation*

*I didn't take the trauma course or the crisis class, so I guess I don't have any training at all...The only class that I think may have helped was counseling techniques, but we*

---

---

*didn't role play much, just listened to tapes and our professor would pop in and out and listen for a second here and there.*

*We didn't role play issues related to trauma or serious stuff, mostly relationship issues; the topics were very basic... We didn't talk much about suicide, only like who to call and stuff like that, not interventions.*

- *What I needed and didn't get*

*I wanted to understand what I was doing before I went into the session; supervision helped but it was all after the fact.*

*I don't know that even role plays can prepare you for when a real person tells you they want to commit suicide, but I would have liked to practice more in the classroom; it would have helped.*

*I know I should have taken the trauma course or the crisis course; I think that should be for all counselors. I can't say that the class alone would have prepared me, but it would at least have given me some ideas to have been a little bit more prepared.*

- *The traumatized counselor*

*I wanted to get up and run.*

- *Counter transference*

*I didn't bring it up again because I didn't know how to help her or what to do with it.*

## **6. UNITS OF MEANING**

*I certainly would not want to "practice" on anyone.*

---

### *Informant Seven*

Informant seven is a 24-year-old Caucasian female, who recently completed her internship and is graduating from the community counseling program. She completed a week-long introductory course on trauma one year before beginning her practicum experience. She reported that she conducted her practicum at a partial hospitalization program with adults suffering addiction and mental health conditions. Her site was

located in a rural community with a predominately Caucasian population. This youngest client that she saw, within this adult population, was 25; however, she reported that the average age of the clients served was 30 years old. Participant #7 was responsible for facilitating group work; however, she did report that in a few instances she conducted individual sessions for the purposes of her practicum experience. This interview lasted approximately 60 minutes, following all the usual protocols.

Participant #7 began the interview with her definition of *trauma*. She reported that a trauma could be something like sexual abuse, physical abuse, or any other specific incident that occurs to the person or to a close family member. I asked her if she could elaborate on this definition further, and she stated, “It has to be something that really affects a person and can change the way they view the world; it can be something that happened to the individual or to someone close to them.” Participant #7 went on to describe an event that she encountered in her practicum experience that she considered traumatic.

I saw one man for individual sessions who was suicidal, not attempting or making plans, but had suicidal thoughts. He disclosed childhood sexual abuse and a continued pattern of abuse throughout his adulthood. So I guess he had several types of traumas going on.

I attempted to capture her in-session thoughts and feelings regarding his disclosure, and she reported the following:

I was scared out of my mind when he first said it; I had not experienced someone disclosing information like that to me before and also in such an abrupt way. He also told me that I was the only person he ever disclosed this to, and I was really

overwhelmed. I felt very scared and nervous. Afterwards, I broke down a little bit myself because I wasn't sure if I knew what to do, if I did the right thing.

I asked Participant #7 to clarify what she meant when she said she “broke down,” and she clarified in detail that she went to the bathroom and cried. When I asked her to recall her thoughts and feelings pertaining to this experience and to elucidate on why the encounter made her “break down” she stated,

It was the first time I ever heard something like this and I wasn't sure if I knew what to do or what to say. I remember feeling scared, like I wanted to get up and run. He (the client) expected me to help and I had no clue.

She continued to discuss how she felt when she was in the bathroom crying and how this session affected her. She stated,

I felt really sick to my stomach, afraid that I had done something wrong or not done everything right. I felt overwhelmed that this was happening and really alone to deal with it. I was angry and overwhelmed that I was responsible to deal with this guy and I had no clue how to do it.

Participant #7 did offer that her supervisor checked in with the client to ensure his safety, and the participant did initiate a verbal contract with the client. She continued, “I learned how to do a verbal contract for safety in my week-long trauma course. I remembered learning that you should always make sure someone is safe to leave your office, and a verbal contract is an option to ensure safety.”

At this point in the interview, I directed the questioning towards her level of preparedness in working with this case, specifically. Participant #7 reported that this was the only case that really elicited a strong reaction. She commented, “I heard some pretty

bad stuff, but this was the one case that really moved me to feeling incapable.” To clarify, I asked her to say more about this experience, and she replied, “It was the level of self-disclosure and the overall amount of information that he disclosed to me, coupled with my inability to deal with it in a way that was beneficial to him.” Participant #7 reported that her site supervisor was focused on the needs of the client, and as she reported, “didn’t debrief with me on how I was affected by the situation.” She added that her campus supervisors were concerned with her needs as a clinician and how she conceptualized the case, as well as how she processed the information that she was given. I asked her to consider what she would like other students starting practicum to understand about trauma-related issues. Her response was very specific. She stated,

The most important thing for me was being present with the client and realizing it wasn’t about me, and taking the time to process his disclosure in my head and taking a second to scream in my head and then go back to the counseling session.

I found her statement, “scream in my head” interesting and unique, so I asked her to clarify what she meant by saying that. She clarified by stating,

I took a moment to make myself aware of the situation and how much I felt unable to handle it. It was like I said to myself, “Wow, I really don’t know what is going on here,” and I became aware of that.

The final portion of the interview focused on her insight as to whether or not she felt prepared to counsel victims of trauma. She reported,

Other than the trauma course that was a week long, I really didn’t feel that it was given enough attention and that it should have been a semester-long course and a requirement. The class was offered in a week-long format, and it was actually

traumatic for me to get all that information, and I felt so overwhelmed. I also felt that trauma information needed to be spread across the whole curriculum in order for me to have been better prepared.

In closing, as a final comment, Participant #7 reported,

I want to end with saying that my campus supervisors had a lot to offer for dealing with trauma victims. I had a good relationship with my campus supervisors, which allowed me to feel comfortable asking questions and getting the information that I needed, which then got the client what he needed.

It was clear that because of her campus supervision, she increasingly felt more comfortable dealing with this client as the practicum progressed.

At this point in the interview process, it naturally felt that the interview was coming to a close. No new data points had emerged, and after her closing comments, I thanked her for participating in the interview process and concluded the session.

In keeping with the format of the other informant interviews, Table 8 illustrates the key phrases of significance that are relevant to this interview.

Table 8

*Topic: Suicide (Community Counseling)*

<b>Analytical Categories</b>	<b>Quotations of Significance</b>
<b>1.FOUR LIVED EXISTENTIALS</b>	
<ul style="list-style-type: none"> <li>• <i>Lived Body</i></li> </ul>	<p><i>When I went into the bathroom to cry, I remember feeling so sick to my stomach, like afraid that I had done something wrong.</i></p>
<ul style="list-style-type: none"> <li>• <i>Lived Space</i></li> </ul>	<p><i>N/A</i></p>
<ul style="list-style-type: none"> <li>• <i>Lived Human Relation</i></li> </ul>	<p><i>I really felt honored that he shared the abuse with me; I was so scared and overwhelmed, but honored that he felt</i></p>

---

*comfortable enough to share something so intense with me.*

- *Lived Time*

*When he was so abrupt with his disclosure, for a minute, I really felt like the world just stopped; I drew a blank, and had no clue what to do. I saw his mouth moving, but it is like I didn't hear anything.*

## **2.THE ROLE OF SUPERVISION**

- *Lack of supervisory support*

*My site supervisor was there, but really didn't know much about trauma, per se, so I really felt on my own until I got to campus and had supervision there, but it was after I really needed it.*

- *Supervisory support*

*I did feel supported at my site; I felt more understood with my supervisors on campus.*

- *Practicum site dilemmas*

*My site focused on wellness; I think some of them needed more intensive stuff, not just wellness, but I did what was asked of me.*

## **3.A “DAMAGED” POPULATION**

- *Stigmatizing: The hopeless case*

*N/A*

- *I can't relate so I can't help*

*N/A*

- *Trial and error*

*I had no clue what I was doing; I tried the best I could, but really not sure if what I did was right or wrong.*

- *Re-traumatization*

*I don't know if he picked up on my non-verbal behavior; maybe he did, I am not sure, but I was scared, overwhelmed, and shocked, and really I don't know if that came across to him or not.*

- *Judgmental*

*N/A*

## **4. CASE CONCEPTUALIZATION**

- *Atheoretical framework*

*The trauma course helped me conceptualize trauma; I knew some basic skills that I should use when dealing with this population, things like validation,*

---

- 
- *Perceived need to refer* *empathy, and active listening. I knew not to push the client too far or ask too many intrusive questions. I can't say that I worked from a specific theoretical framework; I do like Cognitive Behavior Therapy, but I didn't use it with this client.*  
N/A
  - *Trauma conceptualized* *When I think of trauma, I think of things like sexual abuse, physical abuse, any accidents to the person or family, you know, that someone has been through.*
  - *Counselor development/self-reflective tendencies* *Thinking back on it, seeing where I was and where I am now, I know I have grown as a person because of this experience. While I don't feel entirely comfortable now working with this population, I do feel that experiencing it firsthand has enabled me to better understand it.*
  - *Lack of intentionality* *I didn't think the whole generic "help him" type of thing would work in this situation.*
  - *Intentional interventions* *I do remember from the trauma class that I needed to do a verbal contract for safety, which I did.*

## **5. THE BEGINNING COUNSELOR**

- *The unprepared counselor* *I had never experienced this before, and he also told me I was the only one, who knew about his sexual abuse past; that was so overwhelming...*  
*I wanted to get up and run away because I didn't know what to do, and it was so real sitting there with him, having him expect me to do something to help him and I had no clue.*  
*I wanted someone to take this case over because it really overwhelmed me to think that I was responsible for dealing with his guy when I had no clue what I was doing.*
  - *Academic preparation* *I took the week-long summer course on trauma...No other trauma specific coursework was offered to where you*
-

---

	<i>would feel comfortable working with traumatized clients.</i>
<ul style="list-style-type: none"> <li>• <i>What I needed and didn't get</i></li> </ul>	<p><i>I feel the trauma course, or something like it should be required. It was a week-long course, and it was a ton of information to get in one week; it was actually traumatic for me to be in the class because of all the information given at once.</i></p> <p><i>It would have been nice if it were required to have that course before practicum...I would have absorbed more over the course of a semester instead in a week.</i></p>
<ul style="list-style-type: none"> <li>• <i>The traumatized counselor</i></li> </ul>	<p><i>I will tell you I was scared out of my mind when he first told me about the abuse...I felt so scared and nervous... so alone and overwhelmed that this was happening</i></p> <p><i>After the session I broke down because I wasn't sure if I knew what to do or if I did the right thing...I went to the bathroom and cried when I left the session.</i></p>
<ul style="list-style-type: none"> <li>• <i>Counter transference</i></li> </ul>	N/A
<b>6. UNITS OF MEANING</b>	<p><i>I had the crisis course back to back with the trauma course, and I learned the difference between trauma work and crisis work. I can use an example which was given in class, like Katrina: crisis workers go in right when the event or the aftermath is happening and help people work through it right away. Trauma work is more in the later stages, helping clients make sense of their world after this event or experience has occurred.</i></p>

---

*Informant Eight*

Informant eight is a 26-year-old Caucasian female, who is in the last year of her academic program in school counseling. She reported no formal academic coursework or

training in trauma or trauma-related concepts. She said that she conducted her practicum at a middle-to-upper class intermediate school where she saw predominantly adolescent females for individual sessions. She reported that her site primarily referred cases to her in which the students were already receiving outside counseling; she said that the site did this intentionally, as they wanted her to have the opportunity to “practice” on people that were already getting additional help. Participant #8 encountered a female adolescent who had experienced the death of her mother at an early age, and consequently the death of her father, which is what brought her into counseling at her school.

This interview, which began and proceeded with the usual protocols, lasted approximately 60 minutes. The interview started with Participant #8 outlining her definition of *trauma*. She stated that a traumatic event is a life changing experience, and one that would have a negative impact on someone with serious repercussions. She noted that she sees traumatic events as “situational.” Participant #8 continued the interview by setting up the case, observing that her client had experienced the death of her mother at an early age, and while she was being raised by her grandparents because of her father’s work schedule, the father had also recently died. His death had facilitated her entrance into counseling. Participant #8 stated,

My site let me see her because they knew she had outside counseling, so really it was for me to have the exposure or the experience. I knew she already had help, so I was really experimenting or learning—I mean I couldn’t exactly mess up; there was a real counselor outside of the school that would deal with her issues, and I mean I had a good case to learn from.”

This set the tone for the interview, as Participant #8 continued to discuss her own experience in working with this student and the interaction from the site supervisor. I asked her how she felt when the student initially disclosed her feelings around her father's death. She replied,

I felt almost out of myself when she was dumping all this on me, and knowing that she had lost her parents was so much to handle. I had sweaty palms and was so nervous that my stomach was upset. I felt like this every time I had to see her. After this omission, I wanted to determine if it was the topic or the interaction with the client that affected her, and after asking her to clarify she commented that it was the topic of death and grief that was so overwhelming to deal with. "I had no idea what I was doing; I was so frustrated and overwhelmed I didn't know what to say to make it right." I asked Participant #8 to comment on why she felt she needed to "say the right thing," and why this was so important to her in the moment working with this client. She replied,

I had no formal training or understanding of these issues; I was frustrated because I didn't know the right thing to say, so we just ended up talking. I always brought up her father because I didn't know what else to do and figured that was a main issue, and when all else failed or she wouldn't answer, I just kept asking questions. I was also frustrated that they allowed me to see that case, so I felt even more pressure to do something right.

Participant # 8 retold this case with intensity during our interview. It was clear from her non-verbal language that she was still very much affected by this case. Her voiced inflection became intense as the interview progressed; she spoke with emotion in her voice and shifted many times in her seat when questions would surface around her in-

session thoughts and experiences of having worked with this client. Her non-verbal behavior was more intense than that of the other informants. I needed to understand what it was about this case that had affected her so greatly. The next portion of the interview focused on the impact that this case had on her emotionally and physically.

Participant #8 explained why she felt so connected to this case, and why she felt it still affected her to this day. She explained,

I wanted to connect with her in a way so that I could help her, but I couldn't; I couldn't find a way to be in her shoes, so to speak, because my experience is so different. Because my family is so close, I really felt for her and wanted to be extra supportive. I think I became so attached to her because I wanted her to have experienced a close family and supportive people, but it backfired because I tried to be all those things and then left without a goodbye.

Participant #8 became visibly upset when she discussed the poor termination that occurred with this adolescent. I asked her to elaborate on the process that occurred when she had to terminate with this client. She reported the following incident:

I saw her every week, and told her that I would be the one that would be there for her and support her. I went to the funeral and the viewing, but some administrative stuff got in the way, and I was not allowed to stay and do my internship. I had to leave early and we did not have any closure or termination. I feel bad to this day about that. I spent every week with her; I had to open her up and try to close her back down to go back to class in like 45 minutes. It was hard to do because I always had to watch to time to make sure I could do this so I wasn't always present with her; this was so hard.

I asked Participant #8 to begin to describe for me her in-session thoughts and feelings about being referred this case and her experience dealing with this case. She reported that she felt angry at first that this case was given to her. She realized, shortly into her experience, why she was given this case.

I definitely felt my site gave me this case because they knew she was at the bottom of the well, so to speak, so I knew early on that it was more for me to learn because there was not much I could do that would be wrong, I guess. I don't want to sound mean, but she couldn't go lower than she was; there wasn't anything I could do wrong with her because she was already so bad. The girl had everything wrong with her, ADHD, parents dying, everything. I didn't think kids in middle school had so much baggage.

At this point in the interview, it was important for me to understand the counseling skills that she used in the session with this client. It was clear from her self-report that she felt unprepared and overwhelmed; however, it was important for this protocol to understand if she was able to implement basic counseling skills in the session. Therefore, I began to ask her about what she felt she did well in the session with this client. She reported,

I tried to put value to her issues; I tried to be present, and even though I didn't know what I was doing, I tried to be conversational with her and more friendly, not so much like a counselor/client. I didn't use any interventions or techniques that I remember; I guess you can say we just talked, because at the time that is what felt right.

With an indication from Participant #8 that she was not grounded in a particular theory when working with this case, I asked her to discuss what theory she subscribes to when she works with clients. She responded,

I really tried to work from a theory—I like to use Reality Therapy—but I wasn't sure how to implement that either, so I really just went with my own instinct, like I went with what I thought worked. Eighty percent of the time with her was based on my instinct; the rest of the time was influenced by my counseling background.

Given her level of concern over this case, I began to discuss with her the presence of supervision, both on campus and at her site. She reported that her site supervisor, while not trained in trauma theory or in working with adolescents around traumatic issues, was supportive and actively listened to her express concern over the case.

My supervisor was very supportive; while [the site supervisor] didn't have any suggestions, mainly because I think [the site supervisor] didn't have formal training in areas like trauma, I was given the space to talk freely, which helped. On the other hand, my campus supervisors were educated in grief and loss, but again, it was after the fact; and so while I appreciated the help, it was after the damage was done, so to speak.

