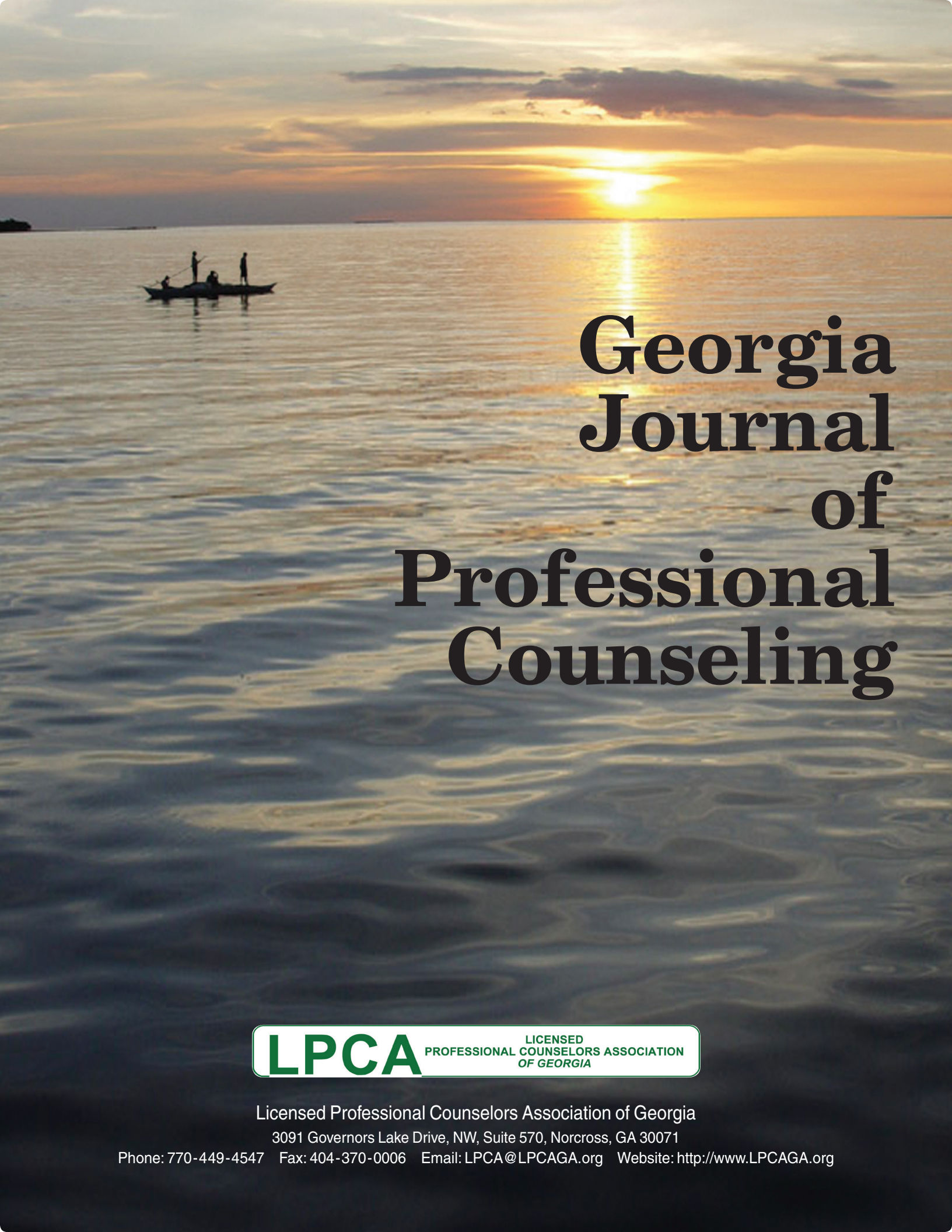

Georgia Journal of Professional Counseling

LPCA LICENSED PROFESSIONAL COUNSELORS ASSOCIATION OF GEORGIA

Licensed Professional Counselors Association of Georgia
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Georgia Journal of Professional Counseling is published once a year, in April by the Licensed Professional Counselors Association (LPCA), 3091 Governors Lake Drive, NW, Suite 570, Norcross, GA 30071.

SUBSCRIPTION RATE of $15. Additional air mail for outside the U.S. is $19 for a total of $39.

Membership: Membership in LPCA is open to all individuals and students in the mental health field. Members receive the LPCA Newsletter and the GA Journal. For further information write to LPCA, 3091 Governors Lake Drive, NW, Suite 570, Norcross, GA 30071.

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Summer 2021
Volume 18
Number 1

Georgia Journal of Professional Counseling

President's Message, 2020-2021

Tim Robinson LPC, CPCS, CAS-F, CCTP

Evidence Based Practices

I am proud to introduce this journal. Why is it important? Academic journals are essential in helping to dispel the myths that separate science from pseudoscience. They are peer reviewed and are designed to follow an established format that adheres to scholarly rigor. It is important to note that they are not all equal. It is possible for some journals and for some articles to be based on formulas that are not empirical.

Why do clinicians use methods that do not have a good evidence base? One reason is the gap between research and practice (Lilienfeld, Lynn & Lohr, 2015). Experimental design and statistical analysis are sometimes topics that are marginalized in higher education. They are also not the most popular courses that students take. It is crucial that therapists test the claims of the therapies that are available.

How does one differentiate a sound claim from one that may be flawed? Lilienfeld, Lynn, Ruscio and Beyerstein (2010) list many examples of faulty thinking. These can be easily employed by the unwary because they seem reasonable. It is important to test our assumptions. Another method to overcome faulty logic is to use reliable sources as guides. Reputable research is based on several methodologies. These include experimental design, related research, and converging (and accumulating) avenues of evidence.

How can one become an evidence-based practitioner? Learning is the key. Education is essential and it falls into two categories. These include courses and workshops from reliable providers. This is one reason that professional and regulatory bodies require ongoing professional education. Good supervision is another buffer between science and pseudoscience (Martino, 2010). It has been shown that these have worked well together. I encourage readers to become informed consumers and to test the claims that are put forth. It is my sincere hope that this journal can serve as a solid resource.

Lilienfeld, S. O., Lynn, S.J., Ruscio, J., & Beyerstein, B. L. (2010). *50 Great myths of popular psychology: Shattering widespread misconceptions about human behavior*. Wiley Blackwell:
Lilienfeld, S. O., Lynn, S. J., & Lohr, J. M. (2015). *Science and pseudoscience in clinical psychology* (2nd ed.). The Guilford Press.
Martino, S. (2010). Strategies for training counselors in evidence-based treatments. *Addiction Science & Clinical Practice, 5(2),* 30-39.

