

## Article 90

### **Helping Counselors “Stay in Their Chair”: Addressing Vicarious Trauma in Supervision**

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#### **Abstract**

Counselors in all settings have the potential to experience vicarious trauma through their work with clients who are trauma survivors. Clinical supervision is an important part of counselor training and development, and supervisors are in a position to assist novice counselors in recognizing and ameliorating vicarious trauma. This article highlights the characteristics of vicarious trauma, provides information on the impact of vicarious trauma, and presents a case study illustrating means for addressing vicarious trauma in supervision. The article concludes with recommendations and implications for supervisors based on the literature.

*Keywords:* vicarious trauma, supervision, case study, counselor education

Counselors are part of a profession that works with traumatized clients across settings and populations (Trippany, White Kress, & Wilcoxon, 2004). Trauma is commonly defined in two ways; trauma may refer to a specific event or to the individual's response to an event. Briere and Scott (2015) defined trauma as a severely upsetting or temporarily overwhelming incident. Concomitantly, McCann and Pearlman (1992) referred to trauma as the reaction to the event rather than the actual event. Clients may present having survived sexual assault; natural disaster; combat; domestic, school, or workplace violence (Sommer, 2008); or having experienced chronic oppression, discrimination (Brown, 2008), or poverty (Jackson Foster et al., 2015). Counselors

emotionally engage with clients, repeatedly hear survivors' stories, and assist them in meaning-making and in processing traumatic experiences. This continuous or repeated exposure is one of the factors that make vicarious trauma an "occupational hazard" (Knight, 2004, p. 95). Supervision is an appropriate context for addressing vicarious trauma. Supervisors benefit from understanding how to incorporate awareness of and facilitate exploration of the effects of vicarious trauma (Sommer, 2008).

This article begins with an overview of the literature on vicarious trauma. Next, the authors identify ways supervisors can address vicarious trauma with supervisees. Finally, a case study illustrates specific supervision interventions. In essence, supervisors can help supervisees learn to "stay in (their) own chairs" during counseling sessions (Rothschild, 2006, p. 201). Indeed, obtaining clients' perspectives is vital to effective clinical work. However, counselors can become overwhelmed if they are unable to separate themselves from their clients' experiences. The reference to staying in one's "chair" provides a visual depiction of supervisees' maintaining their position rather than moving into the clients' position or taking on clients' experiences for too long.

### **Vicarious Trauma**

Vicarious trauma can overlap other effects and is often erroneously used synonymously with other terms such as secondary traumatic stress (STS) or compassion fatigue, burnout, and countertransference (Herman, 1992). However, each term is distinct and each presents in counselors working with survivors of trauma. A definition of vicarious trauma is provided along with distinguishing characteristics.

Vicarious trauma occurs within the context of trauma counseling and is counselors' trauma reactions due to exposure to clients' traumatic experiences over time (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995). The continuous, repetitive exposure impacts one's worldview and disrupts schemas about self and others (Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995). The emphasis on how counselors ascribe meaning or experience an alteration of how they ascribe meaning distinguishes vicarious trauma from other effects (McCann & Pearlman, 1990).

Symptoms of vicarious trauma include cognitive distortions and changes in core beliefs (Bell, Kulkarni, & Dalton, 2003). For example, a counselor might question or experience a change in her spiritual or religious beliefs. Another symptom is intrusive thoughts or nightmares related to vicariously reliving client experiences (Hernandez-Wolfe, Killian, Engstrom, & Gangsei, 2015). Furthermore, counselors may begin to feel less safe as a result of continued exposure to client's experiences (Hernandez-Wolfe et al., 2015); supervisors may tune-in to changes in a counselor's level of hypervigilance or fearfulness. These symptoms may be accompanied by a decreased sense of self-efficacy (Sartor, 2016). Research reveals that vicarious trauma is not a psychopathology, but a side-effect of counseling traumatized clients.

