

Counselor Education Students' Exposure to Trauma Cases

Huan-Tang Lu¹  · Yuchun Zhou² · Yegan Pillay³

Published online: 21 June 2017

© Springer Science+Business Media, LLC 2017

Abstract In the past two decades there has been an increase in the number of studies that have examined the psychological effects on counselors who provide counseling to clients with trauma experiences. However, little is known about the experiences of counselor trainees who provide counseling to their clients seeking counseling because of trauma. This qualitative study explored the experience of eight doctoral students in a counseling program who completed their master's-level training in the United States. Three themes emerged from the inductive data analysis process, namely: (1) immediate reactions, (2) information processing, and (3) post-exposure development. Implications for counselors, counselor educators, and clinical supervisors are examined and recommendations to enhance counseling and supervision services are offered.

Keywords Counselor education · Vicarious trauma · Trauma counseling · Supervision

Introduction

Exposure to trauma cases may have a significant impact on professionals who provide mental health counseling services. McCann and Pearlman (1990) addressed counselors' reactions to clients' traumatic experiences within the context of Constructivist Self-Development Theory. Based on this theory, counselors may experience painful images

✉ Huan-Tang Lu
hl586715@ohio.edu

Yuchun Zhou
zhouy@ohio.edu

Yegan Pillay
pillay@ohio.edu

¹ McCracken Hall, Athens, OH 45701, USA

² Department of Educational Studies, Patton College of Education, Ohio University, McCracken Hall 302G, Athens, OH 45701, USA

³ Department of Counseling and Higher Education, Patton College of Education, Ohio University, McCracken Hall 432M, Athens, OH 45701, USA

and emotions related to the traumatic memories that their clients share with them. Moreover, they may even experience symptoms of post-traumatic stress disorder (PTSD), such as intrusive thoughts, terrifying images, and painful feelings (McCann and Pearlman 1990). The traumatization and adverse psychological consequences of exposure to another person's traumatic experiences through their narratives is referred to in the professional literature as vicarious trauma, compassion fatigue, secondary traumatic stress disorder or compassion stress. Figley (1999) asserted that the repeated exposure to trauma survivors' narratives has the potential to result in vicarious traumatization.

Vicarious Traumatization

Earlier research examining vicarious traumatization has evidenced mixed results. Pearlman and Mac Ian (1995) investigated the factors that contributed to vicarious traumatization with self-identified trauma counselors. Their findings indicated that personal trauma history had a significant impact on vicarious traumatization, with novice counselors reporting significantly more disruptions than their experienced counterparts. Schauben and Frazier's (1995) study to examine the psychological consequences of working with sexual violence survivors indicated that participants with higher percentages of trauma cases in their caseload reported more disrupted beliefs, symptoms of PTSD, and self-reported vicarious trauma. However, prior traumatic experience was not a significant intervening variable.

Recent studies have examined the effect of other variables; e.g., personal wellness, supervisory working alliance, organizational factors (such as organizational culture, support, work environment, and workload), clinical experience, trauma-specific training, defense style, and the effects of early childhood trauma on vicarious traumatization (Adams and Riggs 2008; Williams et al. 2012). Results have indicated that a personal history of childhood trauma predicted vicarious traumatization. Moreover, personal wellness, coping styles (adaptive vs. self-sacrificing), and the supervisory relationship had a positive mediating effect on vicarious traumatization, while increased workload contributed negatively. Adams and Riggs (2008) opined that clinical supervisors ought to pay more attention to the personal wellness and coping styles of novice counselors and trainees, rather than on trauma-specific training to mitigate the risk of vicarious traumatization.

In sum, the aforementioned studies have identified disparate factors affecting vicarious traumatization (e.g., personal history of childhood trauma, personal wellness, the percentage of trauma cases in the caseload, general workload, supervisory relationship, and organizational cultures). The apparent inconsistencies in identified antecedents to vicarious traumatization have also been reported (e.g., Devilly et al. 2009), and some researchers have in fact questioned the very existence of vicarious traumatization (e.g., Sabin-Farrell and Turpin 2003). The discrepancies across studies could be attributable to variations in the characteristics of clients (e.g., types of trauma); terminological variations (e.g., "workload", "caseload", and "percentage of trauma cases in caseload"); and the use of participants from various disciplines (e.g., professional counselors, social workers, and psychologists who go through distinct paths to become professionals).