Participant # 8 found it difficult when I asked her to speculate on what she would have liked to have in a supervisor. She was unable to verbalize a set of characteristics that would have been beneficial in a site supervisor. She was able to comment on what would have been helpful from an academic training standpoint. She commented,

I needed to have been forced to take something like trauma or crisis so that I would have had some information prior to dealing with this. I mean really, how

can you know that students will encounter stuff like this and not mention it prior to practicum? I can't imagine what I would have done if I got an abuse case. I remember in my SAP (student assistance program) class we discussed mandated reporting, but never how to deal with abuse in a session.

She continued to say that within her academic training, she did not encounter many role plays related to trauma-specific issues. She reported that there were “no issues that I remember being discussed in class that remotely touched on issues like abuse, grief, suicide, etc. I think if there was and I was aware of what to do, I would not have been so overwhelmed.”

At this point in the interview, it was clear that the information had reached saturation. Participant #8 had disclosed the important details related to this case and the inquiry. She reported that she had no additional comments or questions and that she felt comfortable ending the interview at this point. She ended with the following final comment,

I thought I was ready for anything prior to starting practicum; thinking back on it now, I knew nothing and I think it showed. I still don't have any understanding as to how to deal with all of this, but I made the best effort I could.

At this point, I thanked her for participating in the interview process and concluded the session. In keeping with the format of the other informant interviews, Table 9 illustrates the key phrases of significance that are relevant to this interview for Participant #8.

Table 9

Topic: Death (School Counseling)

Analytical Categories	Quotations of Significance
<b>1.FOUR LIVED EXISTENTIALS</b>	
<ul style="list-style-type: none"> <li>• <i>Lived Body</i></li> </ul>	<p><i>I felt almost out of myself when she was dumping this all on me, and knowing that she had lost her parents was so much to handle.</i></p> <p><i>I had sweaty palms; I was also nervous, you know, upset stomach when I knew I had to see her.</i></p>
<ul style="list-style-type: none"> <li>• <i>Lived Space</i></li> </ul>	<p><i>I remember at the viewing, I felt like everything seemed so insignificant compared to what this child was going through, and I remember being just this one person in this large room and feeling the impact of what it could be if I lost my family.</i></p>
<ul style="list-style-type: none"> <li>• <i>Lived Human Relation</i></li> </ul>	<p><i>I wanted to connect with her in a way so that I could help her, but I couldn't; I couldn't find a way to be in her shoes, so to speak, because my experience is so different.</i></p>
<ul style="list-style-type: none"> <li>• <i>Lived Time</i></li> </ul>	<p><i>Here I had to open her up and close her back down to go back to class in like 45 minutes; it was hard because I had to watch the time to make sure I did this...</i></p>
<b>2.THE ROLE OF SUPERVISION</b>	
<ul style="list-style-type: none"> <li>• <i>Lack of supervisory support</i></li> </ul>	<p><i>While my supervisor didn't have formal training in trauma, I was able to talk freely about the case, but didn't get much feedback.</i></p> <p><i>I didn't think my supervisor would give me something so serious; not sure how [site supervisor] thought I could ever have coped with this.</i></p>
<ul style="list-style-type: none"> <li>• <i>Supervisory support</i></li> </ul>	<p><i>My on-site supervisor was there and was very supportive; however, [the site supervisor]didn't have specific</i></p>

---

*suggestions, mainly because I don't think [site supervisor] had formal training in areas like this...*

*I think that my campus supervisor had experience in grief and loss, but again, I appreciated the help, but it was after the fact, kind of after the damage was done, so to speak.*

- *Practicum site dilemmas*

*My site did not allow me to have my internship there, so I didn't get closure, I didn't get to say goodbye...*

*This was a site in the school counseling setting, where counseling was promoted; we really had a lot of issues that semester and most were dealt with in the counseling office.*

### **3.A "DAMAGED" POPULATION**

- *Stigmatizing: The hopeless case*

*I don't want to sound mean, but she couldn't go lower than she was; there wasn't anything I could do wrong with her because she was already so bad.*

*I definitely feel my site gave me this case because they knew that she was at the bottom of the well, so to speak, so really it was for me to learn and to know that I couldn't do much wrong.*

- *I can't relate so I can't help*

*I come from a close family where my parents are still together; I didn't know how to help her, so again, I just tried. I guess that's all you can do sometimes. I am not saying it was right or wrong, but it was an effort on my part.*

- *Trial and error*

*My site let me see her because they knew she had outside counseling, so really it was for me to have the exposure or the experience.*

*I knew she already had "help," so I was really experimenting or learning; I mean I couldn't exactly mess up... There was someone who was a real counselor outside of the school that would deal with her*

---

---

*issues. I was trying to learn, and she was a good case to learn from; I couldn't mess up because someone else was able to fix it.*

- *Re-traumatization*

*I saw her every week, and told her I would be the one for her, to support her; I went to the funeral and everything, but some administrative stuff got in the way and I was not allowed to stay and do my internship, so I had to leave. We didn't have closure or termination; I feel bad about that...I wish I could have gone back and said good-bye to her, but I didn't.*

- *Judgmental*

*This girl had everything wrong with her, ADHD, parents dying, everything...I didn't think kids in middle school had so much baggage.*

#### **4. CASE CONCEPTUALIZATION**

- *Atheoretical framework*

*I really tried to work from a theory, I like to use reality therapy, but I wasn't really sure how to implement that either, so I really just went with my own instinct, like I went with what I thought worked...Eighty percent of my time with her was fueled by instinct, the rest of the time was influenced by my counseling background.*

- *Perceived need to refer*

*N/A*

- *Trauma conceptualized*

*A life-changing experience that would have a negative impact and have serious repercussions. I see traumatic events as situational.*

- *Counselor development/self-reflective tendencies*

*I thought I was ready for anything prior to starting practicum, thinking back on it now, I knew nothing, and I think it showed. I still don't have any understanding as to how to deal with all this; I can't image an abuse case.*

- *Lack of intentionality*

*I tried to be more conversational with her and more friendly, not so much a counselor / client...*

---

---

*I didn't use any interventions or techniques; I guess you could say we just talked, not like friends, but like a conversation.*

- *Intentional interventions*

*I tried to put value to her issues, I really tried to be present, and even though I had no idea what I was doing.*

## **5. THE BEGINNING COUNSELOR**

- *The unprepared counselor*

*I had no idea what I was doing, I was so frustrated and overwhelmed I didn't know what to say to make it right.*

*I had no formal training or understanding of these issues. I was frustrated because I didn't know the right thing to say, so we just talked, I always brought up her father, mainly because that was the main issue to talk about, and when all else failed I just kept asking questions.*

*I do think I needed to be more prepared, but I don't even know where to start, because I don't know why I was even allowed to see that case.*

- *Academic preparation*

*There were no issues, that I remember, being discussed in class that remotely touched on issues like abuse, grief, or suicide. If there was, I wouldn't have felt so overwhelmed myself.*

- *What I needed and didn't get*

*I needed to have been forced to take something like trauma or crisis so that I would have had some information prior to dealing with this; I mean, the teachers have to know that this exists, and that new students have to deal with these issues, so how can they not discuss it? I mean really, how can you know these cases exist and not have an obligation to at least mention it prior to starting practicum?*

*I remember in my SAP (student assistance program), we discussed mandated reporting and some child abuse, but not really how to deal with it in a session.*

---

- 
- *The traumatized counselor*

*I didn't expect to get a case that was so serious; it really affected me, I took it home with me, and here I am 6 months later still talking about it.*

*What I feel most bad about is not being able to say goodbye, not having closure for me was hard; I can imagine what it was like for her.*
  
  - *Counter transference*

*Because my family is so close, I really felt for her and wanted to be extra supportive...*

*I think I became so attached to her because I wanted her to have, what I had experienced with a close family and supportive people, but it backfired because I tried to be all those things and then left without a goodbye.*

---

**6. UNITS OF MEANING**

N/A

---

*Final Thoughts*

After concluding the interview with Participant #8, I spent time reviewing my notes from the interviews, as well as my reflexive journal and my notes that I had kept throughout this process. After a thorough review, I saw clearly that the data had reached a saturation point. It appeared that no new data points were emerging within the interviews, and the same consistent patterns were present across all of the interviews. The charts have illustrated the key phrases of significance within specific analytical categories that were consistent across all eight informants. After analyzing these data charts, the themes for this data set emerged. The following five themes are discussed in greater detail in chapter 5; however, the summary of the data collected in chapter 4 led me to derive these themes as central to understanding the lived experiences of master's level counselors-in-training. Chapter 5 also contains a cross-comparison chart to illustrate the similarities and

differences, relative to these themes, across the eight informants. I have synthesized the data from chapter 4 into the following themes:

1. **“The damage has already been done”** – This theme refers to the concept that the students were given cases that were already “too far gone” to be helped, and that the students could “practice” on these cases because the misconception was that the clients could not be re-traumatized.
2. **“The atheoretical counselor”** – This theme relates to the concept that the counselors lacked a theoretical framework for understanding and conceptualizing these cases, as well as an inability to exercise basic counseling skills in the moment. As the interviews progressed, it was clear that even the concept of trauma was difficult for beginning counselors to conceptualize, as was evidenced by the varying definitions of trauma.
3. **“The island of counseling”**- This theme relates to the concept that the new counselors felt unsupported, left alone, or minimized by the supervisors that they encountered, primarily at their practicum sites. While some identified positive aspects of campus supervision, the majority felt that what came was too little, too late.
4. **“What I needed and I didn’t get: increasing self-reflective tendencies”**- This theme relates to the needs of the students and their level of preparedness prior to counseling victims of trauma. Most of the students expressed that they needed to have role played these situations prior to beginning practicum. As discussed in Chapter 2, role plays are influential in helping beginning counselors to increase

their self-reflective tendencies. One example of this is the technique of Interpersonal Process Recall, which will be discussed in Chapter 5.

5. **“The traumatized client and the traumatized counselor”**- This theme illustrates the isomorphic process that the informants discussed related to feeling traumatized both by the information that clients disclosed in the counseling sessions, as well as the feeling of being unprepared to handle the severity of these cases. This theme also relates to the potential of the clients’ being re-traumatized by unintentional interventions practiced by unprepared counselors-in-training.

### *Similarities*

The similarities within this inquiry were profound. It was evident that the major feeling expressed by these eight informants was that of being overwhelmed. Many of the interviewees expressed feeling unprepared to handle the severity of these cases, and their in-session thoughts and feelings alluded to their own traumatic experience of working in these various settings with little supervisory resources and an atheoretical knowledge base related to trauma theory. Many of the counselors admittedly did not rely even on basic counseling skills; rather many agreed that instinct overpowered their reliance on counseling skills and that their interventions were not intentional, but rather were more consistent with a trial-and-error approach. Furthermore, the informants similarly reported a lack of understanding of the concept of trauma, and consequently, the definitions of trauma varied greatly among the eight informants. It was clear that those students who had done formal training or academic coursework in the field of trauma conceptualized trauma more holistically than those students who were not trauma informed. Lastly, informants reported general frustration with their practicum sites. This frustration seemed

to be most consistent when considering the type of client that was referred for counseling. Many informants reported that they felt overwhelmed and angry that they were given such severe cases with the expectation that “nothing could be done” and with little support from site supervisors who were also not knowledgeable in the field of trauma work.

### *Differences*

There were no extreme cases or data points within this data set. The major difference that stood out was with Participant #4 who had formal trauma training and who was able to give a holistic definition of trauma. She was also able to employ several intentional interventions that were trauma informed, and while she stated that she relied on her instinct, it would be hard to ignore the fact that her instinct was likely influenced by the extensive experience she had in trauma training.

### Summary

Interviews for this inquiry were conducted to understand the lived experiences of master’s level beginning counselors following their practicum experience. I conducted eight individual interviews that each lasted between 45- 60 minutes. I audio taped each interview and kept detailed notes regarding my in-session thoughts and feelings pertaining to each of the interviews. After review, each tape was transcribed and analyzed for its specific themes and patterns. I continually referred to my notes and remained aware of my personal biases toward this research. I determined the themes that emerged as based on the literature review in chapter 2, considering trauma theory, the ecological developmental model, supervision factors, and curricular and counselor development. After a review of the notes for Participant #8, it was clear that no new data points had

emerged and that the data had reached a saturation point evidenced by the superfluous data points that recurred across all eight informants. I felt confident to conclude the data collection portion of this study. I felt that continuing to collect more data would only add to any redundancies in the data already collected.

While the implications for these findings have been thoroughly explored in chapter 5, I have acknowledged and briefly summarized the trends that emerged from this data set to conclude this chapter. One of the major consistent themes that was present across all of the interviews was that none of the presented definitions of trauma was consistent with any other. It is clear that conceptualizing the construct is seemingly very difficult to do for beginning counselors. However, it also was clear that even though many could not define the construct, they were able to identify cases that were traumatic. Additionally, many of the informants felt that their instinct was enough to ground them in their work with their clients. While some could identify a theoretical orientation that they had studied in their academic coursework, none were able to articulate how that theory had helped them to intervene intentionally with the clients in question, nor were they able to articulate its applicability via basic counseling skills or interventions. Another trend in the data showed a general frustration with site supervision. As mentioned in chapters 1 and 2, these supervising clinicians, in all likelihood, have themselves graduated from programs in which there was not much exposure to trauma theory. Even though these clinicians might be minimally experienced in treating trauma survivors, they also are charged with supervising the practicum experiences of master's students, who, in turn, have not been exposed to trauma theory either. It seemed generally apparent to the informants that their site supervisors did not have training in trauma and therefore, were

perpetuating the unintended cycle of a failed knowledge-base through supervisory inexperience.

The implications of this data have been discussed in chapter 5; however, it is imperative to note that while this qualitative review yielded findings that point to a need for curricular reform related to trauma theory, it also illustrates that several pedagogical issues have emerged related to counselor development, highlighting a lack of self-reflection as a major pedagogical issue.

## CHAPTER V: DISCUSSION

In counselor education, students are charged with acquiring a varied skill set that is capable of reaching out to a diverse client base and implementing intentional interventions that seek to increase self-awareness. It is not enough simply to memorize facts or understand protocols for manualized treatment because doing so could never prepare counselors for the variety of situations that will be presented in therapy. Rather, what is necessary and often lacking in beginning counselors is the concept of being self-reflective. According to Griffith and Frieden (2000), only through a process like reflection can students prepare for the uncertainty that occurs within a counseling relationship. Nelson and Neufeldt (1998) believe that “students must develop not only skills, but their very humanness in the process of becoming competent counselors” (p. 77). To date, no published research exists that speaks to the experiences of practicum level trainees in relation to treating a traumatized population. As of 1998, Nelson and Neufeldt had found no scholarly articles in the literature that addressed pedagogy in counselor education. Hensley, Smith, and Thompson (2003) found that the literature regarding the evaluation of counselor education students is unclear and inconsistent across institutions. These inconsistencies across programs not only highlight the lack of uniformity within the curriculum, but also can jeopardize the development of the beginning counselor (Forrest & Elman, 1999; Lamadue & Duffy, 1999).

The purpose of this study was to examine the lived experiences of practicum level students who counseled trauma victims during their practicum training experience. The findings of this study are congruent with the literature that discusses a need for more self-reflective counselors, as well as for academic instruction to foster reflective practitioners.

Informants in this design revealed that their experience was largely traumatic for them, that the experience was overwhelming, and that they felt ill prepared to deal with the severity of the cases presented.

Counselor educators understand that content areas and competencies are vital to counselor preparation and, in turn, dedicate themselves to teaching these content areas so that counselors leave training programs equipped with the knowledge needed to conceptualize cases. The profession is dedicated not only to preserving its identity, but also to producing responsible professionals. The findings of this inquiry do not intend to critique how well educators cover the curriculum; rather, the intention is much deeper than that. The findings presented in chapter 4, in conjunction with the existing literature, suggest that several pedagogical issues have emerged that need to be considered in light of understanding the lived experiences of the beginning counselor and overall counselor development. In order to understand the pedagogical issues that have emerged from the findings of this qualitative study, this chapter will first discuss the themes that have been identified from the data. Conclusions will be drawn using the data, the existing literature, and the theoretical framework for this design. From these conclusions, implications for curricular reform will be discussed, as well as ideas related to pedagogical methods that serve to increase the self-reflective tendencies of beginning counselors within the classroom. Finally, this chapter will conclude by outlining the limitations of this design and offering recommendations for further research.

Eight informants participated in this qualitative design to offer input related to their lived experiences of working with traumatized clients during their practicum experience. Data saturation was reached after the eighth interview when it was clear that

no new data points or themes emerged and that much of the information mirrored that from previous interviews. The data were consistent across each of the eight interviews, and much of the information reached consensus around the five identified themes.

This chapter begins with a summary of the findings and the implications for the field of counselor education. It then explores each theme in detail.