### **Counselor Risk for Vicarious Trauma**

Several studies have examined the presence of vicarious trauma in counselors and other helping professionals. Schauben and Frazier (1995) examined vicarious trauma in sexual violence counselors and psychologists, their history of victimization, and coping strategies for work-related stress. The researchers found the counselors' caseloads of

survivors of sexual violence were related to participants' disruptions in schemas about self and others and symptoms of post-traumatic stress disorder. Sartor (2016) determined a statistically significant negative correlation between counselors' level of vicarious trauma and self-efficacy. Data indicated mental health providers experiencing higher levels of vicarious trauma were more likely to possess lower self-efficacy related to their ability to be an effective counselor (Sartor, 2016). Additionally, the percentage of trauma clients on a counselor's caseload influenced higher scores for vicarious trauma regardless of years of counseling experience (Sartor, 2016).

Cunningham (2003) compared vicarious traumatization rates among social workers who worked with survivors of child sexual abuse (CSA) to those who worked with clients who had cancer. The researcher found more disruptions in schemas about others in the group working with survivors of CSA versus those working with clients who have cancer. One explanation for the increased disruption may be the interpersonal component of CSA or participants' personal histories of CSA (Cunningham, 2003). Supporting that possible explanation, Williams, Helm, and Clemens (2012) found counselors' personal history of abuse left them more susceptible to vicarious trauma when working with caseloads wherein at least half of the clients were survivors of trauma. However, Schauben and Frazier (1995) found many respondents reported vicarious traumatization regardless of having a personal history of sexual violence.

### **Implications for Supervisors, Counselors, and Counselors-in-Training**

Counselors can encounter difficulties or discomfort dealing with clients' fearful or angry emotions about experiencing abuse (Schauben & Frazier, 1995) and may avoid discussing the clients' traumatic experiences (Trippany et al., 2004). Herman (1992) posited that as counselors increasingly draw near to vicarious trauma, they can become distracted in sessions and question their clinical skills. Counselors may struggle to deal with their own emotional reactions to clients' abuse such as anger at the perpetrator, sadness, helplessness, powerlessness, or fear (Schauben & Frazier, 1995). There can be a heightened sense of fear in counselors repeatedly hearing about threats to the safety and security of their clients. As a result, counselors begin to consider all of the risks to their own safety (Trippany et al., 2004) and may adopt a cynical view of humanity (Etherington, 2009). Counselors may reach a point of acceptance of feeling chronically overwhelmed and hold resentment toward their clients as a result (Clarke, 2008).

### **Novice Counselors Under Supervision**

During supervision, counselors with limited clinical experience and limited understanding of clinical supervision may struggle with what and how to appropriately share both clinical and personal information (Ladany, Hill, Corbett, & Nutt, 1996). In particular, counselors-in-training may require supervisor assistance recognizing their responses to client interactions, including symptoms of vicarious trauma, understanding the impact, and finding ways to address it. Concerns about being "good enough" or "able to do the job" may cause novice counselors to hesitate sharing their symptoms and experience of vicarious trauma or other responses to clients (Ladany et al., 1996). Howard, Inman, and Altman (2006) noted that novice counselors-in-training had experiences of critical incidents related to competence and personal reactions, including

limitations of self-insight, regarding their relationship with clients (e.g., countertransference); these can be explored and addressed in supervision. Specific to vicarious trauma, supervisors are advised to watch for novice counselors viewing clients as victims or engaging in rescuing behaviors (Clarke, 2008; Trippany et al., 2004). Ethically and pragmatically, Pearlman and Saakvitne (1995) noted the responsibility graduate programs, counselor educators, and supervisors have to facilitate candid, validating discussions related to the potential experience of vicarious trauma.

### **Supervisor Response**

Given that the therapeutic relationship is simultaneously a source of healing and pain for counselors working with survivors of trauma, supervisors are highly encouraged to address counselors' internal and external responses and the possibility of vicarious trauma (Etherington, 2009; Sommer, 2008). Herman (1992) noted, "Just as no survivor can recover alone, no therapist can work with trauma alone" (p. 141). Counselors need a safe environment and support from supervisors to explore the host of feelings and thoughts that arise in response to trauma work (Etherington, 2009; Schauben & Frazier, 1995; Trippany et al., 2004). One way to achieve such an environment is to employ trauma-sensitive supervision.