Despite the limitations, the aforementioned studies have contributed to the body of knowledge and have highlighted the impact of clients' traumatic narratives on professionals and student trainees in various mental health professions (cf., Adams and Riggs 2008; Baker 2012; Pearlman and Mac Ian 1995; Schauben and Frazier 1995; Williams et al. 2012).

However, there is still a gap in the literature that considers the experiences of counselors during their formative years as trainees or students, because studies to date have mainly used psychology students to examine the notion of vicarious trauma (e.g., Adams and Riggs 2008; Baker 2012). To address this limitation, the researchers in this study recruited participants who had completed their master's-level training and had within their training provided counseling to clients who had experienced trauma.

Methods

This study used a phenomenological approach to explore counselor education students' experiences of exposure to trauma cases. According to Creswell (2013), the phenomenological qualitative approach is most suitable for researchers to understand in some depth individuals' experiences of a phenomenon and to identify the essence of the phenomenon by bracketing and analyzing the experiences shared by the different participants.

Participants

A purposeful sample of eight students (4 males and 4 females) was recruited from a doctoral program in counselor education and supervision at a university in the North Central region of the United States. Participants were selected based on the following criteria: (a) enrolment in a doctoral-level counselor education program, (b) completion of a clinical practicum and/or internship at the master's-level, and (c) experience working with trauma cases during their practicum and/or internship in their master's programs.

No constraints were placed on potential participants in regard to what constituted trauma cases - that is, it was left to them to determine whether they had worked with cases that were traumatic in some way. For example, one participant described the story shared by a rape victim as being traumatic, while another involved a suicide attempt shared by a client. The characteristics of the eight participants in the study are reported in Table 1.

Procedures

After Institutional Review Board approval was obtained, the first author contacted potential participants individually through email. Once a participant agreed to be involved, informed consent was obtained and an in-person individual interview was scheduled at a

Table 1 Participants' training background

Assigned Name	Master's Specialty	Region of Master's Program
Jacob	Marriage & Family	Southern
Chloe	Rehabilitation	Southern
Shawn	Clinical Mental Health	Southern
Emily	Clinical Mental Health	Southern
Jennifer	School	North Central
Daniel	Clinical Mental Health	North Atlantic
Olivia	Clinical Mental Health	North Central
Alex	Clinical Mental Health	North Central

private study room on campus to ensure confidentiality. It was conveyed to participants that due to the nature of vicarious trauma, the interview might trigger unpleasant feelings and thoughts, and they had the right to stop and withdraw at any stage. The semi-structured interviews were undertaken by the first author, lasted between 35 to 60 min and involved eight open-ended questions as initial prompts, with follow-up questions. The interviews were audio-recorded and then transcribed. In order to maintain confidentiality, the recordings were deleted following transcription and all identifiers were removed from the transcripts.

The transcripts were coded and analyzed by the first author using open coding suggested by Creswell (2013). That involved the following steps: (1) reading through all the transcripts to get a comprehensive understanding, and writing down summaries for each interview, (2) dividing the data into information segments and assigning descriptive codes, (3) generating themes, and, (4) reviewing the themes with the second author to ensure trustworthiness of the data. In the last step, the second author, who served as a peer debriefer, asked the first author to elaborate on how these codes, themes, and interpretations were developed.

Credibility and Trustworthiness

The researchers utilized two validation strategies, involving self-reflection and peer debriefing, to enhance the credibility of this study. According to Creswell (2013), clarifying researcher bias through self-reflection is imperative for credibility. Since the first author coded the data and developed the themes, the focus of this strategy was on his own potential biases prior to undertaking the interviews. These included: (1) that exposure to trauma cases would likely have negative impacts on students' academic and clinical performances, (2) that factors common in the literature (e.g., trauma history, caseload pressure, personal wellness) were likely to emerge in the participants' reports, and (3) that there would be ecological factors (e.g., support from family, peers, supervisors, etc.) that would help or hinder students' responses to exposure to trauma cases.