#### Summary of Findings and Implications for the Field of Counselor Education

This study was framed using Van Manen's (1990) four lived existentials, a bio-ecological view of human development (Bronfenbrenner, 1979, 2005), and the existing literature related to trauma, counselor development, and supervision. Understanding the factors that affect trainees is relevant to understanding their professional and personal development as beginning counselors working with traumatized clients. According to Bronfenbrenner (1979, 2005), one cannot separate out the factors that contribute to a person's system. For beginning counselors, the system may consist of teachers, peers, advisors, social norms, client relationships, supervisors, training sites, ethical values, legal mandates, licensure, and administrative structures. This massive system affects the counselor's ability to welcome self-reflective tendencies, which may be viewed as a luxury. For example, informant 6 reported, when asked about taping the interview with her client who had recently had an abortion,

I did tape the session with the abortion, and I don't know if it caused a barrier; I certainly wouldn't of wanted all that taped if it were me, but I had a requirement to tape, so I left the tape on.... I never asked her if she wanted me to turn off the tape; I had taped a lot with her because she had a lot of baggage, and really

because I couldn't stop the tape; I had a requirement of 10 tapes and I needed that one.

In this example, it is evident that informant 6 was keeping within the framework of her system. She was aware of the requirements, and she adhered to the rules of producing 10 tapes for her experience. According to the Reflective Judgment Model (King & Kitchener, 1994), three levels help counselors evaluate the basis for clinical judgments: pre-reflective thinking, quasi-reflective thinking, and reflective thinking. According to the model, the pre-reflective thinking level assumes that “knowledge is either gained by direct observation or from an authority figure and is absolutely correct and certain. When this kind of thinking is used, the individual sees problems in concrete, yet simplistic ways” (Griffith & Frieden, 2000). Informant 6 was in the pre-reflective thinking stage during this session and was not able to be more reflective to understand the implications of the taping on the relationship with the client and the impact for re-traumatization. In using the aforementioned lenses to frame this study, the following themes that emerged as a result illustrate a pedagogical issue in counselor education related specifically to a lack of self-reflection in the beginning counselor. After a discussion of each theme, the related implications for the counseling profession are identified.

#### *Theme 1: The Damage has Already Been Done*

Informants discussed the perception that cases were referred to them because many of the cases were viewed as “hopeless.” Supervisors conveyed the idea that students could use these cases as “practice,” mainly because the novice counselor could

not damage the client more than he or she already was. Informant comments related to this theme included the following:

I felt like they used the students to see the clients that were too difficult or too overwhelming or annoying to the other staff. I felt like I got the ‘lost causes’, so to speak (Participant 4). I don’t want to sound mean, but she couldn’t go lower than she was, there wasn’t anything I could do wrong with her because she was already so bad...I definitely feel my site gave me this case because they knew that she was at the bottom of the well, so to speak, so really it was for me to learn and to know that I couldn’t do much wrong. (Participant 8)

*Implications for the field.* Trauma is a difficult and complex construct to understand, and treating it can be even more daunting for both the novice counselor and the untrained supervisor. According to Pearlman and Saakvatine (1995),

[w]orking as a trauma therapist is subversive work; we name and address society’s shame. There are and will continue to be forces within society that work to silence this work and the clients. When we do not recognize the social and political context for our work, we unwittingly participate in this return to silence, denial, and neglect. (p. 2)

When we assign a label to these cases, and stigmatize the clients as being too far gone, we inevitably re-traumatize them and plant the seed for the novice counselor to refrain from treating these cases in the future. Furthermore, the idea that supervisors “punished” trainees with difficult clients is most disturbing. Informants in this inquiry expressed an overall feeling of being punished or hazed by having to take on the most difficult cases as first time counselors. This conveys a message that is incongruent with

the counseling profession. In essence, informants reported a level of frustration having to take cases that were already identified as “damaged,” this in turn created an atmosphere that was unsafe and invalidating for both the client and the trainee. Are supervisors identifying difficult cases and punishing or hazing new trainees in an attempt to “break them in” to the field? The data from this inquiry suggest that either supervisors are in fact engaging in hazing practices, have become apathetic to the traumatic experiences of clients, or have failed to properly conceptualize the impact of trauma on an individual’s development and have misinterpreted clients’ symptoms. In any event, this is a horrifying discovery that threatens the development of professional counselors and the safety of treatment seeking clients.

Clients present with symptoms that have, for the most part, served to protect their psyche and have them helped to manage their feelings and thoughts that otherwise would threaten their very concept of self. Beginning counselors who are unaware of the effects of trauma on a person can easily interpret behavioral symptoms as undesirable and often refer clients or ignore them altogether. According to Pearlman and Saakvatine (1995),

[w]hen a therapist accepts that behaviors such as self-mutilation have a context and an adaptive or protective intent, her therapeutic strategy is defined.

Conversely, when the therapist assumes these behaviors are solely pathological and destructive, she misses opportunities to learn and work conjointly with the client. (p. 59)

The question then becomes, how can you increase this awareness among beginning counselors? It will become clear throughout this chapter that each of these five themes

rests on the idea that this study has uncovered a pedagogical issue in counselor education. According to the Reflective Judgment Model (King & Kitchener, 1994) that was discussed earlier, the highest level of reflective thinking assumes that knowledge is gained from a variety of sources and is understood in relation to a specific context. Students who operate at this level can make sound clinical decisions and can understand the process and the criteria on which those decisions were based. Similarly, students would understand that a client's presenting problem may go much deeper than the behavioral manifestations, and through a reflective process, initiated first in the classroom, they can learn to uncover the origin of these behaviors. Having been exposed to cases within the classroom that promote reflection, students entering field sites would have existing knowledge of case presentation and would consequently be informed as to how clients who have been traumatized may present. This knowledge base can minimize the stigmatizing of these clients and can ultimately prevent re-traumatization. A more descriptive depiction of how counselor educators can facilitate reflective thinking is discussed later in this chapter.

### *Theme 2: The Atheoretical Counselor*

Of the eight informants interviewed for this study, none discussed the use of a theoretical orientation when working with traumatized clients. Five of the eight informants reported that they operated out of instinct when working with the cases highlighted in this study. When queried further, informants commented on feeling unable to translate their theoretical framework accurately to trauma related cases. Participant 2 said, "I definitely was not thinking about a theoretical framework; I knew it was a different population, but I didn't work from a framework"; and participant 3 commented,

“I didn’t have any information on theories or I didn’t use any theories; I went off of what felt right, off my instinct.” Finally, participant 8 noted,

I really tried to work from a theory; I like to use reality therapy, but I wasn’t really sure how to implement that either, so I really just went with my own instinct, like I went with what I thought worked...Eighty percent of my time with her was fueled by instinct, the rest of the time was influenced by my counseling background.

*Implications for the field.* In a study conducted by Prociano et al. (1995), the researchers examined the policies and procedures used to determine the competence of counselors in graduate programs. A survey revealed that 87% of the 71 programs surveyed had procedures in place for evaluating students’ appropriateness for clinic work; however, one-fourth of the programs did not have a policy on dealing with professional deficiencies, and almost one half did not have their policy in writing.

Counselor educators are the gatekeepers to the profession. It is not enough merely to teach the content of a theory and have students memorize facts. It is the application and translatability of the theory that makes it come to life in a session. Theoretical frameworks help clinicians conceptualize cases and aid in delivering intentional interventions. Operating out of a theoretical framework helps reduce the risk of retraumatization. It is not expected that novice counselors at the practicum level will be well versed in their theoretical orientation and will apply only that theory to every case that is referred to them. But it is expected that beginning counselors will act competently and ethically, even at the training level, and attempt to employ intentionality within their work. Because many of the informants in this design reported that they operated out of

instinct and were not guided by theoretical frameworks, we must consider whether this was due to a lack of clinical judgment and an inability to conceptualize the case accurately or a general lack of understanding related to counseling theory. According to Hackney, Collins, Kudo, and Collins (2002), the current methods used to teach counseling theories prepares students for exams, but they do not prepare students to use the theories in self-reflective ways. Therefore, pedagogical methods need to be implemented, especially in a class that introduces theory and techniques in the curriculum. Students would benefit from understanding how theories can be transformed into practice, via role plays within the classroom context. This would be a valuable opportunity to role play cases that are trauma related, so that students could see the applicability of their theory to complex cases.

Human beings are creatures of habit. It becomes easy to reproduce the same course syllabus every year and remain stagnate in course instruction. Seasoned educators have found their niche in teaching the same courses year after year, and at times, refrain from introducing new and alternative ways to creatively convey course material. Consequently, the idea of planning new activities and facilitating experiential learning activities is met with opposition. The result of this is that students learn material for a final exam, but do not have the self-reflective tendencies to translate their classroom learning into practice. The findings of this inquiry clearly show the need for students to understand counseling theory, and perhaps more importantly, the findings point to the necessity for students to be able to demonstrate the theories that they hold in their practices. Informants in this design not only lack an ability to conceptually understand their theory in practice, they also are not able to practice with any intentionality.

According to Guiffrida (2005), several counselor educators have described the importance of encouraging students to develop theoretical orientations in self-reflective ways, because the ability to self-reflect on one's theoretical orientation encourages students to adapt new solutions to difficult problems (Argyris & Schon, 1974; Hayes & Paisley, 2002; McAuliffe & Eriksen, 2000; Neufeldt, 1997; Schon, 1982). Furthermore, according to Skovholt and Ronnestad (1992), self-reflection was the single most important factor in preserving the profession, adding that self-reflective counselors were not as likely to burn out or reach professional stagnation.

According to Guiffrida (2005),

Although CACREP (2001) does not mandate course sequencing, several counselor educators have recommended that theories be taught early in the curriculum so that the theoretical stance that students select can be used as a lens through which they can conceptualize their more advanced coursework and clinical experience. (p. 204)

The literature supports this notion with the idea that choosing a theoretical framework reduces ambiguity and anxiety in the novice counselor (Granello & Hazler, 1998; Hayes & Paisley, 2002). Argyris and Schon (1974) discovered that counselors in training often abandon their espoused theory when faced with real-world problems, as in the practicum setting. Novice counselors disregard or forget the foundational aspects of their orientations and, alternatively, operate out of instinct, as was illustrated by the findings in this study. Neufeldt (1999) recognized this in beginning counselors at the practicum level and developed a model to assist supervisors in helping students match what they see in their clinical experiences with their chosen orientation. Guiffrida (2005) adds,

The fact that students' espoused theories, or the theories they select at the end of their introduction to counseling theories courses, often do not match what they actually do in their initial practice indicates that classroom learning, even when it is experientially based, does not provide sufficient experiences for facilitating the emergence of students' critical self-reflection and theoretical predispositions. (p. 209)

In order to increase self-reflective tendencies in beginning counselors related to their theoretical orientation, one pedagogy developed by Mezirow (1997), The Transformative Model of Learning, encourages the educators to promote self-discovery and self-reflective learning within each student. This model for teaching counseling theory would begin by focusing on the students and their own process of self-discovery, and this would happen prior to the teaching of facts, concepts, or skills. According to Miller (1989), this pedagogy is not naïve enough to conclude that beginning counselors have all the answers that they need to understand complex cases without direction; rather it assumes that self-awareness is the starting point from which all additional understanding comes.

Informants in this inquiry often reported feeling overwhelmed by the experience and unprepared to handle the complex cases that were presented. Guiffrida (2005) adds that "a fear of having students begin their practice without a theoretical orientation with which to conceptualize client issues is that students will become overwhelmed by anxiety" (p. 210). The literature supports the idea that without self-reflection and a theoretical foundation for clinical practice, anxious counselors can feel overwhelmed by the experience and may employ unintentional and damaging interventions to vulnerable clients. The literature suggests a pedagogy directed at teaching counseling theory that

fosters a constructivist approach to learning. Students are able to journey through the course with a heightened level of self-reflection, while also exploring theoretical orientations to counseling. Techniques employed within the classroom that allow students to see these theories in practice will help them be able to prepare for the vast array of counseling issues that will be presented in their field training. Because the pedagogical methods that have been used to educate beginning counselors are historically outdated, a consideration of the aforementioned paradigm shift in teaching counseling theory could help better prepare beginning counselors at their practicum field sites.

### *Theme 3: The Island of Counseling*

This theme relates to the concept that the new counselors felt unsupported, left alone, or disregarded by the supervisors that they encountered, primarily at their practicum sites. While some identified positive aspects of campus supervision, which is considered a protective factor for trainees, the majority felt that the supervision came too little too late, or after the experience of working with traumatized clients occurred. As noted in Chapter 1, master's level students who matriculate into doctoral level programs or enter into the field at the master's level may not have been exposed to trauma theory in their academic programs. Still, these practitioners are charged with supervising trainees on cases dealing with simple or complex trauma cases. This ethical dilemma may be exacerbated further if the supervisors are not able to accurately assess or even conceptualize trauma. Ultimately, this situation can be harmful to clients who end up being re-traumatized by "therapeutic" interventions that ignore the most essential aspects of their existential crises. Clinicians may also be harmed if they do not recognize the effects of their vicarious trauma (Figley, 2003). In this scenario, it also follows that the

supervisor may not know how to respond to the counselor's experience of secondary or vicarious trauma. This is not unique to Counselor Education and Supervision Programs (CESPs): accreditation standards across all the disciplines of academic human service training programs fail to require a special focus on trauma (Levers, 2007). While research is beginning to emerge that describes the consequences of vicarious trauma in clinical settings, little exists in the literature that applies to supervision within university-based settings and graduate-level practicum and internship students (Levers, Ventura, & Bledsoe, 2006).

According to Borders and Brown (2005), "the supervisory relationship is the heart and soul of the supervision experience, regardless of the experience and developmental level of the supervisee" (p. 67). At the practicum level, trainees are inundated with hours of supervision to ensure that they feel supported during their initial clinical experience. The data from this design, however, revealed that informants felt unsupported and alone while counseling clients at their field sites. Conversely, when informants reported a positive experience with supervision, it was often while commenting on the experiences with their on-campus supervisors, some making the clarification that while it was supportive, it came after the fact.

The following comments by the informants in this study support the relevance of this theme: Informant 2 said, "No one would help me with the case at my site because they were fed up with her... I knew I was not going to get help from my site so I really did not want to go that deep with her." Informant 3 commented, "I'm sure they had theories somewhere, but I really think a lot of their work was on instinct or experience." Informant 4 revealed,

I didn't feel it was supportive as far as how I was doing counseling...I felt that I was on my own...I didn't get to debrief with him after this case, he wasn't there all week...He seemed unaffected by my reaction to the case; he didn't think it was something that should have overwhelmed me.

Finally, informant 6 reported,

My supervisor just let me do it on my own, with no experience in counseling. I could get supervision afterwards, but I was never observed; no one actually watched my skills...I told my supervisor that I had hoped she was there so I could have gotten her, because I felt so overwhelmed and didn't know what to do.

Informants did comment on positive aspects of the supervisory relationship.

Informant 6 added, "My supervision was supportive, but after the fact. In the moment I didn't know what to do; I started to understand after the fact... too little too late."

Informant 5 reported, "My on-campus supervisor was knowledgeable in the field; she had formal training and it was helpful, to get that feedback." The data suggest a clear disappointment on behalf of the informants in this study, as they overwhelmingly agreed that supervisory support was lacking at their field sites. While one may assume that supervision was improved on campus since it was provided by doctoral level students who were actively engaged in their own academic training program related to supervision, it remains to be proven empirically and would be best investigated at a later point. During the interview process, informants discussed feeling unsupported by their site supervisors and unsure as to whether they had formal training in or a conceptual understanding of trauma theory. Informants even commented on the observation that their site supervisors were also supervising and counseling via instinct. This parallel process

sets up a dynamic that fosters an environment where beginning counselors learn from ineffective and even unethical means.

*Implications for the field.* Supervisors are the gatekeepers to the field, as they are charged with training, evaluating, and guiding developing counselors. The field has become more stringent against allowing an untrained professional to provide supervision to beginning counselors. The ACA code of ethics requires that supervisors have training in supervision prior to initiating their role as supervisors. Supervisors are legally responsible for the care that their trainees provide; therefore, they need to understand their own role and identity as a supervisor prior to taking on this professional task. The ACA (2005) Code of Ethics states, “Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topic skills” (F.2.a). A study conducted by Borders and Leddick (1987) found that many supervisors do not feel supported and thoroughly trained to supervise, nor do they feel that continuing education is readily available. While it is certainly advantageous for counseling settings to strive for credentialed supervisors, it is not feasible to demand. Agencies become overwhelmed with client flow, and often trainees are charged with taking on the load of a full-time counselor at the training level. Many counselors are promoted to a supervisory level simply because of their tenure at the facility or because of their strong clinical skills (Campbell, 2006). Not only can this cause anxiety for the inexperienced supervisor, but also for the supervisee.