Teaching Emotional Regulation: Using a Reservoir and Dam Analogy for Skill-Building in Therapy

Seth L. Scott, PhD, NCC, LPC

Abstract

Much of therapy relies on skill-building around emotions experience and expression. The abstract principles of emotion management are difficult for many clients to grasp, requiring new language and skills. Therapy often uses analogies to assist clients in understanding by making abstract concepts more concrete. A helpful analogy is a description of our experience of emotions as the water in a reservoir and our expression of these emotions as the function of a dam. In the same way that a reservoir provides multiple benefits and protections, our emotional reservoirs provide health and life when operating correctly. Lacking sufficient outlets for our emotions, we become stagnant and distorted. This article will connect the analogy of a reservoir and dam to emotion management, providing a framework for counselors in practice.

Keywords: Emotion, Emotional Regulation, Analogies, Skills, Counseling.

Emotions form the language and context for personal experience, flavoring the lens through which live our lives. Without emotions, life would be robotic, lived within a flat world of black and white (Borgman, 2009). As many authors have suggested, emotions are an action that require an object for expression - they are always about something (Ekman, 2003; Elliott, 2006; Goleman, 1997; Omaha, 2004). Emotions form the basis of our current actions and the context and lens through which we both store and retrieve memories, intertwining with our identity to provide context and content to our autobiography (Omaha, 2004). Emotions are critical for living and are experienced and expressed in both positive and negative ways, always active but often existing outside our conscious awareness (Ekman, 2003).

As Goleman (1997) described, the word emotion itself means "to move away," "suggesting that a tendency to act is implicit in every emotion" (p. 6). It is through our experience of emotions that we live life and with the expression or repression of emotion that determines whether life is lived poorly or well (Greenberg & Johnson, 1988). The skills of emotional knowledge, emotional regulation, and emotional expression, known collectively as emotion management, form critical connections between the mind and the body (Hillman, 1960) and as such, provide a focal point for practice in mental health counseling (Grant, Salsman, & Berking, 2018). The skills of emotional knowledge, emotional intelligence, or emotional consciousness form the necessary foundation for relationship through self- and other-awareness (Goleman, 1997). Davidson and Begley (2012) described this foundation as an Emotional Style, highlighting how a person's emotional style goes beyond personality traits or moods and forms the foundation for life experience as measured across the six dimensions of resilience, outlook, social intuition, self-awareness, sensitivity to context, and attention. Most mental health counseling addresses some element of either emotional knowledge, regulation, or expression with any related skills in these three areas providing critical treatment strategies across all areas of psychological and physical health (Cloitre et al., 2019; Fernandez, Jazaieri, & Gross, 2016). Researchers have linked skill deficits in these areas to symptom factors in PTSD, depression, anxiety disorders, eating disorders, substance abuse, attention deficit hyperactivity disorder, borderline personality disorder, poor physical health, childhood behavioral problems, anger, aggression, social competence, cyberbullying, work burnout (Buruck, Dörfel, Kugler, & Brom, 2016; Cloitre et al., 2019; Di Maggio, Zappulla, & Pace, 2016; Enríquez, Ramos, & Esparza, 2017; Goleman, 1997; Grant et al., 2018; Linehan, 2015; López-Pérez, Gummerum, Wilson, &

Dellaria, 2017; Metsala, Galway, Ishaik, & Barton, 2017; Miles, Thompson, Stanley, & Kent, 2016; Prefit & Szentagotai-Tătar, 2018).

With the skills of emotion management playing such critical roles for clients today, a means for explaining, practicing, and maintaining these skills is essential for effective mental health counseling (Grant et al., 2018; Metsala et al., 2017; Miles et al., 2016). The links to diagnostic categories and deficits in these skills span the ages and stages of development, demonstrating the need for a flexible framework for explaining the role and function of these skills that is simple enough for a child to understand and apply and complex enough to balance the depth and variety of skills needed for adults (Metsala et al., 2017). Analogies and metaphors provide concrete contexts for discussing abstract ideas like emotions while also providing distance between the experience of emotions and the discussion of them so that such topics can be safely explored, explained, and resolved (Digiuseppe, Doyle, Dryden, & Backx, 2014; Suthakaran, 2011). In my clinical practice, the analogy of a reservoir and dam has provided a helpful context for conceptualizing the topics of emotion management, a model that appears unique in the field. In this paper, I will describe the role and significance of learning and skill-building in each of these three areas, explain the benefit of using analogies in counseling, and then apply the analogy of a reservoir and dam to a person's experience of emotion in knowledge, regulation, and expression as a useful tool for clinical work, concluding with a case example from an Rational emotive behavioral therapy (REBT) lens.

Emotion Management: Emotional Intelligence, Regulation, and Expression

Goleman (1997) suggested that the basics of emotional intelligence include "learning how to recognize, manage, and harness… feelings; empathizing, and handling the feelings that arise in … relationships" (p. 191). These basics, known collectively as emotion management,

form the core emotional and social skills for personal control and interpersonal competency (Goleman, 1997; Grant et al., 2018; Omaha, 2004). The skills of emotion management usually occur in childhood when the identification of personal emotions extends to the awareness of others' emotions, providing opportunities for the adjustment and control of those emotions in appropriate ways according to the context (Di Maggio et al., 2016). With the effective learning and application of these skills, social skills develop, positive interpersonal relationships form, and competency builds through repeated use. However, research is demonstrating that many people are not learning these skills in early childhood for a variety of reasons, including trauma, attachment, learning disabilities, or lack of modeling, perpetuating the impact of the absence of these skills across the lifespan and building ineffective coping and interpersonal skills with dysregulation of emotions contributing to mental health symptoms noted above (Cloitre et al., 2019; Enriquez et al., 2017; Fernandez et al., 2016). This section provides succinct descriptions and examples from the research within each of the three domains of emotion management, providing the background and context for building the analogy of a reservoir and dam as concrete learning elements for effective emotion management to initiate the necessary foundation for emotion management starting with a concrete operational model on which to build these necessary abstract skills.