In addition to researcher self-reflection, peer debriefing was used to help enhance the reliability potentials of the findings. This process provides an external check that serves a similar purpose as interrater reliability within quantitative research (Creswell 2013). As previously indicated, the principal researcher checked and discussed the research process, codes, themes, and interpretations with the second researcher who has expertise in educational research. The second author raised questions to help the first author reflect on how the researcher's potential biases might impact the data gathering, interpretations and findings. These strategies of self-reflections and peer debriefing provided a greater sense of confidence about the likely credibility and trustworthiness of the process.

Findings

Three themes emerged from the data analysis, including (1) immediate reactions, (2) information processing, and (3) post-exposure developments. These three themes encompassed participants' experiences of exposure to trauma cases and likely impacts on their professional and personal development as counselor education students. The identified themes and codes are summarized in Table 2.

Table 2 Themes and codes

Themes	Codes
Immediate reactions	Emotional reaction Cognitive reaction Self-identification
Information processing	Realization Actions
Post-exposure development	Self-efficacy Self-care Motivation for learning

Immediate Reactions

Participants identified their immediate reactions, such as emotional reactions, cognitive reactions, and self-identification, to the trauma cases they were involved with in their practicum or internship activities.

Emotional Reactions

Participants described their immediate emotional reactions that were triggered when they were exposed to clients' traumatic experiences. For example, Jacob stated "I felt bad about these people. I could feel pain for them and from them". Similarly, Emily specifically described her reactions to her client's abuse experience:

That was emotionally hard for me just because, like this was a real person who had experienced these things. I cried with her in [the] session because, like, that was just very hard for me to hear, that like she had lived through that experience.

Emily indicated several times in the interview that she was trying to "be more empathetic".

It might be considered that Emily's actual crying in the session may be concerning because the client's experience seemed to have had a strong emotional impact on her personally. The depth of this emotional response may have affected her professional involvement and influenced the client and the rest of the counseling session.

Cognitive Reactions

Participants reported concerns about whether their clients had been properly taken care of by them. For example, Chloe stated that she had to deal with her emotions because of worries about her professionalism:

I think just the feeling of uncertainty, the feeling of "how can I separate myself from this?" You feel for your client and it is like "how can I pull myself out?" be a professional, remain professional, and not display my emotions. When they [clients] told me something, I just wanted to burst into tears. [It was like] "How do I draw that line and separate?" "As a student in training how am I still making sure I am delivering the service and not crossing [a] boundary?"

Jacob shared that he was very worried about the client because his own professional competence was hindered by his own concurrent personal crisis, "That was like very draining.

It was [like] me talking about things I could feel.” These concerns indicated that participants had to maintain their professionalism in the sessions and leave their own emotions unhandled.

Similarly, participants also shared their concerns about whether their training as counselor education students was enough for them to be able to work with clients with trauma experiences in an appropriate way. Alex shared that he was shocked and could not “absorb” what the client had shared. He stated, “I think I was worried more about the limitation of the types of services I could provide because of what brought him [the client] to counseling”.

Self-Identification

The participants’ narratives also revealed an issue of personal identification, in which participants (a) identified with their role as counselor education students in the sessions, (b) felt uncertain about their work, and (c) examined their own psychological well-being. Jacob described his experience after a session, “I actually had to talk to my supervisor because I was worried about countertransference.” He shared a recognition of being affected by his client’s experience “pretty early”. On the other hand, Shawn shared his frustration about the situation where he was upset that he “couldn’t do anything or say anything that could have changed that individual’s life”.

These experiences of self-identification revealed a complex process of how participants viewed their feelings and thoughts at the moment of hearing clients’ painful experiences. Many factors, such as their own personal crises, their role as counselor education students in training, and their need for supervision contact, could get involved in this process and cause negative feelings and self-doubts. In sum, when these participants encountered trauma cases with limited counseling experiences, their immediate reactions included emotional responses, cognitive concerns, and a process of self-identification.