Informants in this study remarked on the judgments that were placed on many of the clients they worked with at their sites. Informants commented on being referred to the

“hopeless cases” and felt that their supervisors were “fed up” with the cases and that they, therefore, referred them to the trainees. Survivors of trauma are intensely attuned to subtle cues suggesting abandonment or avoidance. According to Pearlman and Saakvitne (1995), trauma survivors “will be accurately aware of the most subtle signs of inattention, abandonment, betrayal, and avoidance in their therapist’s demeanor...” (p. 16). These clients are not only attuned to the cues received within the therapy session, but they are also aware of the way in which the system responds to their presence. As the bio-ecological model demonstrates (Bronfenbrenner, 1979, 2005), these complex layers of the environment all suggest that a judgment perceived by one individual can have several ripple effects on the other layers within the environment. This can be seen as a parallel process. Informants in this inquiry revealed that supervisors stigmatized certain cases and, in their turn, felt exhausted in dealing with the clients, ultimately referring them to the trainee with the expectation that little could be done to help them. The risk is that trainees will assimilate this behavior into their experience and will perpetuate the cycle of feeling that difficult or complex cases cannot be helped. Additionally, the client, already sensitive to rejection, senses this abandonment and rejects the therapeutic process. In turn, the client fails to trust the therapeutic process and remains vulnerable and in crisis.

Many of the same principles in advocating for counselor self-reflection can be applied to the supervisor as well. While this is something that is often not taught at the master’s level, increasing self-reflective tendencies in doctoral training programs would be encouraged. The process of reflection at the supervisory level would aid supervisors in examining their own beliefs about the trainees and the clients, in addition to

conceptualizing trauma and understanding the implications of trauma on the counseling relationship.

*Theme 4: What I Needed and Didn't Get: Increasing Self-Reflective Tendencies*

Theme 4 relates to the needs of the students and their level of preparedness prior to counseling victims of trauma. At the end of each interview, I asked students to explore what, if anything, could have augmented their academic and professional experience so that they felt more competent working with trauma-specific cases. The following are highlighted responses from the collected data. Informant 7 reported, "I needed to have been forced to take something like trauma or crisis so that I would have had some information prior to dealing with this...." Informant 6 expressed similar views: "I wanted to understand what I was doing before I went into the session; supervision helped, but it was all after the fact.... I don't think that even role plays can prepare you for when a real person tells you they want to commit suicide, but I would have liked to practice more in the classroom; it would have helped." Informant 4 reported,

I needed support at my site, and I didn't get it; I needed to feel that I could take risks and try new skills. I didn't feel that I could do that, and I needed to have had the academic training to be better prepared. I mean, I took those trainings, and they helped, but with them I was still so overwhelmed...I needed more classes around interventions with trauma...we should have done role plays that included trauma cases.

Finally, informant 1 agreed:

I don't think you can ever be fully prepared, but what I was looking for was to really not feel so overwhelmed....Weaving it into the program, how to handle the

more serious cases, helping people to better understand that there are certain skills that you can use in the moment....What I was hoping for was not to feel the way I felt, but to be able to handle these issues at least until I could talk to someone who does know what to do.

Informants in this inquiry were verbose in responding to this question in the interview process. The following illustrates the implications for this in the field of counselor education.

*Implications for the field.* In a study conducted by Williams et al. (1997), researchers found that counseling self-efficacy was an important aspect of therapist training and that it was linked to trainees' feeling confident in sessions and effective with clients. Furthermore, the study revealed that counseling self-efficacy was positively related to counselor performance, self-esteem, and performance in a session. Borders and Brown (2005) acknowledged the inherent anxiety that is present in the novice counselor and attributed much of the learning in the early years of counselor development to directing this anxiety toward self-reflection. However, the data in this inquiry revealed that the anxiety exhibited by these informants was directed at feeling unprepared to encounter the stories that were disclosed in their sessions.

As Pearlman and Saakvitne (1995) stated, "[W]e name and address society's shame" (p. 2). To that end, teaching trauma in counseling programs can be considered equally difficult. Pope and Feldman-Summers (1992) conducted a national survey of 500 counseling related programs to determine if psychologists felt their graduate training programs had adequately prepared them to counsel abuse cases. When rating on a Likert scale, both male and female respondents rated their programs as very poor. Kitzrow

(2002) followed up on this data by surveying counseling programs to determine if graduate training programs offered required or elective courses in working with clients who had been abused. Of the 68 surveys returned, only 9% indicated that their program offered a required course. Various reasons were cited as to why the ability to integrate trauma-related coursework was problematic. Respondents included the following reasons as limitations to including a course on abuse in the curriculum: lack of resources, the material was covered in other courses, abuse issues were too specialized and not relevant, and there was no room in the curriculum to add more credits.

Surprisingly, according to Black (2008),

[a]s the literature on trauma treatment has grown exponentially following posttraumatic stress disorder's (PTSD; American Psychiatric Association, 2000) first introduction into the diagnostic lexicon almost 30 years ago, virtually no literature exists on the training and teaching of trauma counseling in graduate programs. (p. 266)

Collectively, there exists on very little in the literature regarding the pedagogy of trauma (Black, 2006; Jones, 2002; McCammon, 1995). A common misconception in teaching trauma theory is that trainees will be exposed to material that could have repercussions on their own lives, as many people enter into this field due to their own personal histories of trauma and attempt to heal themselves by healing others. Black (2008) found that exposure to traumatic material was necessary for the purposes of the course. Black (2008) added, "Although students did experience some intrusive imagery as a result of the class materials, it was minimal, and self-reported disturbance at course materials was relatively low" (p. 8). These findings suggest that, although exposure to

traumatic material in the course design was necessary in order to increase self- reflection, it can be presented in a way that does not overwhelm the student, but rather prepares them for clinical practice.

The data in this design suggest that informants felt that exposure to trauma material was lacking, and because there was limited awareness of the presentation of trauma, the students felt ill-prepared to handle trauma-related cases in practice. Finally, regarding the pedagogy of trauma, Black (2006) concluded,

The cost of teaching trauma based on these principles is nothing more than the time it takes instructors, professors, and trainers to prepare and incorporate the principles into their teaching. The cost of choosing to ignore these principles may be that our students, who are trying to learn how to help clients remain, grounded and centered, will themselves feel ungrounded, off-center, and overwhelmed during the class. If nothing else, choosing to ignore these principles in teaching trauma will result in an incongruent pedagogy of trauma. (p. 9)

Counselor educators have an obligation to attend to the needs of their students in relation to course content. Because educators are gatekeepers to the profession, helping to prepare students for the experiences of practicum and internship is a vital part of counselor training and development. Promoting self-reflection also benefits the course dynamic, and the recent literature shows such reflection to be essential to counselor competency. While this remains a newer part of counselor pedagogy, it must not be ignored.

From the literature review and the findings of this inquiry, it appears that the profession is hoping to hide students who may have a traumatized past, or at best, prevent

triggers within the coursework that could potentially re-traumatize a student. One would think that the field could benefit from identifying students who enter into the field due to unresolved issues themselves, and work with these students on their own path of self-discovery. Instead, it appears that educators may refrain from issues that are traumatic in nature, in hopes that we keep covered personal issues that are uncomfortable to deal with in an academic setting. Because the literature has demonstrated that there is no uniformity in assessing counselor competency or development, we are likely allowing students to enter the field who are unstable and unaware of their own issues, and as a result, traumatize clients with their countertransference.

*Theme 5: The Traumatized Client and the Traumatized Counselor*

This theme illustrates the isomorphic process that the informants discussed in relation to feeling traumatized, both by the information that clients disclosed in the counseling sessions, and by the feeling of being unprepared to handle the severity of the cases. This theme also relates to the potential of clients being re-traumatized by unintentional interventions practiced by unprepared counselors-in-training. The impact of preparing beginning counselors to be aware of the material that they will encounter in practicum could actually serve to reduce attrition in the field and to preserve the identity of the profession. According to Harrison and Westwood (2009), all therapists working with trauma-related cases will experience “pervasive and enduring alterations in cognitive schema that impact the trauma worker’s feelings, relationships, and life” (p. 204). Whether these alterations are damaging to the counselor largely depends, again, on the counselors’ self-awareness and reflective practices. Pearlman and Saakvitne (1995)

suggested that a failure to assess clients' symptoms accurately and properly conceptualize a case can lead to potential client harm.

Clients who have been traumatized are extremely vulnerable to re-injury by therapists who do not understand their own responses to these clients...The entire field is at risk of extinction if overtaxed professionals are unable to mitigate the deleterious effects of their work upon themselves. (Pearlman & Saakvitne, 1995, p. 2)

Informants in this design elaborated on their own experiences in witnessing the psychological struggles of their clients who had experienced trauma, struggling with their own existential crisis of organizing the traumatic disclosures into their existing schemas, and trying to perform as competent beginning counselors. Informants reported the following data in relation to this theme: Informant 3 reported, "I was in shock...I felt like I was getting ready for a big game; I thought, *here we go; no turning back*, and I panicked; I felt that I knew I was going to deal with this, but not right away in my practicum." Informant 4 added, "I was scared hearing it; it was some of the worst sexual abuse I ever heard [about]." She continued, "I felt so overwhelmed when I heard all this, just so overwhelmed. The practicum experience flooded me." Informant 5 reported, "I dealt with a client who had an abortion, and you know it was actually traumatic for me to hear because I never heard the step-by-step process of how it happens, and you know the aftermath; she was having nightmares." She continued,

I sat in my car and cried at the end of the day, because I mean, what do you say?... I felt lost, scared, and really helpless, and I guess what I wanted was not to feel the way I felt. I went and cried in my car because I was so overwhelmed; all this

information was just dumped in my lap at once. You can get burned out with this, you know? I felt kind of depressed.

Finally, informant 7 concluded,

I will tell you, I was scared out of my mind when he first told me about the abuse, I felt so scared and nervous. After the session I broke down because I wasn't sure if I knew what to do or if I did the right thing, so I went to the bathroom and cried when I left the session. I remember feeling so alone and overwhelmed that this was happening.

Collectively, the illustrated data suggest that the traumatic experiences of the clients, in turn, became traumatic for the novice counselor. While the overt reactions to the information varied among the informants, the overarching theme was consistent. In a parallel process traumatized clients express their story to novice counselors who are, in turn, traumatized by the experience on multiple levels. The implications of this are described below.

*Implications for the field.* Because trauma is so widespread, it is certain that novice counselors will encounter trauma-related cases early in their counseling careers. Again, it is not the intention of this inquiry to expect trainees to be trauma experts; rather what has been reiterated throughout this design is the need for counselors to be self-reflective, so that the experience with traumatized clients can be met with confidence as opposed to astonishment. Kitzrow (2002) discusses the implications for having untrained counselors work with this vulnerable population:

Serious ethical issues may arise when counselors who lack adequate training in providing trauma related counseling practice outside the boundaries of their

competence. Counselors have a contractual obligation to listen, explore, and understand clients; and when they fail to do so, they too inflict the trauma after the trauma. (p. 108)

Continued exposure to trauma-related material and consistent empathic engagement can have detrimental effects on beginning therapists. The effect of hearing this graphic and intense information can cause physical, emotional, and cognitive symptoms that mirror those of their clients (Harrison & Westwood, 2009; Pearlman & Saakvitne, 1995).

There is a great benefit in teaching beginning counselors to be self-reflective. The benefit extends not only to the trainee, but also to the client and to the profession at large. In considering this pedagogical issue, it becomes clear that the implications for altering graduate training programs to include more self-reflective practices can have positive outcomes for the entire system. Vrana and Lauterbach (1994) observed that graduate students often have life experiences that create a vulnerability to developing compassion fatigue later in their career. Figley (1994) defined compassion fatigue as “the strain therapists experience on their ability to remain in empathic connections with trauma survivors over time” (p. 8). Black (2008) added,

[G]raduate training programs would benefit from working to prevent their students from becoming traumatized or at the very least from becoming more vulnerable to future secondary traumatic stress, during their training. Teaching a course founded on principles of trauma therapy may prevent students from becoming overwhelmed. (p. 3)

If counselor educators do not emphasize the need for trainees to practice reflexivity, novice counselors risk feeling inadequate in their first counseling experiences when they

encounter complex cases. As discussed earlier, a lack of theoretical adherence can also create a therapeutic milieu that ignores clients' symptoms and re-traumatizes them. The traumatized counselor then reacts in a way that is counterproductive. Williams et al. (1997) explored the perceptions and personal reactions of practicum trainees over the course of a semester. Interviewed supervisors reported that trainees had difficulty managing their emotions and reactions in sessions related to complex cases.

Trainees slipped into a peer role; became overactive; appeared visibly annoyed, shaken or distant; offered their own opinions too much; broke silences with questions and attempted to problem solve for the client; attempted to be stuck, and avoided affect around issues related to cases like rape and substance use. (p. 396)

Data collected from this inquiry supports the findings of Williams et al. (1997) as informants reported feeling stuck and employing unintentional interventions (e.g., excessive questioning) to alleviate the discomfort that existed when working with trauma related topics.

Finally, as part of the self-reflective process, students in this design were unable to ask for what they needed in relation to supervision from their sites. An inability to express this professional boundary contributed to their sense of feeling traumatized. Trainees in this study felt strongly that they were overwhelmed, unprepared, and untrained to counsel these complex cases, yet not one informant insisted on increased supervision, nor did anyone offer referrals to another provider. Similarly, neither site- nor campus-based supervisors advocated for the trainees to seek additional resources for working with these complex cases. Without a supportive and validating network, it is clear why novice counselors would feel traumatized by this experience.

## Summary of Themes

It is clear from the literature that working with traumatized clients can be taxing; however, having adequate supervision, being grounded in a theoretical approach, practicing self-reflection, and having an understanding of trauma theory all contribute to minimizing the risk of re-traumatizing clients. The purpose of this design was to understand the lived experiences of master's level post-practicum students as they encountered trauma-related cases in their training. The data lent itself to being summarized into five central themes that collectively speak to the feelings and experiences of the eight informants. This study has uncovered a pedagogical issue that speaks to the implications of ignoring self-reflection in counselor development.

The data suggest a general frustration from the informants, directed at the profession, arising from feeling unprepared to counsel trauma victims in their practicum. This is not an uncommon feeling. Rather, according to Skovholt and Ronnestad (2003), "Many novices experience disillusionment with their training program when they realize that acquired skills are insufficient and that the practice world of unique situations is different from that portrayed by academic models" (p. 45). The authors also noted that the criticism is usually directed at the program, the professors, and even individual course assignments. The literature suggests that the novice counselor often feels frustrated in the moment when dealing with complex cases, and immediately places the blame on the program for the feelings of inadequacy. Skovholt and Ronnestad (2003) add that it is as if the novice is saying, "If I was better trained, I wouldn't feel so lost and so incompetent" (p. 52). It is clear from the data in this inquiry, that many informants echoed this sentiment. However, the purpose of this study is to emphasize that while this

is a normal and expected reaction, to the problems do not arise from the shortcomings of the counselor education faculty or the program. Rather, novice counselors also feel the internal pressure to question their own skills and their own concern over their shortcomings. Skovholt and Ronnestad (2003) support the notion that it is a much larger issue, and the problem is that because there is so much information to dispense to students, covering all possible topic areas is not feasible. This speaks to the old adage, "If you give a man a fish, he'll eat for a day; if you teach him to fish, he'll feed himself for a lifetime." It is impossible to memorize every possible response to any given situation that is presented in counseling. Given the inherent anxiety present in the novice counselor, wanting specific reactions for each complex scenario is expected. However, if counselor educators can teach trainees to be more self-reflective and to understand their own experiences and reactions to complex cases, they will be able to adapt more flexibly to complex cases in practice.

The findings from this inquiry suggest and support a need for implementing constructivist methods within the classroom that produce reflective practitioners. These pedagogical issues and techniques are explored in the next section and are discussed within the context of counselor education programs. Examples of constructivist methods that can increase self-reflective tendencies include, but are not limited to, Interpersonal Process Recall (Kagan), reflecting teams, and journal writing.

In the contextual analysis of the data, I identified five major themes that encapsulated the rich data that was discovered from the informant interviews. As was discussed in Chapter 3, these themes emerged from a more iterative and recursive process. I was self-reflective throughout this entire inquiry to aid in the credibility of this

design; therefore, I was mindful to consider protective factors that informants identified within the data, as well as risk factors. These environmental factors have an impact on a person, and while risk factors can influence the development of the trainee profoundly, protective factors serve as a buffer and can optimize and enhance the development of a new counselor. In analyzing the transcripts, I could see protective factors emerge that could have aided novice counselors in their journey. The protective factors included: knowing how to seek adequate supervisory interventions, exercising appropriate boundaries, campus-based supervisory support, understanding the limits of one's own skill level, and an ability to identify strengths of working with complex cases. Informant 4 endorsed all of these protective factors. I noticed that she clearly stood out amongst the other informants, and it is likely due to her training and understanding of trauma from elective outside trainings and resources. She was able to utilize protective factors that the other informants did not have in place. This clearly demonstrated the benefit of being able to conceptualize trauma and understand the implications that trauma can have on clients.