**Trauma-sensitive supervision.** Pearlman and Saakvitne (1995) recommended four aspects of trauma-sensitive supervision: a) a strong theoretical base in trauma therapy; b) a focus on conscious and unconscious components of treatment; c) a mutually respectful supervisory relationship; and d) sharing educational information to directly address vicarious traumatization (p. 360). Similarly, Etherington (2009) suggested that supervisors pay attention to supervisees' altered behaviors or responses to clients; disruptions in supervisees' lives; signs of burnout, stress, and withdrawal in counseling and supervisory contexts; feelings of being overwhelmed; and neglecting self-care practices. In trauma-sensitive supervision, supervisors prioritize time for discussing the effects of the work. They also promote exploring the supervisees' personal feelings, directly addressing vicarious traumatization and using a collaborative, strength-based approach (Sommer & Cox, 2005). Sommer and Cox (2006) also recommended using stories in supervision to encourage supervisees' meaning-making and self-reflections as trauma counselors.

**Other factors.** In addition to trauma-sensitive supervision, other recommendations for mitigating vicarious traumatization include increasing vacation and sick leave, providing opportunities for counselors to engage in nonclinical aspects of trauma work, and offering mental health care for counselors (Schauben & Frazier, 1995; Trippany et al., 2004). Sommer and Cox (2005) noted that agencies should allow sufficient time for supervision and avoid dual relationships in which the supervisor also serves as the agency director; thus, supervisees are kept from feeling unable to candidly share their points of view and feelings about their work. Williams et al. (2012) suggested supervisors encourage their supervisees to develop and adhere to a wellness plan. Supervisors can appropriately share their own experiences with striving for wellness and engage supervisees in dialogue about maintaining self-care (Williams et al., 2012). Supervisors may include assessment of wellness and self-care goals as a regular part of the supervision experience. Positive self-care strategies may include intentionally engaging in activities to foster spiritual or religious renewal (prayer, meditation, retreat,

yoga, study of sacred texts). For some, spending time in nature may be a source of relaxation and self-care (camping, walking, hiking biking, boating, fishing, stargazing, listening to nature sounds). Setting aside time for physical activity (running, group exercise classes) or engaging in hobbies (cooking, crafting, reading) can also provide opportunities for enhancing wellness (Wolf, Thompson, Thompson, & Smith-Adcock, 2014).

Supervisors can consider informing their supervision practices with trauma theory, which is rooted in feminist theory and considers trauma to be normative, healthy, and adaptive (Miehls, 2010). Miehls (2010) recommended that supervisors encourage a collaborative partnership with their supervisees and focus on empowering and validating survivors' experiences. In this relational style of supervision, supervisors help supervisees understand that relationship dynamics may be reenacted by clients in the counseling relationship. At times, these dynamics can lead to discomfort for the supervisee (Miehls, 2010).

Etherington (2009) recommended that supervisors focus on the interplay between the trauma, the counselor, and the therapeutic relationship, inclusive of the supervisory relationship. Etherington suggested that supervisors address the following areas to help supervisees: a) "balanced workload"; b) "protective strategies"; c) "impact of context"; d) "modeling good boundaries"; e) "finding meaning in experience"; f) "reflecting on motivations for doing this work"; and g) "post-traumatic growth and resilience" (pp. 189–190). Each area is described in detail below with suggestions for increasing supervisees' awareness and ways to help supervisees "stay in their chair" when working with clients.

***Balanced workload.*** A balanced workload can help mitigate effects of vicarious trauma on supervisees (Cunningham, 2003; Trippany et al., 2004). Strictly counseling clients who are abuse survivors does not allow supervisees a break from the vivid images that can emerge as clients share their trauma narratives. For example, Cunningham (2003) found counselors with 40% of a caseload of abuse survivors reported more disruptions to their worldview. Supervisors can advocate for their supervisees to be assigned a variety of clients and presenting concerns.