Emotional Intelligence

As Goleman (1997) explained, emotional intelligence involves the identification of an emotion and the connection of that experience to the language used to both acknowledge and share that emotion. This process is the development of self-awareness, requiring the connection between the experience of the emotion from the amygdala in the emotional brain to the labeling and interpretation of that experience in the prefrontal cortex of the rational

brain (Goleman, 1997; Grant et al., 2018). Emotion and cognition are intertwined, but in the initial experiences of emotion, without practiced insight and reflection, much of our emotional experience is prereflective and reactive (Greenberg & Johnson, 1988; Suthakaran, 2011). It is the role of awareness to provide the feedback that enables the recognition of emotions and their underlying beliefs in context and the choice of an emotional response in place of a reaction (Askari, 2018; Laaser & Laaser, 2013). As Davidson and Begley (2012) suggested, emotional intelligence and self-awareness require the integration of neurological elements through learned practice. Practice provides the repetition of identification of the emotions and their resulting beliefs that exist outside our conscious awareness, triggering a reaction through the amygdala before the activation of conscious control (Ekman, 2003).

Ekman (2003) proposed that emotions are not private because each of the primary seven emotions (sadness, anger, surprise, fear, disgust, contempt, and happiness) have a distinctive expression that signals their presence. Although the experience of these emotions is difficult to mask, the cause of the emotion and related belief is private and unknown, sometimes even to the person experiencing the emotion, because emotions exist as triggered responses to stimuli in our private thoughts (Ekman, 2003; Grant et al., 2018). “Emotions are brief, involuntary, full-system, patterned responses to internal and external stimuli” (Linehan, 2015, p. 6). These responses, interacting and firing in response to real and perceived internal and external cues, establish emotional responses that can vary drastically from person to person. It is this unconscious influence on the experience of emotions that necessitates the self-awareness required for the identification and labeling of an emotion, but also the exploration of its source and trigger if the emotion is to be regulated and expressed appropriately (Di

Maggio et al., 2016; Digiuseppe et al., 2014; Linehan, 2015). As Ekman (2003) encouraged, the key in developing awareness, what he calls attentiveness, is that it provides the means for identifying our emotions to control our emotional behavior before this expression does harm to ourselves or to others. This control is the role of regulation flowing directly from the attentiveness and awareness of emotional knowledge.

Emotional Regulation

Grant et al. (2018) provided a comprehensive definition that mirrors many of the other researchers, stating, "Emotion regulation can been defined as the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one's goals" (p. 1). Di Maggio et al. (2016) echoed these key elements of management, control, modulation, and modification for the purpose of facilitation and adaptation of coping and engagement within relational contexts. Just as wisdom acts as the application of knowledge to a specific situation, emotion regulation functions as the "[application of] acquired emotion knowledge" (Di Maggio et al., 2016, p. 2627). This subjectivity is not to say that all emotions are wrong or inaccurate and should simply be controlled or ignored, but that our emotions must be honed and trained, cultivating beneficial emotions and changing destructive emotions so that our emotions can "help us to work efficiently, assist our learning, correct faulty logic, and help us build relationship with others" (Elliott, 2006, p. 53). The process of emotion regulation involves the identification of our underlying core beliefs generating our emotional response to experiences (Digiuseppe et al., 2014)

With the absence or inability to regulate our emotional cues, experiences, perceptions, and responses, dysregulation and invasive emotional experiences occur. Emotions that we cannot

control begin to control us, appearing without warning or perceived reason, spiking and dropping without provocation, clouding our perception, distorting our thinking and responses, clogging our emotional reservoirs until the only emotions we experience are negative and reactive. This process can dissociate our response from the reality of our present experience and cloud our insight until past, present, and future become one timeless void of raw emotion (Grant et al., 2018; Linehan, 2015). It is through the absence of regulation that emotions present in many psychological disorders, forming in response to unrecognized irrational beliefs (Digiuseppe et al., 2014; Fernandez et al., 2016; Goleman, 1997; Metsala et al., 2017; Miles et al., 2016). Emotion regulation skills form the foundation for many therapeutic interventions, acknowledging both the significant role of dysregulation as a factor in producing turmoil within our relationships as well as the absence of learned skills in emotional regulation and response in our daily functioning (Buruck et al., 2016; McLean & Foa, 2017; Prefit & Szentagotai-Tătar, 2018). Although emotions initially occur as prereflective responses, we have a responsibility to understand and regulate these emotions. This comes through identification of the physiological and motor responses that occur reflexively, recognizing the origin of emotional memories triggered by an event and the resulting beliefs, and owning our resulting cognitive response to the current situation resulting in our interpretive emotional and behavioral reaction (Elliott, 2006; Greenberg & Johnson, 1988). Emotion regulation skills include all these necessary elements, defined as the ability to (1) be consciously aware of our emotions, (2) identify and label our emotions, (3) recognize the past cause and current trigger of the emotion, (4) tracing the inference of belief feeding the emotion, (5) inhibit impulsive behavior related to strong positive or negative emotions through active modification, or (6) tolerate and accept undesired emotions when change or modification is not possible, (7) confront and explore triggers to reduce their

control and improve our control, (8) apply effective self-support or self-soothing to cope with strong emotions, (9) maintain attention and response in the presence of strong emotions, (10) and working to debate and dispute the underlying irrational beliefs (Grant et al., 2018; Linehan, 2015; Omaha, 2004). Emotion regulation skills are critical for effective relational functioning, providing the necessary resource and depth for modulating our emotional expression within the triggering dynamics of relationship (Laaser & Laaser, 2013).

Emotional Expression

In describing emotional intelligence and the resulting skills of impulse control, Goleman (1997) highlighted how a critical element of control is knowing the difference between feelings and action and using this knowledge to regulate the expression of the emotion following consideration of alternative actions and their consequences. This flow forms the structure of emotional management addressed thus far, beginning with the importance of identification and labeling of emotions through knowledge and then using this knowledge to regulate and change emotions before their expression. An awareness of the ability to control the expression and experience of emotions is a hallmark of emotional knowledge and the foundation for effective skill building and coping within counseling (Di Maggio et al., 2016; Linehan, 2015; López-Pérez, Gummerum, Wilson, & Dellaria, 2017).

In dealing with the expression of emotions, it is important to first distinguish some of the related but different terms used to describe this experience. Omaha (2004) described the progression from affect to feeling to emotion, starting with affect because "affects are the genetically hard-wired, physiological building blocks from which feeling, emotion, and mood are constructed" (p. 4). Affect is the neurophysiological base while emotion is the autobiographical experience tied to that perception (Omaha, 2004). By identifying and separating these elements,

effective emotion regulation can occur in that gap between the physiological arousal of affect and the interpretation, response, and expression of the feeling through emotion.