The following risk factors were identified: lack of sufficient knowledge about trauma, lack of understanding of transference/countertransference issues, feeling overwhelmed, having a sense of being unprepared, lack of knowledge regarding therapeutic alliance building, lack of adequate supervision at the site, lack of identifying the limits of one's own skill set, and lack of understanding of the role of counselor self-reflection. Throughout the analysis process, I identified these risk and protective factors as they emerged from the data. Additionally, I examined the extent to which the data were viewed in light of the lived existentials (Van Manen). Last, I considered whether or not

the informants implemented trauma theory or trauma-specific interventions in their work with clients. A summary of this information is listed in Table 10. After I considered these factors, I then was able to formulate the five major themes that can be found in the cross-reference table (Table 11).

Table 10

*Theoretical Framework Table*

Theoretical Frameworks	Informants							
	1	2	3	4	5	6	7	8
<b>BRONFENBRENNER: RISK FACTORS</b>								
<i>1. Lack of sufficient knowledge about trauma</i>	X	X	X		X	X		X
<i>2. Lack of understanding transference / counter transference</i>	X	X		X	X	X	X	X
<i>3. Feeling overwhelmed</i>	X	X	X		X	X	X	X
<i>4. Having a sense of being unprepared</i>	X	X	X	X	X	X	X	X
<i>5. Lack of knowledge related to therapeutic alliance building</i>	X		X		X	X		X
<i>6. Lack of adequate supervision at site</i>	X	X	X	X	X	X	X	X
<i>7. Lack of identifying limits of one's own skill set</i>	X		X			X		X
<i>8. Lack of understanding the role of counselor self- reflection</i>	X		X		X	X	X	X
<b>BRONFENBRENNER:</b>								

PROTECTIVE FACTORS								
1. <i>Knowing how to seek adequate supervisory interventions</i>		X	X	X	X		X	
2. <i>Exercising appropriate boundaries</i>			X	X				
3. <i>Campus based supervisory support</i>		X		X	X	X	X	X
4. <i>Understanding the limits of one's own skill level</i>	X		X	X	X	X	X	X
5. <i>An ability to identify one's own strengths when working with complex cases</i>			X	X				
VAN MANEN'S FOUR LIVED EXISTENTIALS								
1. <i>Lived Time</i>	X		X	X			X	X
2. <i>Lived Space</i>			X		X			X
3. <i>Lived Body</i>	X	X			X	X	X	X
4. <i>Lived Human Relation</i>	X	X	X		X	X	X	X
TRAUMA THEORY								
<i>Applied in session</i>				X				

Table 11

*Cross-reference Table*

	<b>Theme 1</b>	<b>Theme 2</b>	<b>Theme 3</b>	<b>Theme 4</b>	<b>Theme 5</b>
<i>Informant</i>	<i>“The damage has already been done”</i>	<i>“The Atheoretical Counselor”</i>	<i>“The Island of Counseling”</i>	<i>“What I needed and didn’t get”</i>	<i>“The traumatized client and counselor”</i>
Informant 1	X	X	X	X	X
Informant 2	X	X	X	X	
Informant 3	X	X	X	X	X
Informant 4	X	X	X	X	X
Informant 5	X	X		X	X
Informant 6		X	X	X	X
Informant 7		X	X	X	X
Informant 8	X	X	X	X	X

## Facilitating Reflective Thinking in Beginning Counselors: Recommendations to Introduce in the Counselor Education Classroom

This study has identified five themes that address a major pedagogical issue in counselor education training programs. Counselor educators can facilitate reflective thinking by introducing various techniques within the classroom. Considering the descriptive data reported by the eight informants in this study, I have chosen to focus on the following pedagogical methods as instrumental in increasing self-reflection and, in turn, in helping trainees to feel more prepared to treat trauma-related cases at the practicum level. The following methods are discussed below: Interpersonal Process Recall (Kagan, 1991), reflective team supervision (Borders and Brown, 2005), and journal writing.

### *Pedagogy of Counselor Education*

In his book, *The Pedagogy of the Oppressed*, Paulo Freire (1993) was able to bring to the foreground vital issues related to personal development. One of the dialectics discussed in his book refers to the concept of banking versus problem-posing education. Banking education represses instinct, dialogue, and the will for self-actualization. Conversely, problem-posing education attempts to elicit critical thinking from students, and it encourages students to be active learners, constantly questioning and challenging existing theory and thought. Similarities exist between what Freire described as “problem-posing” education and constructivism. According to Nelson and Neufeldt (1998), “Fostering counseling students’ development of these problem-solving abilities requires much creativity and thinking outside of the lines from counselor educators”(p.70). Many of the current teaching methods ignore the needs of the diverse

learner and consequently also inhibit the trainee's ability to explore and participate in learning. This stifles the growth of the novice counselor and does not promote self-reflection. Consequently, by participating in "banking education," students remain inadequately prepared to enter their practicum sites. According to Kitzrow (2002), "Many aspects of clinical work with trauma survivors differ substantially from traditional therapeutic approaches, thus counselors need specific training in how to conduct trauma related therapy...Preparation should include extensive role plays..." (p. 115). Role plays, which will be discussed later in this chapter, are highlighted as one pedagogical method that encourages reflection.

As a field, considering counselor pedagogy has been a recent discovery. To date, very little exists in the literature about counseling-related pedagogy. In 1998 when Nelson and Neufeldt published their article related to counselor pedagogy in the ERIC database, they found no results when searching for similar articles. Similarly, in a literature search through PsychINFO, two articles were found that focused on multicultural issues in counselor education. The pedagogy of counseling, therefore, is relatively new in the field, and recent literature has demonstrated the importance of considering pedagogical methods that strengthen the counseling curriculum by fostering constructivist learning. According to Granello (2000), "The field of counselor education lacks a coherent, articulated pedagogy and although the field has long focused on the content of the counseling curriculum, there has been very little discussion on how the information is best conveyed to students" (p. 270). Sexton (1998) added, "Without a theoretical foundation to guide the teaching of counseling, history and tradition have been the primary pedagogical guidance for counselor educators" (p. 69).

Peterson (1995) noted that educating reflective counselors may be the most significant part of preparing future counselors because “empirical studies have failed to show advantages of traditional clinical training for therapeutic effectiveness” (p. 82). The question remains: Are we as counselor educators giving our students the information and experiences they need to be self-reflective?

### *Pedagogical Methods*

The following section highlights three pedagogical methods that serve to increase reflection among beginning counselors in their training programs. These techniques as teaching methods within the classroom will provide the trainee with experiences that are grounded in constructivist learning. These techniques were chosen mostly because of the recommendations made by the informants in the data for this inquiry. Corey, Corey, and Callanan (1993) attributed competence in counselor development to self-understanding and self-awareness. Furthermore, Griffith and Frieden (2000) added that reflection helps students develop the capacity “to challenge faulty perceptions and beliefs about self and others that can impede their work with clients” (p. 88). According to Schon (1983), counselors can use reflection to link counseling theory with clinical practice. In a study conducted by Williams et al. (1997), practicum level students’ reactions were observed over the course of their training semester. The results of this study found that the use of self-awareness can be effective because it helps the trainees examine useful self-information in relation to their clients. Supervisors noted that evidence of trainees’ difficulty managing their feelings and reactions included avoidance, and over-involvement behaviors, which include shutting down, pushing one’s own agenda, becoming very directive, and talking a lot. (p. 397)

These findings support the data in this inquiry. When informants became overwhelmed with the complexity of the cases during their training, they exhibited many of the traits mentioned above. The literature suggests that if pedagogical methods are introduced that help counselors increase awareness of complex issues like trauma in the classroom, they will be better prepared when faced with these issues in counseling sessions. Kitzrow (2002) adds, “Preparation should include extensive role playing in a pre-practicum laboratory setting before the student is allowed to work with real clients who have been traumatized” (p. 115).

*Interpersonal process recall.* The purpose of integrating Interpersonal Process Recall (Kagan, 1991) into counselor education programs is to aid in the self-reflective tendencies of counselors in training because doing so can assist with increasing counselors’ self-awareness, particularly the counselors’ in-session thoughts and feelings around issues presented by the client. According to Borders and Brown (2005), “IPR allows counselors to practice using facilitation and confrontation skills, based on their increased awareness, and thus encourages a deeper level of involvement with their clients” (p. 43). The series of questions asked by the inquirer (supervisor) serve to enhance the counselor’s awareness of his or her blind spots in therapy and also can serve to elucidate emergent issues of transference and counter transference. The self-reflective benefit of IPR allows counselors to understand their own trepidation surrounding the concept of trauma treatment and a chance to explore this under supervision as a preliminary step to working with clients for the first time.

IPR is an instructional method that uses videotaped role play sessions to elicit student involvement and reflection. Students are able to examine their own processes, as

well as to gain insight from the “client” in the role play during the experience of the session. According to Kagan (1991),

The instructor assumes that students have knowledge of their own experiences but may not have consciously examined or processed them. IPR can be a catalyst for discovery by uncovering material that was only vaguely recognized; this process helps participants to become aware of messages that they denied or ignored and to identify their own unstated fears and imagined vulnerability in personal interactions. (pp. 226-227)

According to Borders and Brown (2005), It is assumed that there are perceptions kept just beyond the counselors’ self-awareness as a self-protection. Allowing these perceptions into consciousness awareness would threaten the counselor’s sense of safety. IPR is designed to provide the optimal environment to allow counselors to become aware of these cover thoughts and feelings, and feel free to express these in the here-and-now.

This has specific relevance to trauma counseling. By role playing various trauma-related topics in the classroom prior to starting the practicum experience, beginning counselors can have unique feedback related to the in-session experiences of the client, as well as a chance to examine their own experiences and instances of counter transference. Trainees will have a chance to reflect on their experiences in the moment and to consult with their supervisors in the training session. The data in this inquiry revealed that many trainees avoided the overt trauma-related messages from clients due to their own discomfort with the information. Borders and Brown (2005) added, “Counselors discover those instances in which they fail to deal with clients’ covert messages as well as their own reactions to these messages” (p. 43). This experience is unique in that counselors can

get immediate feedback related to their sessions and discuss with the “client” their perception of the experience. Videotaping the experience allows the trainees to observe their non-verbal behavior, as well as monitor the reactions of the clients in the training sessions. As discussed earlier, it is impossible to prepare practicum students with canned responses for each complex case that they might see. The purpose of using a pedagogical method like IPR for trauma-related cases, then, is to allow trainees to explore their own views and experiences related to these complex topics. They will be able to reflect on these experiences and work with their supervisors on emergent counter transference issues that may arise from these mock sessions. By practicing these skills and interventions prior to beginning their field placement, trainees can reduce the risk of retraumatizing clients when they are faced with these difficult cases at their sites. The literature supports pre-practicum training like IPR for preparing students to work with trauma-related cases. As Kitzrow (2002) emphasizes,

[p]reparation should include extensive role playing in a pre-practicum laboratory setting before the student is allowed to work with real clients who have been abused. Role playing serves as a transition between the didactic training and clinical work with clients; it gives counselor trainees time to rehearse their skills and gain confidence in their abilities, and it also ensures that [traumatized] clients will not be seen by a counselor who has no clinical experience. This should be done by video-taping and by using live supervision to allow for maximum guidance and input from the supervisor. (pp. 115-116)

IPR is one of three pedagogical methods that I recommend to increase counselor’s self-reflective tendencies in graduate counseling programs, specifically related to

counseling trauma related cases. The data in this inquiry illustrate that beginning counselors lack the ability to translate their theoretical orientation to complex cases in practice. Trainees did not employ intentional techniques regarding trauma interventions with clients at their sites. The exception to this, however, was Informant 4 who had supplemented her academic training with ancillary work that focused on trauma-informed care and consequently, acted with more intentionality and self-awareness than the other informants. The use of IPR in a theories or techniques course has clear advantages, especially given the findings from this study. Using this technique can help students see their theory-in-practice, first in the classroom, and to understand the applicability to various scenarios via role plays. Students also may be able to see the limitations to certain theories with various populations and understand how to employ intentional interventions.

The next section explores the use of reflective teams in increasing trainee's self-awareness.

*The reflecting team.* The use of reflecting teams (Andersen, 1991) was originally pioneered with marriage and family counseling programs, and its applicability to analyzing trauma cases is discussed below. Andersen described a reflecting team as a pedagogical method that capitalizes on multiple perspectives to understand and conceptualize clinical experiences. A reflecting team is made up of a group of counseling students, supervisors, colleagues, or other counseling professionals that provide feedback regarding complex cases (trauma related, for the purposes of this recommendation). Using a reflecting team as a pedagogical method within the classroom can be constructive and beneficial to the trainee in order to gain insight and awareness into

trauma-related cases. Trainees can role play specific trauma-related cases in a fish-bowl setting, while other counseling students listen and observe the process. After the role play has ended, the trainee and the mock client sit back and listen to the reflecting team discuss their observations of the case. During the team interaction, various hypotheses are generated by the observers. According to Landis and Young (1994), “These hypotheses and intervention strategies may be raised by offering possibilities in a tentative nondirective manner such as, ‘I have a hunch...’ ‘My idea is...’ ‘I wonder about...’ or ‘Wouldn’t it be interesting to...’”(p.211). This pedagogical method is constructivist in nature, using scaffolding to help less experienced students learn from those with more skill. In applying this method to trauma-related cases, students can learn from peers who have had more training or exposure to traumatology. Students can reflect on the experience of the session and explore their in-session thoughts and feelings with their peers. In closing, Landis and Young (1994) advocate for the use of reflecting teams in aiding counselors to be more self-reflective.

The use of reflecting teams shifts problem solving from a closed and static system to a dynamic and collaborative understanding of the multiple meanings of experience. Reflecting teams help students develop the skills necessary for becoming a reflective practitioner. Students become familiar with systems theory and collaborative inquiry and learn from others’ observations. (p. 85)

When a group reflects on a complex case as a whole through collaborative inquiry, alternate views on the case emerge, and the case can be considered in various ways, all helping the trainee to learn case conceptualization and increase self-awareness. This process, like IPR, if implemented as a pedagogical method within graduate training

programs, can also serve to reduce the risk of novice counselors' re-traumatizing clients in their field sites. Additionally, implementing these reflective practices can reduce counselor burn out and reduce attrition in the field.

*Journal writing.* The final recommended pedagogical method, based on the data in this inquiry, is the use of reflexive journal writing. Incorporating this pedagogical method into course design emphasizes the importance of self-reflection. Students could engage in a semester-long experience or use the reflexive journal as part of their practicum journey. Because many CACREP accredited programs do not offer a course specific to trauma theory, integrating trauma theory into the course design can increase student awareness. Journaling on topics related to traumatology can give the student an outlet for his or her reflections on clinical cases, topics of discussion from class, or hands-on experience (Stickel & Trimmer, 1994). During the interview process in this design, students were asked what they would like to have had in their graduate training to better prepare them for the trauma-related cases. Some of the informants found it difficult to verbalize what could have helped them because they felt overwhelmed. By keeping a reflexive journal throughout their graduate training program, students could review their fears, misconceptions, areas of insecurity, instances of counter transference, and anxieties prior to starting their training experience. This would be an excellent foundational activity for supervision.

According to Griffith and Frieden (2000), "Writing about the experiences helps the student think critically and develop keener insights into assumptions and beliefs that can interfere with clinical judgments. Students may feel more comfortable expressing painful emotional experiences in writing than in a classroom discussion" (p. 84). This

writing process is another way to help the student prepare for situations unexpected in clinical practice. This pedagogical method increases self-awareness and aids in providing the trainee with an outlet for their thoughts and emotions. Moon (1999) identified the following purposes of writing journals:

1. To deepen the quality of learning, in the form of critical thinking or developing a questioning attitude.
2. To enable learners to understand their own learning process.
3. To increase active involvement in learning and personal ownership of learning.
4. To enhance professional practice or the professional self in practice.
5. To enhance the personal valuing of the self towards self- empowerment.
6. To foster reflective and creative interaction in a group. (pp. 188-194)

These characteristics of journal writing support the existing literature discussed thus far, which emphasizes the need for the beginning counselor to be an active, critical thinker that practices self-reflective tendencies in order to help others effectively, namely those suffering from traumatic histories.

According to Baud (2001), journals are the primary source used to encourage reflection. "Reflection has been described as a process of turning experience into learning, that is, a way of exploring experience in order to learn from it. Reflection involves taking the unprocessed, raw material of experience and engaging with it as a way to make sense out of what occurred" (p. 10). In this inquiry informants felt overwhelmed and panicked when confronted with these complex cases, not because they did not have the content to understand what was being said or why, but because these

novice counselors did not have the internal mechanisms in place to process what was being said or how it affected their own perceptions of the experience.