***Protective strategies.*** Supervisees may naturally, unconsciously engage in self-protective strategies during counseling sessions. Supervisors can help supervisees learn new strategies or become aware of the strategies these counselors-in-training currently use to protect themselves during sessions. Rothschild (2006) advised supervisors to monitor their own physical responses to hearing supervisees discussing clients. Returning to the analogy of supervisees maintaining their seats rather than assuming the seats of clients, Rothschild suggested body awareness could serve as a protective strategy against effects of vicarious trauma. Furthermore, supervisors initiate conversation regarding what it is like for beginning counselors to witness, hear, and feel what the client is going through. Empathy is one of the risk factors for experiencing vicarious trauma (Figley, 1995; Pack, 2014). However, counselors can develop ways to empathize without absorbing too much of the client's trauma or pain.

***The impact of context.*** The work setting can have a negative effect on supervisees if there is an absence of supervision and no opportunity for reflection on the dynamics of trauma (Etherington, 2009). Supervisors can advocate on behalf of supervisees by becoming aware of their organizations' policies. In addition, supervisors can encourage

their agencies to provide adequate training, equipping supervisees with resources and referral information to use in their practice. Furthermore, supervisors may consider offering additional time for supervision or consultation when counselors have a caseload that includes multiple trauma survivors. Varying the format of supervision may provide additional opportunities for disclosure; triadic and group supervision allow for vicarious learning and multiple perspectives, whereas individual supervision may allow for a greater sense of confidentiality.

***Modeling good boundaries.*** In supervision, supervisors may engage supervisees in discussion about establishing and maintaining boundaries. For example, helping supervisees assess whether or not they are doing more for a particular client than for other clients may bring the need for effective boundaries to light. However, supervisors can also model setting healthy boundaries in their own professional behavior. Examples include setting limits on the number of clients seen per day and restricting their availability to an appropriate time frame versus maintaining wide-open availability.

***Finding meaning in experience.*** By reframing supervisees' view of the clients' sharing as movement toward progress in counseling, supervisees are able to see possibilities of positive change. Etherington (2009) suggested, "when meaning is found in our experiences we can also find relief" (p. 190). A counselor's ability to be an empowering agent for clients and to be inspired by client resilience impacts the supervisees' personal and professional meaning and identity (Pack, 2014).

***Reflecting on motivations for doing this work.*** Supervisors can encourage supervisees to self-reflect regarding their motivations for being counselors who serve survivors. Additionally, supervisors can remind supervisees of the rewards associated with counseling survivors. Counselors working with traumatized clients may find opportunities to re-evaluate personal values and identify sources of personal strength, including supportive community and spiritual practice (Pack, 2014).

***Post-traumatic growth and resilience.*** Supervisors can guide supervisees to recognize survivors' strengths despite their adverse life experiences. Specifically, supervisees can be prompted to recognize signs of post-traumatic growth, or the positive transformation that accompanies having survived trauma (Hernandez, Engstrom, & Gangsei, 2010). Examples of questions to ask supervisees in order to gain understanding of clients' resilience, identity, and meaning are: "What is it about you that keeps you going?" "What was it about this client that enabled them to survive those events?" (Etherington, 2009, p. 191). And, supervisors can foster self-reflection on the part of the supervisee related to their work with trauma survivors: "What strengths, resources, and values have you developed as a result of doing this work?" "What does it mean to you to do this work?" (Etherington, 2009, p. 191).

The abovementioned questions allow supervisors to guide supervisees through more positive aspects of survivors' experiences. Similarly, supervisors can tap into their supervisees' positive experiences working with survivors of trauma. This process is termed vicarious resilience and is "characterized by a unique and positive effect that transforms therapists in response to client trauma survivor's own resiliency" (Hernandez et al., 2010, p. 237).