Information Processing

In response to the prompt regarding their experiences of exposure to clients’ traumatic stories, participants reported how they internally processed the experiences.

Realization

Participants reported becoming cognizant of the differences between clients’ and their own views of the world, and therein found it hard to understand fully clients’ traumatic experiences. Jacob described his experiences as, “I think the lack of understanding of anything else was really causing me trouble, because I did not understand how things, why things had been said”. Similarly, Shawn reported:

I was surprised. In working with individuals, I could tell that they were upset about something but I could not tell what. And then once I actually heard their stories I was kind of shocked. So I was like, “wow, I can’t believe that actually happened to this person”.

With regard to what helped participants ease these experiences, Emily reported, “Having [had] training like the crisis class and the skill class, I kind of already knew and expected it [the shock] was coming out of the conversation [with the client]”.

Actions

In addition to Emily's experience, other participants also reported several factors or actions that helped them understand the clients' experiences. Daniel described how he was "... getting help from my supervisor most of the time". With regard to how supervision helped participants, Olivia shared, "She [the supervisor] had a lot of skills with regard to children and trauma; so she was able to just help me understand the importance of that safe, accepting environment".

Emily also reported that her supervisor would ask questions to help her reflect on the experience. She said, "Some of the things [in supervision] helped me self-reflect, like the questions that got me to identify my own personal emotions". However, she also indicated, "Some of those [the questions] were not helpful, because it was like 'I just want to feel sad right now for this person'". Furthermore, Shawn indicated that he would consult with the clients to help him understand the traumatic experiences. He shared, "I would be more curious. I would start asking [the client] questions. I wanted to know more". Lastly, Chloe described how she used journaling to help her process the clients' experiences. She said, "It [journaling] allowed me to reflect on those experiences".

Post-Exposure Development

Generally, in response to the prompt regarding how the exposure to trauma cases impacted their development, participants reported that they had experienced changes in several areas, including self-efficacy, self-care, and motivation for learning.

Self-Efficacy

Shawn indicated that the exposure improved his academic performance, making the following comment, "I could not learn this anywhere else other than just talking to this person". Similarly, Emily shared, "It is one thing to hear from someone else about someone else's abuse". With regard to the clinical skills, she added, "That [exposure] helped me be more honest with myself, and more realistic in what I think I would do in the situations. It made me stronger".

Alex also shared how the exposure increased his self-efficacy. He shared, "It [exposure] boosts the confidence to do effective work with people who have had traumatic experiences. I appreciate having that exposure to trauma [cases]".

Self-Care

Some participants shared that they became particularly aware of the importance of self-care. For example, Emily shared that she got ideas of how to make sure she was maintaining self-care and not taking the negative impacts of exposure home. Similarly, Olivia reported her approaches to self-care. She said, "I think ongoing collaboration, consultation, supervision is really important, because you cannot talk to your friends, you cannot talk to your family. You just have to have that space". Olivia continued, stating the importance of access to training; as she described it, "Making sure that people [counselors] do have access to training with regard to some skills".

On the other hand, not everyone needed to begin developing self-care strategies after the exposure. As Alex indicated, "I came into the counseling profession having already figured a

lot about myself, out of knowing ‘here is what I have to do to take care of myself’, like I journal regularly”.

Motivation for Learning

Some participants shared an increased motivation for learning. For example, Chloe mentioned that she became more intentional with how she viewed trauma and towards learning more about it. Likewise, Shawn shared, “It made me more attentive, more engaged with the whole [counseling] process. I would say that I was more cautious”. Jacob also indicated that the exposure made him become more interested in his research interest; the grief process.

Discussion

The three themes identified reflected the counselor education students’ experiences of exposure to trauma cases during their clinical training. The findings are generally consistent with previous studies conducted on different populations such as with psychology trainees (Baker 2012) and sexual violence counselors (Schauben and Frazier 1995). The findings once again suggested the importance of training and supervision. Moreover, they also presented the intensity of experiences of exposure to trauma cases – that is, what participants experienced at the moment of exposure, what participants did and needed afterwards, and how the exposure impacted them.