Emotional regulation flowing from improved insight, emotional identification, and belief identification enables the effective application of concrete skills to emotional expression. Didactic learning of coping and calming skills is ineffective if clients lack awareness to the presence of their emotions and the expression of their emotions occurs without an ability to identify its type, source, trigger, or underlying belief (Linehan, 2015; López-Pérez et al., 2017). One strategy frequently employed in the literature is the use of mindfulness or attentiveness for modulating both the experience and expression of emotion (Ekman, 2003; Enríquez et al., 2017; Linehan, 2015; McLean & Foa, 2017; Omaha, 2004). Mindfulness draws together the components of emotion management by intentionally acknowledging one's current emotional experience while seeking to identify its source and describe its impact without judgment or reaction (Davidson & Begley, 2012; Linehan, 2015).

For this final step of emotional expression to be effective in drawing together the disparate elements of understanding one's needs and emotions, understanding the needs and emotions of others, and bridging this difference through effective communication of all these elements, each part of emotional intelligence, regulation, and expression must be working correctly. Mindfulness is a tool that provides concrete practice and strategies for applying these emotional skills both inside and outside of therapy. For many people that lack the necessary insight for labeling their emotions and recognizing their source and beliefs, mindfulness skills remain too abstract for effective use in counseling (Lueke & Lueke, 2019). Reaction to affect produces emotions that clouds the ability to recognize how emotions are flavoring these reactions and creating a negative feedback loop in emotional memory and experience. While

mindfulness is a broad category with many different iterations and directions, its application as a tool here is intended as a means for slowing our attention to improve the skills of noticing and identifying connections between internal and external states.

Although the seven primary emotions (sadness, anger, surprise, fear, disgust, contempt, and happiness) people experience have distinctive facial expressions that demonstrate the presence of these emotions, insight is required for people to connect the experience of these emotion with its label, source, and resulting expression (Ekman, 2003). Emotions are about something and the act of expression of emotion is implicit in its meaning (Goleman, 1997). However, if the affect we sense becomes misinterpreted through our memory, experience, or irrational beliefs, our ability to connect the expression of the affect with its appropriate expression becomes blocked, limiting or eliminating critical elements of insight, regulation, and modification. Without effective externalization of emotions through expression, emotions become internalized and build below the surface of expression and awareness, bursting forth through dysregulated expression, somatic symptomology, or aggressive behaviors (Miles et al., 2016; Rossi, Bruno, Chiusalupi, & Ciaramella, 2018).

Without the skills of emotional intelligence and regulation, emotional expression becomes mood-incongruent with the primary emotions hidden from awareness and expression. Tension builds below the surface as select secondary emotions attempt to handle and express unacknowledged primary emotions (Becker-Asano & Wachsmuth, 2008). It is through this limited expression of experienced emotions that our primary emotions become distorted, modifying our perception and expression of all emotions to a stagnated outflow of anger, aggression, depression, and pain. The skills of emotion management must be learned and practiced to be effective. In a society that seeks quick fixes and escape from discomfort, we are

losing these critical social and relational skills with limited means for effective emotional expression. When emotions lack an appropriate outlet and are left repressed and unexpressed, our emotions stagnate and steep, producing feelings of anger, aggression, depression, and pain. Moving forward to teach awareness and the skills of insight, regulation, and expression is a critical component in counseling today, but counselors need additional resources to explain the importance and practice of emotion management in concrete terms, providing a framework to teach the requisite skills to clients of all ages and stages.

Making an Analogy

Research demonstrates that experiential learning provides the best format for increasing self-awareness in counseling (Suthakaran, 2011) and enhancing all forms of didactic learning and abstract concepts through illustration, metaphor, and analogy (Digiuseppe et al., 2014; Kolb, 2014; Metsala et al., 2017). Suthakaran (2011) discovered that general behavior change is limited or absent if the only emphasis in counseling is on cognitive development or knowledge acquisition. Analogies and roleplay provide the means for new and existing knowledge to transfer to application within a new context (Ambrose, Bridges, DiPietro, Lovett, & Norman, 2010; Carey, 2014; Kolb, 2014; Suthakaran, 2011). Analogies provide a connection to the existing operational knowledge clients have and use this connection to make new material more understandable, "creat[ing] more robust knowledge representations in [clients'] minds" (Ambrose et al., 2010, p. 33).

Because emotions also include complex triggers that produce discomfort and avoidance for many clients, a concrete analogy provides counselors a tool to promote insight and skill building of a clients' personal experience from a safe distance, displacing their experience onto a concrete model. Using analogies to discuss emotions also increases the clients' perspectives on

their emotions by allowing a bird's eye view of their experience. Using an analogy like a reservoir and dam to describe emotion management and the three components of emotional intelligence, regulation, and expression provides a wonderful framework for enhancing basic self-awareness and skills training as a foundation for a future return to the more abstract elements of emotion management. For the analogy of a reservoir and dam to be effective, therapists must first understand how a reservoir and dam function and then make the connection through the analogy to emotion management and the knowledge and experience of the client (Digiuseppe et al., 2014).

A Reservoir and Dam

A reservoir is a body of water formed or modified by humans to improve the control and reliability of the water resource (Alberta Water Portal Society, 2018). People construct dams across rivers to form reservoirs to restrict the rivers' flow and control the amount of water that flows from the river, pooling behind the dam to form a reservoir (National Geographic Society, 2011). People have been building reservoirs and dams for thousands of years for a variety of purposes, including: power generation; stabilization of water flow and irrigation; flood prevention; land reclamation; the creation of water supply for urban or industrial areas; the creation of recreational areas for activities like fishing, boating, and swimming; the creation or maintenance of habitats for fish and wildlife; improvement of navigation; water diversion; or containing and storing waste from mines (Alberta Water Portal Society, 2018; National Geographic Society, 2011). Water flows into the reservoir from the river, building in the reservoir to provide all these benefits. The dam regulates the flow of water from the reservoir, often directing the water through pipes in the dam wall called the penstock with gates to further

regulate the water flow before sending the water through a turbine in the power house to generate electricity (Bonsor, 2019).