Critics of counselor education fear that we ask students to “defend their knowledge rather than exhibit their thinking” (Clinchy, 1995, p. 100). As discussed throughout this paper, the pedagogical issue that critically emerged from the data in this inquiry advocates for counselor educators to foster learning environments that engage students and promote reflective, critical thinking. We must integrate assignments and activities into the classroom to promote this, so that trainees are ready to handle complex cases competently when they present in training. Again, I must emphasize that the expectation is not that counselor educators are responsible for eliminating the inherent anxiety that is present in these trainees, nor am I suggesting that counselor educators are expected to train experts in the field prior to practicum. What the data from this design does conclude, however, is that the informants in this inquiry felt unprepared to handle the cases that were presented to them by relatively untrained supervisors at their sites. Informants also described a desire to have more reflective practices, like role plays, prior to entering into their field experiences. Pedagogical methods—like IPR, reflecting teams, and journaling—all serve to increase self-reflection and self-efficacy among beginning counselors. According to Schon (1983, 1987), a vital attribute of all effective practitioners is that they are able to reflect on their ongoing experiences and learn from them.

### The Pedagogy of Trauma: Course Design

Because a lacuna exists in the literature surrounding the pedagogy of trauma in counselor education programs (Black, 2008; Jones, 2002; McCammon, 1995), this

section highlights a best practice approach for course design related to trauma theory. This model, developed by Black (2008), is the only reference that addresses issues related to graduate counselor training in the treatment of trauma. Through the use of experiential learning, similar to the suggestions listed above that include IPR, journal writing, and reflecting teams, the design of this course intends to use these interventions, amongst others, in the pedagogy of the course. The model is designed to teach graduate students skills related to trauma counseling that focus on building resources for future processing of traumatic material (Black).

One of the first challenges that Black (2008) addresses in the initial design of the course is acknowledging that many students who enter counseling graduate programs may have a history of trauma themselves. According to Vrana and Lauterbach (1994), 84% of non-clinical undergraduate psychology students report at least one traumatic experience of sufficient intensity to elicit PTSD, and one-third of those students have experienced four or more traumatic events. Because trauma is so prevalent, counselor educators are aware that students who may enter graduate training programs—often in an attempt to heal themselves, a concept often referred to as the *wounded healer*—are at risk of being re-traumatized by material covered in trauma-related courses. This may contribute to reasons why trauma-related courses are avoided in counseling programs (Kitzrow, 2002). A benefit identified by Black in piloting this model is that it can significantly reduce students from being overwhelmed in their field sites because they would have had exposure to traumatology and experiential learning activities within the classroom. In his pilot study, Black had students meet for 36 hours of instruction over the course of 6 weeks. He included the following pedagogical methods: lectures, discussions,

multimedia presentations, exposure to traumatic imagery, skill demonstration, trauma narratives, firsthand testimony, and experiential learning activities (role plays). He identified the following as major objectives for the course and focused on these student abilities:

1. Demonstrate a clearer understanding of the issues surrounding the treatment of trauma by counselors
2. Articulate the roles that trained counselors can play in working with clients who have experienced trauma in their lives
3. Develop a base of knowledge regarding what is effective in the treatment of PTSD and to integrate this knowledge with their training as counselors
4. Critically reflect on the field of traumatology and understand the risks and benefits of working with traumatized clients

Black (2008) introduced the “choice /voice/control” theme for trauma counseling. He incorporated this into every theme across the course. This refers to a counselor’s approach to trauma counseling. “This Tri-Phasic approach provides the client with choice; to provide a space for the client’s voice to be heard and recognized, and to provide the client with as much control over the process as possible” (p.268). All assignments in this course were directed at increasing the trainees’ level of self-awareness via reflective practices.

Results from the pilot study indicated that students’ perceived abilities to counsel complex cases, like trauma, significantly increased. Eight of the nine students in this design reported that they felt their abilities as counselors increased significantly. Furthermore, all students reported that they felt some degree of safety throughout this

course, and no one indicated feeling unsafe or threatened by the course content or design. These results confirmed the intention of the study, which was to increase beginning counselors' self-efficacy and competence in trauma counseling.

Given the rigorous requirements in CACREP programs, introducing a course designed similar to the model suggested by Black (2008) may be difficult, due to the reasons cited by Kitzrow (2002). However, it is encouraging to know that many of the recommendations made in this inquiry are supported by the literature and that they demonstrate that even if a trauma course cannot be offered alone, many aspects of the course could be infused across the entire CACREP curriculum, specifically increasing counselor self-reflective tendencies.

#### Limitations

This study used eight post-practicum level trainees as informants for this qualitative design. Even though saturation of the data was reached at the conclusion of the eighth interview, generalizability to all practicum-level trainees across counselor training programs cannot be assumed. In contrast to quantitative methods, the qualitative design does not require a large sample size to prove trustworthiness or reliability (Berg, 2009; Patton, 2002; Van Manen, 1990). Chapter 3 highlighted the numerous measures implemented within this design to support the trustworthiness of this project.

Another limitation of this study is the uniformity of the sample. The entire group of informants was Caucasian. With the exception of one informant, all were female. Again, the lack of diversity in this sample limits the generalizability to other practicum-level trainees and graduate training programs.

Due to my involvement in the program as a graduate student supervisor and my affiliation with some of the informants in this design as a former group supervisor, the potential for researcher bias could have influenced this study, as well as the possibility that informants might want to impress the researcher. Setting parameters in the beginning by not permitting current supervisees to participate did help in reducing boundary conflicts. Furthermore, telling each student in the informed consent procedure that information gathered during the interview would not affect their standing in the program, nor would it be disclosed to their current supervisors or faculty members did help to increase the trustworthiness of the design. Furthermore, because I knew that my preconceived notions regarding this design could affect the data, I remained reflexive throughout the entire process, implementing several techniques to process my own feelings and experiences as I collected the data.

#### Implications for Future Research

Several areas for further research were generated from the results of this study. To begin, it would be advantageous to determine if having a trauma-related course that incorporated some of the pedagogical methods recommended in this inquiry prior to practicum would better prepare students to work with complex cases in training. This kind of additional research is warranted to further explore the findings of the current study.

Informants in this study expressed feeling unsupported at times by supervisors who were not grounded in either counselor or supervisory theory. Furthermore, informants expressed the belief that these supervisors referred cases that were already stigmatized by the system. With this data, it would be helpful to understand the lived

experiences of supervisors on training sites and whether or not they endorse the counter transference that the informants in this study observed.

Additionally, it would be interesting to conduct a follow-up study on these same eight informants after they conclude their first year of practice in counseling post-graduation. It would be advantageous to once again assess their lived experiences of working in the real world and to understand if their practicum and internship opportunities were enough of a reflective experience to prepare them for independent work, outside of the protection of the university.

Finally, because the informants in this design had differing levels of experience in trauma training and knowledge, future research could address how to train therapists at different developmental levels within the same practicum experience. While the use of reflecting teams would be an interesting pedagogical methodology to study with this design, given the use of varying degrees of expertise in observations and feedback, studies that could address the practical application of these training techniques would be useful in helping counselor educators address curricular design.

#### Potential Hypotheses Generated from This Inquiry

The following questions have resulted from the findings of this inquiry: (i) Do trainees feel supported by their site supervisors as they begin their field placement? (ii) Do graduate training programs adequately prepare students to counsel trauma-related cases at the practicum level? (iii) Does the stigma of being traumatized encourage the trainee to feel less responsible for implementing effective techniques with the client? (iv) What role does counter transference play in supervisors' referring clients to trainees at practicum sites? (v) How do trainees understand their own feelings of inadequacy as they

work with complex trauma cases? (vi) How do trainees conceptualize their own journeys of self-reflection throughout their graduate training program? (vii) What pedagogical methods can increase trainees' self-reflective tendencies in graduate training programs? (viii) How do trainees progress through the stages of counselor development throughout their graduate training program, and are their transitions affected by the experience of working with trauma cases? (ix) What role do graduate training programs play in ensuring the preparedness of trainees at the practicum level specifically related to trauma work? (x) How do trainees report feeling effective with clients suffering from trauma histories? (xi) How do trainees implement their theoretical orientations in their practicum training sites? (xii) How do trainees conceptualize the construct of trauma and organize the presenting symptoms of the client into a theoretical framework?

### Conclusions

The purpose of this study was to explore the lived experiences of post-practicum level students who had encountered trauma-related cases during their practicum training experiences. The findings in this inquiry illuminated the need for trainees to be better prepared to counsel trauma-related cases and revealed a larger pedagogical issue related to the training of students in counselor education programs. The study provided the opportunity for students to discuss their in-session thoughts and experiences when working with trauma-related cases and also provided an understanding as to the lack of uniformity around the conceptualization of trauma. An analysis of the five themes that emerged from the data revealed that the informants felt somewhat unsupported from their site supervisors, unprepared, and overwhelmed to handle trauma-related cases; felt that the clients that were referred to them came with an insurmountable stigma; practiced

mainly out of instinct; and at times felt traumatized themselves by the experience of working with these complex cases.

After the eight informant interviews were completed and no new data points had emerged, the data had reached saturation, and the results of the study were analyzed in accordance with existing literature. The findings of this study point to a major pedagogical issue in the training of beginning counselors. The job as counselor educators as gatekeepers to the profession is to train students in counselor practice and theory; however, more important, the role of educators is to teach the tools to trainees that can allow them to develop into reflective practitioners. The only way to ensure that we are training competent counselors is to know that we educators are giving them the skills they need to sustain their careers and our profession long after their academic training. In order to ensure this, we need to introduce and implement techniques within the classroom that encourage self-awareness, self-discovery, and self-reflection.

Implementing education around trauma is essential to the field as the prevalence of clients who have been traumatized is alarming. It is certain that trainees will encounter someone in their field practice that have experienced a trauma recently or have a history of trauma. The cost of choosing to ignore these topics within traumatology risks damage to relatively inexperienced practitioners and the clients they serve. As Black (2008) concluded,

Ignoring these principles may be that our students, who are trying to learn how to help clients remain, grounded and centered, will themselves feel ungrounded, off-center, and overwhelmed. If nothing else, choosing to ignore these principles in teaching trauma will result in a kind of incongruent pedagogy of trauma, or “do as

I say, not as I do” approach to learning these skills. Most students would prefer to be taught in a manner that leaves them feeling cared for and attended to in the same manner that we are asking them to care for and attend to their clients. (p. 271).

The unique identity of the professional counselor assumes that the therapeutic relationship is of the utmost importance, and it centers on a humanistic relationship and not one that reflects labels and stigmas. Ignoring the presence and impact that trauma can have on our clients goes against our very own professional identity. Counselor educators need to continue to provide the positive work that has been characteristic of our field and continue to implement pedagogical methods within the classroom that increase trainees’ self-reflective tendencies so that the legacy of our profession can continue to make us all proud.

## References

- Agar, M. (1980). *The professional stranger: An informal introduction to ethnography*. New York: Academic Press.
- Aitken, R. (1985). *Taking the path of Zen*. New York: Guilford Press.
- Alpert, J., & Paulson, A. (1990). Graduate level education and training in child sexual abuse. *Professional Psychology: Research and Practice*, 21, 366-371.
- Arthur, N., & Achenbach, K. (2002). Developing multicultural competencies through experiential learning [Electronic version]. *Counselor Education and Supervision*, 42, 2-15.
- Association for Counselor Education and Supervision. (1993). *Ethical guidelines for counselor educators and supervisors*. Alexandria, VA: Author.
- Barlow, D. H. (Ed.) (2001). *Clinical handbook of psychological disorders* (3rd ed.). New York: Guildford Press.
- Berg, B. (2009). *Qualitative research methods*. Boston: Allyn & Bacon.
- Berk, L. E. (2000). *Child development* (5th ed.). Boston: Allyn and Bacon.
- Bernard, J. M. (1979). Supervisor training: A discrimination model. *Counselor Education and Supervision*, 19, 60-68.
- Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision*. New York: Pearson.
- Bloom, S. A. (1999). *Trauma theory abbreviated*. Lecture presented at Community Works. Retrieved September 12, 2009, from [www.sanctuaryweb.com](http://www.sanctuaryweb.com)
- Bogden, R., & Taylor, S. (1975). *Introduction to qualitative research methods*. New York: John Wiley and Sons.

- Borders, L. D., & Brown, L. L. (2005). *The new handbook of counseling supervision*. Mahwah, NJ: Lawrence Erlbaum.
- Borders, L. D., & Leddick, G. R. (1987). *Handbook of counseling supervision*. Alexandria, VA: Association for Counselor Education and Supervision.
- Boud, D. (2001). Using journal writing to enhance reflective practice. *New Directions for Adult and Continuing Education*, 90, 9-17.
- Bowman, J. T., & Roberts, G. T. (1979). Counselor trainee anxiety during counseling. *Journal of Counseling Psychology*, 26, 85-88.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. (2004). *Making human beings human: Biological perspectives on human development*. London: Sage.
- Bruner, J. (1960). *The process of education*. Cambridge, MA: Harvard University Press.
- Bruner, J. (1966). *Toward a theory of instruction*. Cambridge, MA: Harvard University Press.
- Bruner, J. (1996). *The culture of education*. Cambridge, MA: Harvard University Press.
- Buber, M. (1970). *I and thou* (W Kaufmann, Trans.). New York: Touchstone.
- Campbell, J. M. (2000). *Becoming an effective supervisor: A workbook for counselors and psychotherapists*. Philadelphia: Taylor & Francis.
- Campbell, J. M. (2006). *Essentials of clinical supervision*. Hoboken, NJ: John Wiley & Sons.

- Clinchy, B. M. (1995). *Knowledge, difference, and power: Essays inspired by women's ways of knowing*. New York: Basic.
- Corey, G. (1996). *Theory and practice of counseling and psychotherapy* (5<sup>th</sup> ed.). Pacific Grove, CA: Brooks/Cole.
- Council for Accreditation of Counseling and Related Educational Programs. (2000). *Counsel for Accreditation of Counseling and Related Educational Programs (CACREP): The 2001 (2009) standards*. Alexandria, VA: Author.
- Covington, S. (2003). *Beyond trauma*. Center City, MN: Hazelden.
- Covington, S. (2003). *A healing journey: A workbook for women*. Center City, MN: Hazelden.
- Dalenberg, C. L. (2000). *Countertransference and the treatment of trauma*. Washington, DC: American Psychological Association.
- Dimeff, L., & Linehan, M. M. (2001). Dialectical behavior therapy in a nutshell. *The California Psychologist, 34*, 10-13.
- Emerson, S., & Markos, P. A. (1996). Signs and symptoms of the impaired counselor. *Journal of Humanistic Education and Development, 34*, 108-118.
- Everstine, D., & Everstine, L. (1993). *The trauma response: Treatment for emotional injury*. New York: W.W. Norton.
- Farber, B. A. & Heifetz, L. J. (1982). The process and dimensions of burnout in psychotherapists. *Professional Psychology: Research and Practice, 13*, 293-301.
- Figley, C. (1985). *Trauma and its wake*. New York: Brunner /Mazel.
- Figley, C. R. (2003). *Compassion fatigue: An introduction*. Available from: <http://www.greencross.org/Research/CompassionFatigue.asp>

- Fink, L. D. (2003). *Creating significant learning experiences*. San Francisco: Jossey-Bass.
- Fong, M. L., Borders, L. D., Ethington, C. A., & Pitts, J. J. (1997). Becoming a counselor: A longitudinal study of student cognitive development. *Counselor Education and Supervision, 37*, 100-114.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: Continuum.
- Furr, S. R., & Carroll, J. J. (2003). Critical incidents in student counselor development. *Journal of Counseling and Development, 81*, 483-489.
- Giorgi, A. (1985). *Phenomenology and psychological research*. Pittsburgh, PA: Duquesne University Press.
- Golafshani, N. (2003). Understanding validity and reliability in qualitative research. *The Qualitative Report, 8*, 597-607.
- Golier, J., Yeduda, R., Bierer, L., Mitropoulou, V., New, A., & Schmeidler, J. (2003). The relationship of borderline personality disorder to post- traumatic stress disorder and traumatic events. *The American Journal of Psychiatry, 160*, 2018-2024.
- Granello, D. H. (2000). Contextual teaching and learning in counselor education. *Counselor Education and Supervision, 39*, 270-284.
- Green-Connor, P. (2000). Making connections: Evaluating the effectiveness of journal writing in enhancing student learning. *Teaching of Psychology, 27*(1), 44-46.
- Griffin, B. A., & Frieden, G. (2000). Facilitating reflective thinking in counselor education. *Counselor Education and Supervision, 40*, 82-94.

- Guiffrida, D. (2005). The emergence model: An alternative pedagogy for facilitating self-reflection and theoretical fit in counseling students. *Counselor Education and Supervision, 44*, 201-213.
- Hackney, H. L. (1978). The evolution of empathy. *The Personnel and Guidance Journal, 57*, 35-38.
- Harrison, R. L., & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy Theory, Research, and Practice, 46*, 203-219.
- Hayes, S. C., Follette, V. M., & Linehan, M. M. (2004). *Mindfulness and acceptance: Expanding the cognitive behavioral tradition*. New York: Guilford Press.
- Hensley, L. G., Smith, S., & Thompson, R. W. (2003). Assessing competencies of counselors in training: Complexities in evaluating personal and professional development. *Counselor Education and Supervision, 42*, 219-230.
- Herman, J. (1992). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York: Basic.
- Herman, J. (1997). *Trauma and recovery* (2<sup>nd</sup> ed.). New York: Basic.
- Hill, C. E., Charles, D., & Reed, K. G. (1981). A longitudinal analysis of changes in counseling skills during doctoral training in counseling psychology. *Journal of Counseling Psychology, 28*, 428-436.
- Hodas, G. (2006). *Responding to childhood trauma: The promise and practice of trauma informed care*. Retrieved April 23, 2009, from [www.nasmhpd.org](http://www.nasmhpd.org)
- Hoffman, L.W. (1994). The training of psychotherapy supervisors. *Psychotherapy in Private Practice, 13*, 23-42.