## **Case Study**

The following de-identified, composite case study illustrates an approach to trauma sensitive supervision with a practicum student in a setting where clinicians specialize in working with survivor clients. The practicum instructor/group supervisor uses the Integrated Development Model (IDM) supervision model, which focuses on how supervisees develop and learn over time (Stoltenberg, Bailey, Cruzan, Hart, & Ukuku (2014). Basic tenets of IDM include development across various domains (e.g., assessment skills, clinical intervention skills, case conceptualization, and theoretical orientation) in conjunction with varying levels of autonomy, motivation, and self-other awareness (Stoltenberg et al., 2014). Supervisors working from the IDM perspective track supervisee development and adjust interventions to match the supervisee's current developmental level identified as stages 1–3 and 3*i* (final integrated level; Stoltenberg et al., 2014). Because this supervisee is enrolled in practicum with limited clinical experience (level 1 supervisee), the instructor employs both supportive and prescriptive strategies (Watkins et al., 2014) to accommodate the supervisee's limited self-awareness and her dependence on the supervisor (Stoltenberg et al., 2014).

Key to addressing vicarious trauma in supervision is the supervisor devoting time to the topic, providing psychoeducation regarding the topic, along with watching and listening for potential signs of vicarious trauma. In this case study, group supervision refers to the practicum course, and instructor and group supervisor refers to the faculty member providing group supervision as part of the practicum requirement. Site supervisor refers to the supervisor providing weekly individual supervision at the supervisee's practicum site location. The following case study overviews the important role supervision plays in raising awareness about the subtle process of leaving and returning to one's "chair" as well as ways to combat negative effects of counseling survivors of trauma.

### **Background**

Sarah is enrolled in a practicum course and is engaged in her first direct contact with clients. Sarah is a counselor-in-training under supervision at a site that specializes in working with children and adolescents who have experienced trauma. Most of the clients have experienced abuse (physical, emotional, or sexual) or have witnessed violence in the home. Some clients have also experienced a serious physical illness or the death of a loved one. To receive services, clients must have symptoms that support a clinical diagnosis. Sarah's site supervisor has been in this field for more than 10 years. There are two additional licensed counselors and a student counselor intern at the site.

As part of a relationship-building exercise in group supervision, the instructor asked the supervisees to share why they were pursuing a counseling degree and what drew them to the population they most hoped to work with. Sarah revealed that while in elementary school she experienced the death of a parent. This experience contributed to her desire to be a counselor who works with children. Because she was particularly close to her surviving parent and experienced her older siblings as supportive, protective, and caring, she wanted to provide that to other children who experienced loss. Later, this information was helpful in understanding part of Sarah's strong empathy and attachment to her clients and her desire to provide protection.

Coming from an intact family in a rural area, Sarah is “shocked” by what she hears during her initial orientation and observation in the urban clinic. During the semester, Sarah experienced times where she cried in her car on the way home after being at her practicum site. Additionally, Sarah reported one weekend of not being able to stop thinking about a particular young client. Experiencing a lack of concentration and sadness occurring with thoughts of one of her young clients was a new experience for Sarah, and she was uncertain what it meant and how to cope.

In Sarah’s case, children experiencing violence and sexual abuse by a family member was not part of her personal experience. Moreover, the frequency and nature of CSA had heretofore been on the periphery of her awareness; working with this population forced an awareness of human nature Sarah had not previously encountered. Additionally, Sarah began to question the good she would be able to do (or not) in a world that held “more evil than I realized.” During her practicum semester, Sarah experienced the birth of a third niece/nephew. As an aunt, this event brought her joy but also prompted more worry about the child’s well-being than she previously experienced with the birth of her other nieces and nephews.