The trainees’ immediate reactions, including emotional reactions, cognitive reactions, and self-identification, were evident in participants’ responses. These themes are largely consistent with findings from Baker’s study (2012), which found that doctoral students in psychology experienced adverse emotional effects, fear, self-doubt, and decreased self-efficacy after working with trauma cases.

In addition to these reactions, participants in the current study indicated a need for specific training in trauma counseling. Training of this kind may help students with their self-efficacy and alleviate the likely shock when they encounter clients’ traumatic experiences for the first time. Such a finding is worthy of counselor educators’ attention. Literature (e.g., Adams and Riggs 2008) has somewhat addressed the need for trauma counseling courses in counselor education programs; however, no publications have provided specific suggestions of how to protect students from the potential negative impacts of immediate reactions to trauma cases.

The authors, based on the findings in this study and related literature, recommend that counselor educators revise the content of counseling courses to better accommodate attention to trauma work. Components that should be included are, (a) theoretical frameworks in relation to trauma and vicarious trauma, (b) consideration of what students should expect to encounter when working with trauma cases, (c) clinical skills for trauma counseling, and (d) self-care and coping strategies. Counselor educators ought to consider developing activities in counseling courses based on these findings. For example, counselor educators may ask students to interview counselors who work with trauma cases to get a sense of what trauma counseling involves. Such an assignment might help alleviate students’ more intense immediate reactions when they start working with trauma cases, and may also stimulate students’ interests in learning more about this kind of work.

With regard to information processing, the findings in this study are consistent with other studies (e.g., Baker 2012; Cohen and Collens 2013) in discussing the difficulties for counselors

of understanding and processing clients' traumatic experiences. According to Constructivist Self-Development Theory (McCann and Pearlman 1990), counselors may have to restructure their views of the world in order to process clients' trauma-based information. Some participants in this study reported that a restructuring process occurred for them, during which they realized their lack of understanding of what clients were going through, and took this to supervision to help process client information. Once again, this finding suggests the importance of providing training in what counselor education students should expect in working with trauma cases.

The role of supervisors was also a significant factor that helped participants process what they were experiencing, and provided professional guidance about working with trauma cases. The findings from this study and previous related studies (e.g., Adams and Riggs 2008; Williams et al. 2012) highlight the important role that supervisors play. A healthy supervisory relationship facilitates meaningful communication between counseling students and supervisors. As a result, students are more willing to consult with their supervisors regarding their immediate reactions, as well as the treatment options for their clients.

Supervisors need to be alert to students' affective states, and provide a safe environment for them to share and discuss their emotions, thoughts and actions. Finally, findings in this study, which are consistent with a previous study by Williams et al. (2012), indicated that students' concurrent personal issues may negatively impact their information processing in this domain. Supervisors and counselor educators should be attentive to students' personal well-being, and provide guidance and resources for their self-care.

The findings regarding post-exposure developments are consistent with the findings of Baker (2012) and Schauben and Frazier (1995) in that participants perceived rewarding feelings and positive development after their exposure. Participants reported increased self-efficacy as a response to working with trauma cases, as well as growth in their own self-care interests. In addition, a somewhat unique finding from the study was an apparent increased motivation for learning, which has not been addressed in previous studies.

Limitations

Although this study reports counselor education students' experiences of exposure to trauma cases, the results are not generalizable to all counseling trainees and should be interpreted with caution. First, the recruitment of participants was limited to participants in a single doctoral program, which was a convenience sample. Even though most participants received their master's-level training from programs in other regions, the small sample size and the nature of the qualitative method do not allow the findings to represent the experiences of counselor education students in general. Moreover, the study did not restrict the definition of what constituted trauma cases. The fact that participants may have worked with different types of trauma cases should be taken into consideration when interpreting the results. Finally, although the researchers reached a consensus regarding the identified themes, the initial coding process was completed solely by the first author. The researcher biases presented earlier may still have influenced decisions made on assigning codes and identified themes.