- Hoshmand, L. T. (1994). *Orientation to inquiry in a reflective professional psychology*. Albany, NY: State University of New York Press.
- Hoepfl, M. C. (1997). Choosing qualitative research: A primer for technology education researchers. *Journal of Technology Education, 9*, 1-17.
- Holloway, E. L., & Wampold, B. E. (1986). Relation between conceptual level and counseling- related tasks: A meta- analysis. *Journal of Counseling Psychology, 33*, 310-319.
- Holmes, J. (2003). Borderline personality disorder and the search for meaning: An attachment perspective. *Australian and New Zealand Journal of Psychiatry, 37*, 524-531.
- Hoshmand, L. T. (1994). *Orientation to inquiry in a reflective professional psychology*. Albany, NY: State University of New York Press.
- Jankoski, J. (2002). *The impact of vicarious trauma on the child welfare worker*. Unpublished doctoral dissertation. Duquesne University.
- Jones, K. D. (2002). The impact of learning about child abuse trauma. *Journal of Humanistic Counseling, Education and Development, 41*, 45-51.
- Kagan, N. (1980). *Influencing human interaction--eighteen years with IPR*. In A. K. Hess (Ed.), *Psychotherapy supervision: Theory, research, and practice* (pp. 262-283). New York: Wiley.
- Kagan, N. & Kagan, H. (1991). Interpersonal process recall. In P. W. Dowrick (Ed.), *Practical guide to using video in the behavioral sciences* (pp. 221-230). New York: Wiley.

- Kagan, N. I., Krathwohl, D. R., Farquhar, W. W., Harvey, S., Ward, R. G., Fuller, B., Hartzell, J., & Woody, R. (1965). Simulated recall by videotape in exploratory studies of counseling and teaching – learning. East Lansing, MI: Bureau of Educational Research Services.
- Kahn, M. (1991). *Between the therapist and the client: The new relationship*. New York: Freeman.
- Kassam-Adams, N. (1994). *The risks of treating sexual trauma: Stress and secondary trauma in psychotherapists*. Unpublished doctoral dissertation, University of Virginia.
- King, P. M., & Kitchener, K. S. (1994). *Developing reflective judgment: Understanding and promoting growth and critical thinking in adolescents and adults*. San Francisco: Jossey-Bass.
- Kitzrow, M. A. (2002). Survey of CACREP- accredited programs: Training counselors to provide treatment for sexual abuse. *Counselor Education and Supervision, 42*, 107-118.
- Kitchener, K. S. (1988). Dual role relationships: What makes them so problematic? *Journal of Counseling and Development, 67*(4), 217-221.
- Lamadue, C. A., & Duffy, T. H. (1999). The role of graduate programs as gatekeepers: A model for evaluating student counselor competence. *Counselor Education and Supervision, 38*, 70-88.
- Landis, L. L. & Young, M. E. (1994). The reflective team in counselor education. *Counselor Education and Supervision, 33*, 210-218.
- Ledray, L. (1986). *Recovering from rape*. New York: Henry Holt.

- Levers, L. L. (1997). Counseling as a recursive dynamic: Process, and relationship, meaning, and empowerment. In D. R. Maki (Ed.), *Rehabilitation counseling: Profession and practice*. New York: Springer.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.
- Linehan, M. M. (1993). *Skills training manual for treating borderline personality disorder*. New York: Guilford Press.
- Linehan, M. M. (1993). *Cognitive behavioral treatment of borderline personality disorder*. New York: Guilford Press.
- Liotti, G., & Pasquini, P. (2000). Predictive factors for borderline personality disorder: Patients' early traumatic experiences and losses suffered by the attachment figure. *Acta Psychiatrica Scandinavica*, *102*, 282-289.
- McAuliffe, G., & Eriksen, K. (Eds.). (2000). *Preparing counselors and therapists: Creating constructivist and developmental programs*. Virginia Beach, VA: Donning.
- McCammon, S. L. (1995). Painful pedagogy: Teaching about trauma in academic and training settings. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 105-120). Baltimore: Sidran Press.
- Mezirow, J. (1991). *Transformative dimensions of adult learning*. San Francisco: Jossey-Bass.
- Miles, M., & Huberman, A. (1984). *Qualitative data analysis*. Beverly Hills, CA: Sage.

- Miller, M. J. (2001). A few thoughts on the relationship between counseling techniques and empathy. *Journal of Counseling and Development, 67*, 350-351.
- Millier, A., Rathus, J., & Linehan, M. M. (2007). *Dialectical behavior therapy with suicidal adolescents*. New York: Guilford Press.
- Moon, J. (1999a). *Reflection in learning and professional development*. London: Kogan Page.
- Moon, J. (1999b). *Learning journals: A handbook for academics, students and professional development*. London: Kogan Page.
- Munroe, J. F. (1990). Therapist traumatization from exposure to clients with combat related post-traumatic stress disorder: Implications for administration and supervision. (Doctoral dissertation, Northeastern University, 1990). *Dissertation Abstracts International, 52* (03), 1731.
- Myers, J. E., Mobley, A. K., & Booth, C. S. (2003). Wellness of counseling students: Practicing what we preach. *Counselor Education and Supervision, 42*, 264-274.
- Najavits, L. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*. New York: Guilford Press.
- Najavits, L., Weiss, R., & Shaw, S. (1997). The link between substance abuse and post traumatic stress disorder in women: A Research Review. *American Journal on Addictions, 6*, 273-283.
- Najavits, L., Weiss, R., & Shaw, S. (1997). The link between substance abuse and post-traumatic stress disorder in women: A research review. *American Journal on Addictions, 6*, 273-283.

- Nelson, M. L., & Neufeldt, S. A. (1998). The pedagogy of counseling: A critical examination. *Counselor Education and Supervision, 38*, 70-86.
- Nelson, M. L., Neufeldt, S. A., & Karno, M. P. (1996). A qualitative study of experts' conceptualization of supervisee reflectivity. *Journal of Counseling Psychology, 22*, 68-74.
- Neufeldt, S. A. (1999). *Supervision strategies for the first practicum*. (2nd ed.). Alexandria, VA: American Counseling Association.
- Neufeldt, S. A., Iverson, J. N., & Juntunen, C. L. (1995). *Supervision strategies for the first practicum*. Alexandria, VA: American Counseling Association.
- Neufeldt, S. A., Karno, M. P., & Nelson, M. L. (1996). A qualitative study of experts' conceptualization of supervisee reflectivity. *Journal of Counseling Psychology, 43*, 3-9.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2<sup>nd</sup> ed.). Newbury Park, CA: Sage.
- Patton, M. Q. (2002). *Qualitative research and evaluative methods*. Thousand Oaks, CA: Sage.
- Pearlman, L. A., & Mac Ian, P. S. (1994). Vicarious traumatization: An empirical study of the effect of trauma work on trauma therapists. *Professional Psychology: Research and Practice, 26*, 538-565.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist*. New York: Norton.
- Peterson, D. R. (1995). The reflective educator. *American Psychologist, 50*, 975-983.

- Preston, D., Vogel, F., & Vogel, R. (1993). *Methods of teaching: Applying the cognitive science to promote student learning*. New York: McGraw Hill.
- Pope, K., & Feldman-Summers, S. (1992). National survey of psychologists' sexual and physical abuse history. *Professional Psychology: Research and Practice, 23*, 353-361.
- Procidano, M. E., Rossanagel, N. A., Rexnikoff, M., & Geisinger, K. F. (1995). Responding to graduate students professional deficiencies: A national survey. *Journal of Clinical Psychology, 51*, 426-433.
- Putnam, F. W. (1989). *Diagnosis and treatment of multiple personality disorder*. New York: Guilford.
- Riethmayer, J. (2002). Working with the impact of trauma. In D. Bass & R. Yepp (Eds.), *Terrorism, trauma, & tragedies: A counselors' guide to preparing and responding* (pp. 27-31). Alexandria, VA: American Counseling Association.
- Rodolfa, E. R., Kraft, W. A., & Reilley, R. R. (1988). Stressors of professionals and trainees at APA- approved counseling and VA medical center internship sites. *Professional Psychology: Research and Practice, 19*, 43-49.
- Schon, D. A. (1983). *The reflective practitioner*. New York: Basic Books.
- Schon, D. A. (1987). *Educating the reflective practitioner*. San Francisco: Jossey-Bass.
- Sexton, T. L. (1998). Reconstructing counselor education: Issues of our pedagogical foundation. *Counselor Education and Supervision, 38*, 66-69.
- Sherman, R., & Webb, R. (1990). Qualitative research in education: A focus. In R. Sherman & R. Webb (Eds.), *Qualitative research in education: Focus and methods* (pp. 2-21). Philadelphia: Falmer Press.

- Skovholt, T. M., & Ronnestad, M. H. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development, 30*, 45-58.
- Stickel, S. A., & Trimmer, K. J. (1994). Knowing in action: A first-year counselor's process of reflection. *Elementary School Guidance & Counseling, 29*, 102-109.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage Publications.
- Taylor, S. (2006). *Clinician's guide to PTSD: A cognitive-behavioral approach*. New York: Guilford Press.
- Ursano, R. J., Fullerton, C. S., & B. G. McCaughey. (1994). Trauma and disaster. In R. J. Ursano, B. McCaughey, & C. S. Fullerton (Eds.), *Individual and community responses to trauma and disaster: The structure of human chaos*. Cambridge, UK: Cambridge University Press, 3-27.
- Van Manen, M. (1990). *Researching lived experience*. Albany, NY: State University of New York Press.
- Vrana, S., & Lauterbach, D. (1994). Prevalence of traumatic events and post-traumatic psychological symptoms in a nonclinical sample of college students. *Journal of Traumatic Stress, 7*, 289-302.
- Webber, J. M., & Mascari, J. B. (2009). Critical issues in implementing the new CACREP standards for disaster, trauma, and crisis counseling. In G. R. Walz, J. C. Blueer, & R. K. Yeps (Eds.), *Compelling counselor interventions: VISTAS 2009* (pp. 125-138). Alexandria, VA: American Counseling Association.
- White, J., & Farmer, R. (1992). Research methods: How they shape views of sexual violence. *Journal of Social Issues, 48*, 45-59.

- Williams, E. N., Judge, A. B., Hill, C. E., & Hoffman, M. (1997). Experiences of novice therapists in pre-practicum: Trainees', clients', and supervisors' perceptions of therapists' personal reactions and management strategies. *Journal of Counseling Psychology, 44*, 390-399.
- Zayfert, C., & Becker, C. B. (2007). *Cognitive behavioral therapy for PTSD: A case formulation approach*. New York: Guilford Press.

## Appendix A

### Semi-Structured Interview Probes

What has it been like for you to have treated victims of trauma at your practicum site?

*How do you define the construct of trauma?*

*Did you have different experiences based on your perception of severity of the traumatic event?*

Did you experience any difficulty in dealing with these cases or did you find that it was no different compared to other cases you encountered during your practicum experience?

*If you found it more difficult, can you expound on why you may have felt this way?*

*Can you explain what cases, if any, you found to be particularly difficult to deal with emotionally during your training experience?*

How did hearing these stories affect your day or your perception of yourself as a counselor?

*Did you experience an increase or decrease in your confidence as a counselor or in your skills?*

*Did you struggle with positive or negative residual emotions as to how it was handled?*

*Did counter transference or transference play a role in your experience?*

Did you feel prepared for this experience?

*If not, expound on what could have been helpful in your academic or clinical training that would have made you feel more prepared in these scenarios.*

*If so, expound on what was helpful in your academic or clinical training that helped you feel prepared in these scenarios.*

*Overall, how do you feel about the experiences that you have had in treating these clients?*

Explain, in as much detail as possible, your lived experience of working with clients who had a history of trauma?

*Expound on your in – session thoughts, feelings, and reactions, when you were working with these cases.*

*What have you learned, personally or professionally from this experience?*

Is counseling trauma victims something that you would avoid doing when you enter the field as beginning counselors?

*If so, what internal experience drives the feeling of avoidance?*

*If not, what is it about this population that doesn't create a sense of avoidance in you?*

Do you feel it is necessary to expand your knowledge of traumatology prior to entering the counseling field?

*If so, what types of activities or continued education topics might interest you?*

*If not, what are the reasons for not needing continued education in this area of counseling?*

Discuss the technique of IPR with informants, explore if:

*Has this technique has been introduced, thus far, in your academic training?*

*Would IPR be helpful to incorporate as a technique during your academic training to prepare you for counseling trauma victims?*

What was your experience of the doctoral – level on campus supervision and the on- site practicum supervision you received?

*Did certain supervision techniques stand out as effective ways to deal with trauma cases?*

*Did you feel the supervisors were knowledgeable about treating trauma?*

*What, if any, interventions were suggested as ways to deal, pragmatically, with clients at the practicum site?*

*Did you experience any negative reactions to these cases? If so, did the supervision experience help to alleviate some of these feelings associated with treating trauma victims?*

*What can be done through supervision to reduce vicarious trauma or counselor burn out?*

Have you experienced a personal trauma that has led you to be interested in trauma work?

*If so, how do you view the role of supervision in your work with traumatized clients?*

*Have you experienced any cultural experiences that have influenced your work with trauma clients?*



Appendix B

DUQUESNE UNIVERSITY  
Department of Counseling, Psychology & Special Education  
CANEVIN HALL  
PITTSBURGH, PA 15282

TEL 412.396.6112  
FAX 412.396.1340

**CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

**TITLE:** The Experiences of Counseling Victims of Trauma  
as Perceived by Master's Level Post Practicum  
Students

**INVESTIGATOR  
AND ADVISOR:** Dr. Lisa Lopez Levers  
412-396-1871  
  
Duquesne University  
600 Forbes Avenue  
Canevin Hall  
Pittsburgh, PA 15282

**STUDENT INVESTIGATOR:** Elizabeth Ventura  
412-559-9152

In pursuit of the fulfilment of the requirements for  
Doctor of Philosophy in the Department of  
Counseling, Psychology & Special Education:  
ExCES Program

**SOURCE OF SUPPORT:** This study is not funded by any outside source.

**PURPOSE:** The purpose of this study is to examine the lived  
experiences of Master's-level students who have  
encountered trauma-related cases during their  
practicum experience. In the interview portion of  
this investigation, I will ask you to discuss your  
experiences of working with trauma-related cases  
during your practicum, as well as to comment on

your supervisory experience and level of preparedness prior to entering your field site.

**YOUR PARTICIPATION:**

You are being asked to participate in a research project that seeks to investigate the lived experiences of Master's-level students who have encountered clients, during the practicum experience, with trauma-related issues. You will be asked to participate in an audio-taped, semi-structured interview that will last approximately 45 minutes. The interview will take place at Duquesne University, most likely in Canevin Hall. A day and time that is convenient for you will be arranged. The interview will focus on the experiences that you have had during your practicum training in working with trauma-related issues. Your perception of preparedness and supervision around trauma-related issues also will be explored during the interview. You will be asked to review the transcription of the audio tape, for authenticity and accuracy, once the co-researcher has completed it. **These are the only requests that will be made of you for the purpose of this study.**

**RISKS AND BENEFITS:**

There are no known risks beyond those of everyday life. However, as is with any conversation regarding trauma, some discomfort may occur. The benefits, however, include contributing to understanding the impact of working with trauma cases for the novice therapist and a chance to assist in furthering professional understandings regarding the issues that new counselors face when working with trauma-related cases during their field site experiences.

**COMPENSATION:**

Participants will not be compensated in any way.

**CONFIDENTIALITY:**

Your name will never appear in the description of the data, nor will it appear on the audiotape or its transcription. Transcriptions will delete any identifying material of anyone subjects talk about, as well as, subjects themselves. You will be assigned a number that will represent the information you will provide during the interview process. All written materials, including the key that will link the numbers provided to the informant

names and the consent forms will be kept in a locked file in the researcher's home. The audio tape will be analyzed by the researcher alone, and she also will be solely responsible for the transcription of the tape. Final transcriptions will be reviewed with the Investigator on this study, Dr. Lisa Lopez Levers. Personal identifiers will be removed in any transcriptions. Your responses will appear only in aggregate data analysis summaries or as anonymous quotes that may illustrate something meaningful from the interview. The audio tapes will be destroyed following the completion of the research; however, transcriptions will be retained for a period not exceeding five years, per the recommendation of the National Institute of Health (NIH).