Without a consistent flow of water from the river upstream through the dam wall and back downstream, sediment from upriver sinks to the bottom of the reservoir, reducing the water capacity of the reservoir over time (National Geographic Society, 2011). If the water does not consistently flow through the reservoir, the water may also become stagnant, causing the environment of the reservoir to become polluted and reduce its value for recreation, drinking, wildlife, and more. If the gates or penstocks in the dam wall are insufficient, blocked, or closed, the water will build up behind the dam wall, breaching the wall and causing damage downstream. Finally, if the water does not flow through the penstocks, the dam cannot turn the turbines in the power house to produce electricity. If no water flows over or through the dam, the people downstream experience a drought. If too much water flows through or over the dam and gets out of control, those downstream experience flooding. Effective regulation and control of the water at each stage of the process, from entry to the reservoir, to containment in the reservoir, to flow through the dam, and downstream must be regulated and controlled for the water to provide the expected benefits and to limit its damage.

Our Emotional Reservoir and Dam

As noted above, emotion management includes the three components of emotional intelligence, emotional regulation, and emotional expression and each of these components relates to an aspect of the reservoir and dam through an analogy (see Table 1). Just as the reservoir provides a means for containing water that is clean and enjoyable for many purposes, the skills of emotional intelligence allow people to understand their emotions as they experience them, correctly identifying their type and source as they occur, and retain them appropriately

until their expression is needed or useful. Emotional intelligence involves the insight and accuracy of identifying and labeling the emotions experienced while also containing all these emotions without one emotion engulfing and distorting the other emotions. When emotional intelligence is not working properly, the source of emotion is not understand and the interpretation of the emotion infects the whole self, distorting the experiential memory of emotions and flavoring every emotion through the lens of this one (Askari, 2018; Cloitre et al., 2019). In the analogy, this is exemplified in water flowing into the reservoir and spreading bacteria or toxins throughout the body of water, infecting all the clean water with this bacterium. For the water to be useful again, the source of the bacteria must be identified, stopped, or combatted. By correctly understanding our emotions and the beliefs that feed them, the experience of the emotions in our containment allow for the effective expression of emotion through regulation.

The dam wall, reservoir sides, dam gates, and penstock pipe all illustrate the skills of emotional regulation (see Figure 1). Emotional regulation involves the monitoring, evaluation, and control of emotional reactions, ensuring that our emotions function correctly and continue to serve their purpose of allowing us to accurately experience the world around us. The analogy illustrates these regulation skills by demonstrating how the dam ensures the purposes of the reservoir and dam are met by regulating the flow of water through the gates and penstock. If the gates are not working properly, the water flow is interrupted, through either restriction or release, negatively impacting the intended purposes of the reservoir and dam. For example, if the water is not regulated correctly and flow is restricted, sediment will build on the base of the reservoir and dam, reducing the reservoir's capacity and potentially damaging or blocking the gates, penstock, and turbine. Furthermore, restriction can cause water stagnation which

produces bacteria and limits the benefit of the water for consumption and recreation. If the water builds behind the dam, the continued inflow of water will breech the dam wall and its flow downstream becomes unregulated.

Applying this analogy to our emotional regulation, emotions that are not understood cannot be effectively controlled or modified, preventing their transition from the reservoir to downstream. When emotions overwhelm us, they distort our thinking and our experience of our existing emotions, toxifying our emotions and reducing our capacity for experiencing any emotion, good or bad (Goleman, 1997). This reduction of emotion means that when we continue to experience even good emotions, upon entrance to our toxified reservoir positive emotions become interpreted as negative and we lack the ability to direct our emotions appropriately. Without appropriate flow of emotions in and out, through insight, identification, labelling, and expression, our emotions distort and build in the reservoir increasing the pressure behind the dam wall. Without increasing the means for effective regulation and expression of our emotions, the water of our emotion periodically breaches the dam wall, spilling toxified emotions, usually expressed as anger, haphazardly and uncontrolled across our downstream environment. When the water of emotion cannot be controlled, we seek to retain all emotions because any emotion that is released has been distorted and toxified. A common occurrence of this experience is when someone lashes out in anger without provocation and apologizes by noting, “I’m so sorry, I have no idea where that came from.” This occurrence is an example of the toxic emotion breaching the dam wall and spewing anger at the unsuspecting villagers downstream. By identifying our emotional experience to then improve insight and regulation, the internal environment of our emotions improves, improving the flow of emotions and reducing the frequency of “toxic spills” from our overtaxed and filled emotional reservoir.

Finally, emotional expression occurs as the consequence of intelligence and regulation either through positive and effective expression or through negative and misdirected expression (Di Maggio et al., 2016; Linehan, 2015). As noted earlier, mindfulness, in its function with insight and awareness, provides the tools for regulating our emotions and supports the flow of emotions from inlet to outlet. Just as the reservoir and dam function together to provide useful purposes, emotions flowing through this process provide power when expressed appropriately and responsibly. Each emotion we experience has a related expression to provide the effective release of that emotion in a constructive manner (Ekman, 2003). To use the analogy of the dam, each emotion we experience requires a unique penstock pipe to allow its outlet, providing power through the appropriate expression of that emotion. Many people lack the insight to identify the emotions they are experiencing and the language and skills for effective expression of those emotions, causing the emotions to build behind the reservoir wall without opportunity for a controlled response. The goal of therapy is to support clients in improving their emotional skills by increasing their emotional intelligence through insight and identification; supporting their regulation through mindfulness and recognition of distortions; and increasing their emotional expression through roleplay, improved language of emotion, and the practice of coping and calming strategies (Buruck et al., 2016; Miles et al., 2016; Omaha, 2004).

The dam provides a concrete analogy of this process by illustrating the need for gates and penstocks shaped to fit each emotion, or at least the seven primary emotions. By drawing a quick diagram of a reservoir, dam, and river (with a round pool, wall, and exiting stream), the counselor can attach specific skills for emotional intelligence and belief identification, regulation, and expression to each section, providing measurable treatment goals as clients work in therapy to improve their emotional skills across these three components. Using the analogy of

a reservoir and dam provides a concrete framework for counselors to assist clients in drawing from their knowledge and experience to learn the language and skills of emotional management.

Applying the Analogy

The following is a fictional example of how a therapist could use this analogy in a session to support the development of emotion management skills and belief identification. Tim is a 20-year-old White male college student struggling in his relationship with his girlfriend.

Tim: I get so frustrated trying to explain to Cindy how I feel and what is going on. I know that I care for her, but she's right when she says that I often don't act like I do by how I treat her.

Counselor: Could you give me an example, Tim, of a time that something like this happened?