### **Supervision**

Initially, Sarah expressed anger and disbelief during both individual and group supervision. Through discussion and open-ended questions, both the site supervisor and the practicum instructor guided Sarah to express underlying emotions, including sadness and fear. The practicum instructor, during group supervision, introduced the concept of vicarious trauma. Definitions were provided as well as examples of symptoms and information regarding differentiation from stress, countertransference, compassion fatigue, and burnout. Careful attention was paid to destigmatize and appropriately normalize the experience of vicarious trauma. Additionally, the instructor made Sarah and her peers aware of the role of supervision in addressing and ameliorating vicarious trauma.

As a typical level one supervisee (Watkins et al., 2014), Sarah demonstrated motivation to engage in supervision and to learn more about herself and how to “be a better counselor.” She was also open to receiving structured guidance and appreciated being prompted to engage in specific discussion with her site supervisor. Beyond the natural uncertainty and discomfort experienced by many novice supervisees, Sarah exhibited signs that she might be at risk for or have initial signs of vicarious trauma.

During group supervision, supervisees were encouraged to brainstorm ways to decompress and disengage from their work. Sarah determined that music influenced her mood and identified a favorite, mood-lifting song that she could turn up and sing to in the car when leaving her clinical site. Other transition rituals supervisees identified were changing clothes upon arriving home, taking a drive, texting a loved one, spending time outside, playing with a child, journaling, going to the gym, and engaging in an art activity.

In accordance with the supervision agreement and Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards, the site supervisor and the faculty practicum instructor (group supervisor) were in regular contact (CACREP, 2015). Additionally, the practicum instructor fostered a collaborative and complimentary relationship with the site supervisor. One of the supervisory goals was to

foster communication between Sarah and her site supervisor regarding the emotional impact of working with CSA survivor clients. Being prescriptive in nature, the instructor asked Sarah to ask her site supervisor how she managed the feelings she experienced when working with trauma clients. The site supervisor was able to assist Sarah in generating additional ideas for combating the sadness she felt working with clients. Ideas included scheduled playtime with Sarah's nieces and nephews so she could spend time with children who were healthy, safe, and loved. Conversations with her site supervisor led to more variety in her case load (work with families and older adolescents) as she prepared to move into internship. Sarah also spoke with one of the other professional counselors who had completed her practicum and internship experiences at this site during her master's program. Sarah felt this counselor was able to empathize with her and validated her struggles. The counselor offered Sarah hope that she would learn to manage her feelings and had the potential to become an effective counselor with this population. This marked the beginning of Sarah utilizing informal, peer supervision as a form of support.

To further support development of self-care and protective strategies, the supervisor checked in on self-care activities and incorporated some self-care into group supervision. Practices introduced during supervision included guided meditation, breathing exercises, and bringing in "something that makes you smile" (e.g., photo, video, talisman, etc.) to share with the class (Wolf et al., 2014). Additionally, supervisees knew that during group supervision, the instructor would intentionally attend to both the client needs—focusing on case conceptualization and skill development—as well as supervisees' personal experiences of and responses to working with clients.

Sarah successfully completed her practicum and internship requirements. She continued to engage in self-care. Because she became comfortable with and found relief in verbally expressing her sometimes painful and challenging experiences with clients Sarah continued to seek supervision and engage in peer consultation to monitor her own experience. Furthermore, she recognized that she was effective in creating a "safe space" for her young, traumatized clients, which fulfilled one of her reasons for becoming a counselor.

## **Conclusion**

As Knight (2004) noted,

While the changed worldview may be inevitable, the resulting feelings of despair do not have to be. Just as clients move from victims to survivors of trauma, so, too, must their therapists, and supervision has a critical role to play in this regard. (p. 93)

Supervisors can help their supervisees mitigate vicarious trauma through bringing awareness of the effects of trauma work into supervision sessions. Referring to research on this topic and seeking opportunities for training and continuing education, both the supervisor and the supervisee can have more intentional, focused attention on wellness.

Future research should review supervisor training and education on vicarious trauma and incorporating trauma theory in supervision sessions. Additionally, the impact on supervisors as a result of trauma work and their supervisees' trauma work is deserving

of attention. Finally, more information about vicarious resilience is needed within the counseling literature, specifically within the context of supervision.

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