Recommendations for Future Research

The findings of this study indicate a need for training and supervision for counselor education students in regard to working with trauma cases. Future researchers ought to examine the components that might best be included in trauma counseling preparation and explore how

different aspects might influence students' experiences of working with such cases. In addition, future research could examine how the characteristics of supervision (e.g., supervisory relationship, supervision style, supervisors' training background and philosophy) might impact the students' experiences in this context. A best practice understanding of supervision for counselor education students working with trauma cases ought to be delineated and disseminated among counselor educators, supervisors and students.

This study presents findings on participants' experiences of exposure to trauma cases. However, based on the aforementioned limitations, the findings cannot readily be generalized. Future researcher might experiment with quantitative methods to examine more comprehensively the factors and experiences identified in this study. Finally, in comparison to other studies (e.g., Pearlman and Mac Ian 1995; Schauben and Frazier 1995; Williams et al. 2012), this study did not examine several factors that might have impacted participants' perceived experiences, such as personal trauma history, caseload levels, and training levels; instead, it only focused on the participants' immediate reactions, information processing, and post-exposure developments. Therefore, future researchers might examine more closely how other factors might influence immediate reactions to exposure to trauma clients.

Summary

Because of an apparent gap in literature, this study explored counselor education students' experiences of exposure to trauma cases in their clinical training. Although research limitations are evident, the findings of this seminal study using only counselor education students as participants provides an initial overview of what participants went through while working with trauma cases as novice counselors. This overview contains information that may assist counselor educators and supervisors to facilitate their students' professional and personal development. Future research should further investigate this area and develop informed evidence that can benefit the counseling profession.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

References

- Adams, S. A., & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology, 2*(1), 26–34. doi:10.1037/1931-3918.2.1.26.
- Baker, A. A. (2012). Training the resilient psychotherapist: What graduate students need to know about vicarious traumatization. *Journal of Social, Behavioral, and Health Sciences, 6*(1), 1–12. doi:10.5590/JSBHS.2012.06.1.01.
- Cohen, K., & Collens, P. (2013). The impact of trauma work on trauma workers: A metasynthesis on vicarious trauma and vicarious posttraumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy, 5*(6), 570–580. doi:10.1037/a0030388.
- Creswell, J. W. (2013). *Qualitative inquiry and research design* (3rd ed.). Thousand Oaks, California: Sage Publications.

- Devilly, G. J., Wright, R., & Varker, T. (2009). Vicarious trauma, secondary traumatic stress or simply burnout? Effect of trauma therapy on mental health professionals. *The Australian and New Zealand Journal of Psychiatry*, 43(4), 373–385. doi:[10.1080/00048670902721079](https://doi.org/10.1080/00048670902721079).
- Figley, C. R. (1999). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (2nd ed., pp. 3–28). Lutherville: Sidran Press.
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131–149. doi:[10.1007/BF00975140](https://doi.org/10.1007/BF00975140).
- Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26(6), 558–565. doi:[10.1037/0735-7028.26.6.558](https://doi.org/10.1037/0735-7028.26.6.558).
- Sabin-Farrell, R., & Turpin, G. (2003). Vicarious traumatization: Implications for the mental health of health workers? *Clinical Psychology Review*, 23, 449–480. doi:[10.1016/S0272-7358\(03\)00030-8](https://doi.org/10.1016/S0272-7358(03)00030-8).
- Schauben, L. J., & Frazier, P. A. (1995). Vicarious trauma: The effects on female counselors of working with sexual violence survivors. *Psychology of Women Quarterly*, 19, 49–64. doi:[10.1111/j.1471-6402.1995.tb00278.x](https://doi.org/10.1111/j.1471-6402.1995.tb00278.x).
- Williams, A. M., Helm, H. M., & Clemens, E. V. (2012). The effect of childhood trauma, personal wellness, supervisory working alliance, and organization factors on vicarious traumatization. *Journal of Mental Health Counseling*, 34(2), 133–153. doi:[10.1037/trm0000024](https://doi.org/10.1037/trm0000024).