Tim: Sure. Last weekend we were on the way to dinner and a movie when this jerk pulled right in front of me in the parking lot and took the spot I was about to enter. I started yelling at the guy and was about to get out of the car to tell him off when Cindy got upset. She said she can't understand why I have to ruin such a nice evening by losing my temper all the time. I started yelling at Cindy too. I don't know where that came from. I struggle to be able to tell her the good things that I feel, but the bad things seem to spew all over her when I am stressed or upset. What can I do?

Counselor: Tim, it sounds like you are experiencing a lot of different emotions, but that the emotions you find easiest to express are the negative ones, like anger and frustration?

Tim: Yeah, but why is that? I know I feel more, but I don't really know what or how to express it and this anger just comes out of nowhere.

Counselor: Maybe an analogy would help to explain what you may be experiencing, Tim. Are you familiar with the functions of a reservoir and dam? Reservoirs provide fresh drinking water, recreation like swimming and fishing, control floods and droughts, and uses turbines to generate

electricity as the water flows through the dam. When the reservoir and dam are functioning correctly, together they provide useful resources and protections, but when they aren't working correctly, problems occur, causing sediment to collect in the reservoir, reducing the capacity of the water, clogging the turbines for power, and creating bacteria in the stagnant water. If the water builds behind the dam wall, continued inflow can cause the water to break over the wall and damage homes and innocent bystanders nearby. Does that process make sense to you?

Tim: Yeah, I guess so, but what does that have to do with me and Cindy?

Counselor: Well, Tim, your ability to manage your emotions works a lot like the reservoir and dam. Look at this drawing of a reservoir, dam, and stream. You experience emotions continually from a variety of sources, like water flowing into the reservoir from upstream. Our emotions build inside of us like water in the reservoir, providing benefits as we can identify and label our emotions and understand their source in our beliefs in an appropriate way. As we experience emotions, we seek to regulate them so that we can express them appropriately, using the right words and behaviors in the right contexts. However, like the analogy, if we lack insight into what emotions we are experiencing or these emotions become distorted through misinterpretation of events by irrational beliefs, our emotions build faster than we can appropriately express them. If we lack awareness of our emotions and the skills to regulate and control them, the expression of our emotions will be limited. As our flow of emotions in and out becomes imbalanced, our capacity to experience emotions is limited and all our emotions become distorted and muddied in our interpretation as our insight and awareness is distorted. Without the means to appropriately express the variety of emotions we experience, we lose the power in expressing our emotions and these emotions, now fouled through stagnation, break loose over the dam wall and spew onto

innocent bystanders, like Cindy. If the outlets for your emotions are insufficient, they will build behind the wall and flow free without your control, as you experienced. Does that make sense?

Tim: I think so, but what can I do to increase my outflow and reduce my spillage?

Counselor: There are three main areas for growth and improvement. First, you need to improve your insight around what causes the emotions you experience, those underlying beliefs, and how you understand and interpret these emotions. This is the reservoir. You can improve your emotional intelligence by increasing your emotional language and improving your awareness through identifying and labeling the emotions and related beliefs you experience. Second is emotional regulation which is the control and modification of the emotions you experience exemplified by the dam walls and outlet pipes leading through the power turbines and to the river. By increasing your conscious control over your experience of emotions and disputing the irrational beliefs that feed those emotions, you gain power as to how these emotions are expressed. You can work on this regulation through the skills of mindfulness and REBT. Third is your expression of emotion which is represented by the variety of gates and outlet pipes to the river. Each emotion you experience, such as happiness, sadness, anger, surprise, fear, needs its own outlet for effective expression. You can work on this by learning new skills for coping with and expressing emotions. Once you improve your identification of your emotions in the first step, matching these emotions to their expression in the third step becomes easier. Without enough matched outlets to express the emotions you experience, your emotions build and become toxic. Learning to identify and label your emotions in step one and regulate and modify your emotions in step two, you improve your ability to direct and express our emotions correctly in step three.

These three sections from the analogy then provide specific treatment goals and assignments for Tim to work on with his counselor in session and between sessions. Tim can use a Feelings Wheel to improve his emotional language and insight; mindfulness, relaxation, REBT worksheets, and physical activity to improve his emotional regulation; and roleplays and open-ended questioning to improve and practice clarity and consistency in his emotional expression. Counselors can build from this analogy across each step of treatment, assessing progress across the skills by returning to the picture of the reservoir to discuss the changes in the water quality and flow as examples of our emotional state.

Conclusion

Learning to interpret and express emotions appropriately is critically important for effective relationships. Issues in emotion regulation and dysregulation form the basis for most psychological symptoms and presenting concerns in counseling. It is imperative that counselors learn effective strategies to assist clients in learning the skills of emotion management and analogies provide helpful concrete steps to aid in this process. The reservoir and dam analogy provide counselors with a helpful framework for explaining emotion management skills and the relationship between the symptoms and presenting problems clients experience which connect to the skills and tools necessary for improvement.

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Table 1
Comparing the Components of Emotion Management with a Reservoir and Dam

Emotional Intelligence	**Reservoir**
Identification and labeling of emotion	Identify water presence for capacity and purpose
Identification and understanding of source & cause	Identify upstream sources to permit flow
Insight and containment of emotions	Maintain water purity and clarity
Emotional Regulation	**Dam**
Monitoring and modifying emotions for coping	Gates control inlet of water to penstock and outflow
Control emotions for effective awareness & interpretation	Gates regulate flow to support intended purposes of both reservoir and dam
Maintain power and purpose with appropriate expression	Control gates regulate water flow from penstock to turbine and outflow
Emotional Expression	**Dam and Downstream**
Rate of expression matches rate of experience to ensure accuracy of content and context	Gates and penstock regulate water flow to maintain reservoir levels match desired purpose and protect against drought, flooding, and stagnation of water in reservoir
Expressed emotion matches experienced emotion following insight and modification	Gates ensure appropriate water level through penstock and turbine for power and flow
Expressed emotion modulates based on consideration of consequences and context	Gates and penstock regulate water flow to maintain reservoir levels match desired purpose and protect against drought, flooding, and stagnation of water in reservoir

Figures.