**RIGHT TO WITHDRAW:**

You have a right to withdraw from the study at any time, and you may choose to withdraw your data at any point. Your participation is not tied to your academic performance, and you will not incur negative consequences for not participating. You will not be required to do anything in order to withdraw from the study, other than notifying the researcher of your decision.

**SUMMARY OF RESULTS:**

A summary of the results of this research will be supplied to you, at no cost, upon request.

**VOLUNTARY CONSENT:**

I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that, should I have any further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326), or I may contact the co-researcher, Elizabeth Ventura, at 412-559-9152 or at [venturaem@gmail.com](mailto:venturaem@gmail.com)

SIGNATURES:

---

Participant's Signature

---

Date

---

Researcher's Signature

---

Date

## Appendix C

### Semi-Structured Interview Protocol

Tape 7  
Interview 7  
Participant 7

B. Ventura: Okay, so why don't we get started if you could give your age, where you are in the program, if you taken any course work in trauma.

Participant 7: I'm 24 and I just graduated the semester and I took one week long course in trauma over the summer maybe two semesters before practicum.

B. Ventura: Did you have any trainings or seminars before starting practicum that were trauma related outside of the course that you took.

Participant 7: No.

B. Ventura: Okay, so why don't you give to me an overview of where you did your practicum, not necessarily the specific place but the community and school and the demographics of the people that you saw.

Participant 7: I did a community setting, partial hospitalization, it was more of a psych hospitalization, partial hospitalization, it had all adults the youngest was I believe 25 they all had some type of psych diagnosis and they were all on medication all of them had substance abuse but they were all adults.

B. Ventura: Okay. Demographic of the race of the clients that you had in the treatment?

Participant 7: It was probably, I would say 90 percent white

B. Ventura: Okay.

Participant 7: There might be a few here and there that were African American, but predominately white.

B. Ventura: So why don't you highlight your practicum experience for me what it was like for you, likes and dislikes, kind of just your overall experience of being there for 100 hours.

Participant 7: Okay, I had a good supervisor who is...who was helpful at my site with all of the group work we did. It was mostly group based I did a few individual things myself for purposes of my degree. Other than that, it was mostly a group setting. It was...it was

based on wellness mostly...um...and wellness and recovery and the aspect of getting back into the world of work and just different daily tasks and things like that so it was mostly wellness focused.

B. Ventura: Okay.

Participant 7: I've never experienced that **before** ...I enjoyed it...it was different because I think that some of them needed more intensive stuff not just wellness stuff but, I did what was asked of me...

B. Ventura: Okay.

Participant 7: For what it was it was...it was good.

B. Ventura: Okay. Tell me little bit about...if I said to you define for me trauma, when I say that what...what kind of things come to mind for you when you hear that word.

Participant 7: I think of things like sexual abuse, physical abuse, you know any specific accidents not even necessarily to the...to the person but also to close family members things like that...that they have been through.

B. Ventura: Okay. Can you think of specific cases, did you have those types of cases that meet that definition at your practicum site?

Participant 7: Ah...yes.

B. Ventura: Can you talk a little bit about what those cases were.

Participant 7: Sure. One specific is it was individual work that I did it came up in both group work but more individual with a client who was suicidal not...um not really attempting or making plans at that time just having suicidal thoughts.

B. Ventura: Okay, lets focus on this case for a moment.

Participant 7: He disclosed to me some childhood sexual abuse and a continued pattern of abuse even in his adult hood it was against him or him doing the abuse as well...so there was a lot different types of trauma I guess you can say.

B. Ventura: How early was that in your practicum that your had this case.

Participant 7: It was probably in the middle I would say...I didn't get him as an individual client until a few weeks in...I would probably say it was more towards the beginning/middle of it.

B. Ventura: So tell me...I know it was a while ago, think back if you can and tell what your kind of your in session experience was working with him thoughts, feelings, etc.. .when he was disclosing these types of things to you.

Participant 7: He was very abrupt in how he presented to me and I will say that I was scared out of my mind when he first said it...I had not experienced someone disclosing information like that to me before and also in such an abrupt way, and also saying that I was the kind of only people that he ever disclosed to is really overwhelming.

B. Ventura: (agreeing)

Participant 7: I felt..I felt scared and nervous I my...I was processing in all my head and I didn't really feel that as if I alluded to that into the session. Afterwards I kind of broke down a little bit myself cause I wasn't sure if I knew what to do, if I did the right thing what was I supposed to do after that who was I supposed to tell all those types of things so a lot was running through my mind...

B. Ventura: When you say broke down, do you mean cried.

Participant 7: Yes.

B. Ventura: Okay, in your office when he left.

Participant 7: Yeah, I actually went to the bathroom and cried.

B. Ventura: What was it about that experience that made you feel that way specifically?

Participant 7: I think it was, not only it was because it was the first time that I ever experienced it but also because I..I wasn't sure if I knew what to do or what to say or how to, I don't know if just using the generic help him type thing but or how to work with that. So I remember feeling just scared, like I wanted to get up and run away because I didn't know what to do and it was so real sitting there with him, having him expect me to do something to help him and I had no clue.

B. Ventura: Okay. So, tell me a little bit about when you left your office and you went into the bathroom and had a moment for yourself, what did you do next, do you remember.

Participant 7: When I was in the bathroom I remember just feeling really sick to my stomach, like afraid that I had done something wrong or not done everything right. I remember feeling overwhelmed that this was happening and really alone to deal with it. I remember feeling like I just wanted someone to take this case over because it really overwhelmed me to think that I was responsible for dealing with this guy when I had no clue what I was doing. After I left the bathroom it was kind of, I don't know if they (group members) were having a break at the time and I went to my supervisor I really have to have a conversation with you about the session that I just had and she said is

everything okay and I said yeah and I described briefly about the suicidal type thing that had to do a verbal contract with him before I left the session and she checked in with him as well...

B. Ventura: Okay, so after he left your office and you had a moment where you described yourself as “breaking down“ you sought supervision at your site, is that correct?.

Participant 7: Yes. To make sure he was okay, I didn't...I didn't disclose to her the sexual abuse part, I wasn't sure but...how I should handle that because she also was seeing him on a regular basis, he disclosed that to me so I didn't know how to handle that but, I just kept that piece to myself, I really didn't know what to do with that, if I could tell her or not since we were both seeing him but he said he didn't tell her about that just me.

B. Ventura: You said a verbal contract, how did you know how to do that?

Participant 7: I think it was some thing I've heard within the course work of making sure the client is...is okay before they leave, I remember hearing that in the trauma course I think.

B. Ventura: (agreeing)

Participant 7: Hearing some of that in the trauma classes that I had but also just different things that I had read about on my own...and things like that to make sure they are okay and going to be safe before they leave.

B. Ventura: Okay.

Participant 7: The office.

B. Ventura: So, you took the trauma course.

Participant 7: Yeah.

B. Ventura: Any other course work that you had taken was trauma discussed in the other courses in terms of how to deal with it what interventions to use what kind of theories are in the field of trauma, how to implement specific techniques to do no harm with trauma cases.

Participant 7: I would say it was more general **I suppose** trauma may have come up it wasn't specific and it wasn't driven towards...focusing on...on trauma cases...I think that it came up as okay generally we want to make sure someone is okay before they leave if they bring something up make sure you do...but not, not really specific to where you feel comfortable going in and working with a trauma client knowing exactly what to do.

B. Ventura: Do you feel that you were prepared before you entered your practicum experience to counsel cases like the one you just described.

Participant 7: I would think no and at the same time I would say that I didn't...um...going into that I didn't know that was going to happen or I guess I can say I didn't know that he was going to unload this on me and then after he said it I was like wow I don't really know what to do I didn't really get that. So I wasn't going oh wow I didn't get trauma training I didn't even think about it before I went into my practicum.

B. Ventura: Was there any other cases that were not trauma specific that gave you that same kind of reaction that you wanted to go to the bathroom and cry felt overwhelmed.

Participant 7: No I didn't have that experience with any of the other cases I worked with, the one related to suicide is the only one that elicited that reaction out of me, and I heard some other pretty bad stuff, but nothing I didn't think I could handle.

B. Ventura: Okay. So the one that you are speaking of stands out in your mind it affected you, is that accurate to say.

Participant 7: Yes.

B. Ventura: Okay. Tell me a little bit about your experience of supervision on and off campus during that semester of practicum related to working with trauma cases.

Participant 7: I would say that on site my supervisor she made sure that the client was okay in that aspect like letting him leave and coming back and kind of going through that not so much working with me and how it affected me but making sure he was okay. We really didn't debrief too much, really not at all.

B. Ventura: So tell me about your on campus experience

Participant 7: I think that on campus I got good supervision, the time focused on what I went through whenever it happened also giving me suggestions of how to talk to the client whenever he is disclosing this information and then also checking back in the next time that I saw him and how I would kind of process around what would happen so I think it was more thorough I guess you can say...

B. Ventura: Okay.

Participant 7: I feel...I mean...I don't feel as if I was disregarded at, at my site but it was more thorough on campus. I really cant say that my site supervisor knew what she was doing related to cases this difficult.

B. Ventura: It sounds to me, will this be accurate to say, that your site supervision focused on the needs of the clients...

Participant 7: Right.

B. Ventura: And the campus supervision focused on your needs.

Participant 7: ahhhh...right.

B. Ventura: Okay, okay. Do you feel like you were supported?

Participant 7: Yeah, I mean I don't know, not at my site entirely, but on campus.

B. Ventura: In working with these kinds of cases.

Participant 7: What do you.....?

B. Ventura: Supported... ..that you got your needs met that you were able to address your fears, concerns, things that you were able to discuss and implement before you would go in the next session feeling more prepared, that you had a plan, things like that.

Participant 7: Yes and no. I think yes...I think that through my on site supe...or...on campus supervision we were able to go through some different ideas and making sure that I was okay and what we can talk about next time but I don't feel as if a lot of more intense trauma related therapy or at least getting a better idea of how to handle overall not just specific to that case if that makes sense. It was all after the fact though; I didn't feel prepared or supported beforehand.

B. Ventura: Right. Okay, okay. Alright so, okay so going into the field I know that this is speculation but would you avoid counseling trauma cases.

Participant 7: No. I. I'm aware that I would need a lot of supervision.

B. Ventura: Okay.

Participant 7: That I would...If knowing the clientele there was going to be some type of trauma within the clientele or that if it was possible it would come out I would have good communication with my supervisor regarding trauma case.

B. Ventura: So, tell me a little bit about if you were in this room right now when there full with practicum students and they were getting ready to start their experience specifically related to trauma what would you want them to know.

Participant 7: Definitely for me the most important is having a good relationship with the supervisor where you can feel free to ask questions and it's not necessarily of somebody else's responsibility to give you all of the information on trauma but also seeking information or seeking supervision or asking questions about to do.

B. Ventura: Okay. What would you want them to know about your experience being in a session for the first time when that client disclosed all that to you.

Participant 7: I think the most important thing for me was and I guess it was the the most beneficial thing I thing did...I don't think it was attributed to what I've learned or if it was just something that I did was making sure that during the session being present there was about the client and it wasn't about me and that processing through it in my head and giving me a second to kind of scream in my head and then really getting back to what the counseling session was really about.

B. Ventura: That's interesting what you just said when you said "scream in my head" what, what do you mean by that.

Participant 7: I forget where I heard this before to get that expression used is that kind of giving yourself a mental break in your head from, from what's going on and saying "wow I really don't know what's going on and making yourself aware of that".

B. Ventura: Okay.

Participant 7: And that even though you might not really know what to do is that bringing it back to the session as you are present here with the client making sure that they're okay and knowing it's not necessarily about me knowing and not knowing what to do and focusing on the client.

B. Ventura: So, you say that now, as a post internship student. Did you have all this wisdom at the practicum level or has this been acquired post practicum?

Participant 7: (laughing) definitely post practicum.

B. Ventura: tell me a little bit about what you think this academic program did for you in preparing you or not preparing you to work with cases like the one you mentioned prior to starting practicum.

Participant 7: I mean, other than the trauma class I mean it was a week long I didn't really feel as if it was giving enough attention, I feel that maybe if I had it for a semester it would be a little bit different. I think that it should be a requirement course I think though a lot of the information was given to me, it was given to me in a week and it was actually traumatic for me because I was given all of this information I was like "holy crap".

B. Ventura: Okay so you are saying you felt overwhelmed with the amount of information you were given in one week?

Participant 7: Sorry for that word, but there was all of this given to me in one week if it was spread out and actually taught in a semester long course and as a requirement for

students to have...the preparation for practicum, it would have been so much better and I would have absorbed more and felt way more prepared.

B. Ventura: ok, thanks for clarifying that.

Participant 7: I also think that not just with the class but incorporating it in all of the course work meaning that specific sections on whether it is serious whether its techniques is making sure what is going to work with trauma cases what not going to work with trauma cases and making sure that there is a distinction.

B. Ventura: Did you take the crisis course that was offered here.

Participant 7: I did, yes.

B. Ventura: Do you remember what the difference was that you found between the trauma course and the crisis course.

Participant 7: The crisis course which I had back to back which is kind of overwhelming as well but the crisis was more making sure right in the moment as soon as something is happening I'll use an example which was given in class...um...like Katrina or something like that. Crisis workers going on right whenever this is is happening and working through making sure that the client is getting through this crisis and working through that way. Where trauma is making sure that after everything has happened and all of this is happening and working through, through that...If that makes sense.

B. Ventura: You're looking at short term vs. long term.

Participant 7: Yeah.

B. Ventura: Okay.

Participant 7: Much better stated.

B. Ventura: Okay. Is there anything else that you can think of that I need to understand about your experience as a practicum student related to trauma specific cases?

Participant 7: I'm I will say that what was most beneficial for me through that whole experience and I had a good connection with my, my supervisor on campus I think its because I had a good relationship with them, I was willing to ask questions, I was willing to make sure that I got the information that I needed so that my client was able to get what they needed from me, but again, I am thinking back about all this now, I am not sure I asked for what I needed then.

B. Ventura: okay, that's for clarifying that.

Participant 7: And that we were very open with each other, I wanna say asking questions I guess, it was important for me to have that open relationship and having that good connection so making sure that supervisors know whenever your supervising practicum students giving that good connection with them, giving them the openness, asking...you know...letting them ask questions and things like that, was really, really important to me.

B. Ventura: So is it fair to say that you felt and correct me if I am wrong, unprepared the very first session with this gentleman when he disclosed all to you and you didn't know what to do with it.

Participant 7: Absolutely.

B. Ventura: After processing it with your supervisors who were knowledgeable in trauma and giving you feedback and allowing you to work through the process you felt more prepared going into the next session working with him.

Participant 7: Absolutely.

B. Ventura: Alright, is there anything else.

Participant 7: That's it.

B. Ventura: Okay.

## Appendix D

### Glossary of Terms

*Trauma:* A unique individual experience, associated with an event or enduring conditions, in which (1) the individual's ability to integrate affective experience is overwhelmed or (2) the individual experiences a threat to life or bodily integrity. Additionally, to draw from Herman (1992), traumatic events overwhelm the ordinary systems of care that give people a sense of control; they are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary adaptations to life. In this study, the goal is to examine the experience of counselors in training as they have experienced clients dealing with trauma.

*Post Traumatic Stress Disorder:* This disorder is a “set of conscious and unconscious behaviors and emotions associated with dealing with the memories of stressors of the catastrophe immediately afterwards” (Figley, 1985, p. xix). For the purpose of this inquiry, counselors- in-training need not speak of experiences only for which clients met the DSM-IV criteria for PTSD; rather they can elaborate on any experience during their practicum training that dealt with clients who have had a trauma history.

*Psychosocial trauma:* This term refers to both the experiences of the informants and the client's they encountered during their practicum training. The term psychosocial trauma refers to one's psychological development and interaction with a social environment, specifically trauma related for the purpose of this inquiry.

*Counselors- in-training:* This study examined students who are currently enrolled in a CACREP accredited Masters program with a focus on school, community, or marriage

and family counseling. These students have already completed their practicum level requirements and are enrolled in the internship phase of the counseling program.

*Reflective thinking:* As described by Griffith and Frieden (2000), “reflective thinking is the active, ongoing examination of the theories, beliefs, and assumptions that contribute to counselors’ understanding of client issues and guide their choices for clinical interventions” (p. 82).

*Counselor burnout:* As described by Maslach and Jackson (1986), “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind” (p. 1). Because this study explored the experiences of beginning counselors as they encountered victims of trauma, it was imperative to understand their risk for burnout, as well as that of counselors in general who have been practicing with this difficult population.

*Re-traumatization:* This term refers to experiencing another traumatic event and the impact of that experience. While this study examines the experiences of beginning counselors, the focus is on understanding their level of preparedness to do this type of work at the practicum level. The risk involved is that their interventions, while altruistic in nature, may re-traumatize the client because counselors are ignoring the basic principles of trauma theory.