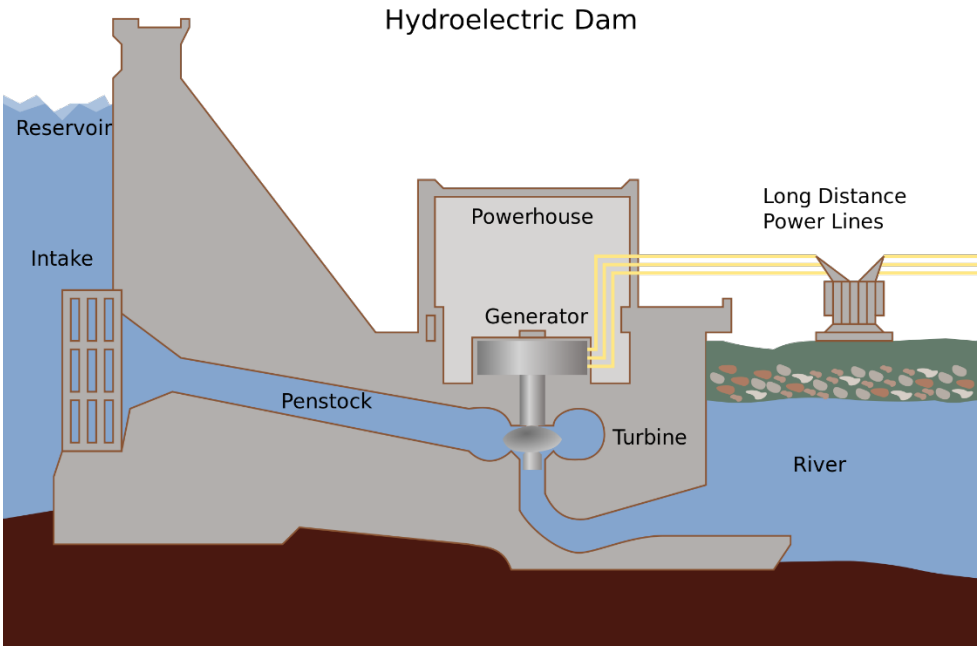

Figure 1. *Hydroelectric dam* (Tomia, 2000) Retrieved from https://commons.wikimedia.org/wiki/File:Hydroelectric_dam.svg

Examining the Impact of Mentoring and Supervision Among Emerging Sub-Saharan Counselor Educators: A Phenomenology Study of Lived Experiences

Kwame Owura Frimpong

Abstract

Migrating to study in the United States can have a powerful and meaningful impact on a foreign academic's personal and professional identity. Studies have suggested that international students struggle with acculturation and education adjustment. In this paper, I explore some of these issues from my perspective as a doctoral student. The paper also addresses the impact of supervision, faculty, peer support, and mentoring on international students' education. Finally, recommendations are presented for new international students in their acculturation process and ways for institutions of higher education to optimize their international programs and develop strong social support networks. While the focus was on mentors and supervisors of international counseling students, the information presented is applicable to counselors that work in communities with diverse populations, including immigrant parents. Because international students bring valuable cultural perspectives, all counselors should be prepared to work with immigrant parents and students to support their educational success.

Keywords: Acculturation, international students, social support, mentors, counselors

Examining the Impact of Mentoring Among Emerging Sub-Saharan Counselor Educators

Many South African and Nigerian immigrant students are interested in business management, engineering, fine arts, natural sciences, or applied sciences (Girmay, 2017). Despite their interest in higher education and the growing population of African immigrants (including international students), there is a dearth of research involving international students

from West Africa and their unique struggles. The purpose of this article is two-fold. First, the paper presents a review of how the United States is becoming a more diverse society and attracting international students. Next, the review presents the struggles ofWest African international students' race concerning acculturation, English as a second language, academic barriers, educational adjustments, and to propose effective strategies in higher education to meet the needs of this student population.

The literature review includes current and seminal works that offer relevant findings and historical and cultural value. Roy et al. (2016) reported that many Sub-Saharan international students reported discrimination as a major challenge to building strong social networks. My review will bring about awareness for mentors and supervisors and aid in understanding the cultural nuances involved in supervising Sub-Saharan international counseling students. Drawing from personal experiences, I will share ideas regarding what helped me through my academic adjustment and how improving those factors can better serve other African immigrant students.

Diverse Society

Society is becoming more diverse and the literature confirms the benefits of incorporating multiculturalism into clinical supervision. For example, data from previous years have indicated an increase in the enrollment of international students at colleges and universities. Data from Open Doors in 2017 show that approximately 623,805 international students were enrolled in 2007-2008 compared to 1,078,822 international students in 2016–2017(Institute of International Education, 2018). The number of international students reported in 2017 equates to about 5.3% of U.S. college student enrollment (Institute of International Education, 2018).

Many international students benefit from mentors and supervisors. Supervision increases international supervisees' satisfaction (Mori et al., 2009). Another study by Ng and Noonan

(2012) indicated that multiculturalism in clinical supervision discussions impacts working alliances. Nilsson (2007) underscored the impacts of cultural discussions, including the supervisee's self-efficacy, stress levels, and perceptions of the supervisor.

Attracting International Students

The United States is attracting more international students than ever(Bound et al., 2020).Many universities in the United States have implemented new programs that attract international students worldwide, positively contributing to the economy (Stuen & Ramirez, 2019). A report from the U.S. Department of Commerce in 2012 indicated that international students' contributions to the economy were over $24.7 billion (Institute of International Education, 2013).

International students from Sub-Saharan Africa represent 8% of globally mobile students worldwide (Institute of International Education, 2015). Moreover, most international students from Sub-Saharan Africa come from Nigeria, Kenya, Ghana, South Africa, Cameroon, and Ethiopia (Institute of International Education, 2014). Between 2000 and 2013, African immigrants were the highest among recent immigrants. Anderson (2015) reported, "Africans had the fastest growth rate from 2000 to 2013, increasing by 41% during that period"(p.1). Most African immigrants have stemmed from Nigeria, Ghana, Kenya, and Liberia in the past decades. However, due to current diversity and refugee programs (Capps et al., 2012),in 2013, most African refugees came from Somalia, the Democratic Republic of Congo, Sudan, Eritrea, and Ethiopia (Anderson, 2015). In 2015, the Migration Policy Institute recorded 35.7 million immigrants, ages 25 and older, were college-educated in 2013(Israel & Batalova, 2021). Among this population, African immigrants continue to grow every year. For example, in 2018, over 2 million immigrants from sub-Saharan Africa lived in the United States (Israel & Batalova, 2021).

Although this number may be small, between 2010 and 2018, the sub-Saharan African population increased by 52%, and more than 50% of sub-Saharan African immigrants were naturalized U.S. citizens in 2017 (Israel & Batalova, 2021).In addition to the growing numbers, Girmay (2017) contended that students from Sub-Saharan countries express high interest in higher education.

Acculturation and Adjustment

Throughout my experience as an aspiring counselor, I frequently heard from immigrant friends who wondered how I navigated the challenges of academia as an immigrant. Indeed, I faced struggles while studying in the United States at each level of my education. Some of these I'll share in these pages.

While research that focuses on the experiences of African immigrant students is limited (Berthelemy, 2019; Boafo-Arthur, 2014), studies show that the adjustment experience of West African immigrants differs from other continents (Warren & Constantine, 2007).Thus, African immigrant students studying in the United States face unique challenges that are overlooked in society (Girmay, 2017). West African immigrants' challenges include acculturation, prejudice, and financial concerns (Boafo-Arthur, 2014; Constantine et al., 2005). However, international students' struggles look vastly different based on backgrounds, ethnicity, religion, and other social identities (Nguyen et al., 2015).In the following sections, the struggles that international students face are presented. Each of these struggles presents the need for effective student mentoring and supervision.

Cultural Adjustment

African immigrant students face issues adjusting to the U.S. culture. Further, the impact of cross-culture differences can cause African immigrant students to experience feelings of

isolation, compounding their adjustment challenges (Girmay,2017). Due to a change of culture, navigating through a host country's environment comes with its struggles. Mesidor and Sly (2016) described the four phases of cultural adjustment. Phase one is the *honeymoon phase*; it is a phase of excitement for the opportunity to study in a foreign country. However, the honeymoon phase will soon present challenges due to cultural differences in educational systems, language barriers, and social interactions. The next phase is *hostility,* which is the international students' inability to tolerate and manage misunderstandings. For example, international students may experience culture shock, resulting in anger, frustration, depression, sadness, confusion, and anxiety. The next phase is *humor,* where the student finds it easy to socialize and is marked by the ability to make friends. The final phase is the *home phase*, where students feel accepted to the new environment and achieve acculturation.

Many international students must also adjust from a culture of collectivism to individualism. Most African immigrant students come from a cultural background where interpersonal relationships are highly valued. As such, they may face challenges dealing with collectivism in U.S. culture (Stuen& Ramirez, 2019; Wambu et al., 2017). Furthermore, studies describe the culture of Africans as comprised of group survival, communalism, harmony, collective responsibility, commonality, cooperation, expressive individualism, oral tradition, and social time perspective (Constantine et al., 2005). With such cultural perspectives of life, African immigrants may have difficulty dealing with U.S. culture where individualism, independence, and self-reliance are the norm; thus, impeding their higher educational academic adjustment (Kiramba et al., 2020; Wambu et al., 2017). For example, a study by Constantine et al. (2005) indicated that students from Kenya, Nigeria, and Ghana felt that the "educational system in the United States was too Eurocentric or oriented toward White cultural values" (p.60). The cultural

changes that international students experience affect acculturation adjustment as they deal with issues, such as language challenges, culture shock, stereotyping and prejudice, and social relationships (Kuznetsov& Kuznetsova, 2011).

Social Adjustment

When international students arrive in a host country, one of the challenges they face is social boundaries. Spencer-Oatey (2018)outlined factors that affect social challenges, including stress and anxiety, English proficiency, lack of social and academic support, region/country of origin, length of residency in the United States, acculturation, and gender. In addition, a study by Olaoye (2020) indicated that if an international students' competency in English increases, there is an impact on social skills. On the other hand, poor English proficiency has a negative effect on international students, making them experience feelings of loneliness. Most international students come from a culture that values collectivism, where individuals place a high value on belonging. Therefore, the inability to socialize can take a toll on international students (Mwangi et al., 2019; Robinson et al., 2020) making it difficult to form friendships with their U.S. peers (Li & Zizzi, 2018).Researchers confirm the importance of a sense of belonging in academics. Although small in sample size, the research of Mwangi (2016) offers cultural value to understanding African international students. For example, Mwangi (2016) presented factors that impacted 10 Black international students from Jamaica, Nigeria, Ghana, Kenya, Haiti, Senegal, Trinidad, and Eritrea at a mid-sized Historically Black College and University (HBCU).The author discovered that a "students' sense of belonging is highly influenced by the perceived rapport from peers, faculty, meaningful interpersonal relationships, systems of support and resources and feelings of being accepted and valued" (Mwangi, 2016, p. 1017). It is worth noting

that language anxiety is a major stressor that can impact both academic and social domains (Robinson et al., 2020).

English Language Anxiety

One of the major challenges that counselor educators face within counselor education is foreign language anxiety facing international students. Oteir and Al-Otaibi(2019) identified foreign language anxiety as tension and apprehension stemming from speaking and learning a new language. As Horwitz et al. (1986) discussed, foreign language anxiety impacts learning in three ways, including (a) communication apprehension, (b) test anxiety, and (c) fear of negative evaluation. Due to how foreign language affects learning, it is not unusual that language anxiety has been negatively correlated with self-efficacy among masters-level counseling international students with English as a second language (Haley et al.,2015).

International students also face challenges with the issue of U.S. dialects in casual social settings. International students are often unfamiliar with U.S. dialects (Abu Rabia, 2017). Due to the distinctiveness of international students' accents, language anxiety leads to feelings of dis-belonging, embarrassment, or even shame (Ulupinar, 2018). Mwangi et al. (2019) argued that students are often treated differently from their U.S. counterparts by faculty due to their accents. As such, international students might opt to disengage from conversations (Leong, 2015) and they may not be comfortable engaging in class discussions (Cheng et al., 2017; Leong, 2015). Thus, international students may have difficulty interacting in their host country.

Academic Barriers

International students' struggles, including acculturation, language anxiety, and social struggles, make their education difficult. Wu et al. (2015) described the academic challenges of international students at U.S. institutions, including adjusting to the academic culture and

understanding faculty due to the language barrier. Terui (2012)and Wu et al.(2015) argued that professors often form a negative impression of the international students and feel like students are not well prepared for class. Another issue international students face related to faculty is the U.S. educational system (Jackson et al., 2013; Poyrazli& Isaiah, 2018). For example, African immigrants are very familiar with professors' authoritarian roles in their home country; thus, they often struggle with professors who do not assume an authoritarian role when teaching (Oluyedun, 1997). Therefore, African international students may default to silently observing during class discussions. However, faculty can easily perceive these attitudes as acts of disengagement, disinterest, or lack of preparation (Oluyedun, 1997). Regardless of the struggles that international students face, they have resilience, which can be enhanced through faculty, peer, mentorship, and supervision.

Relationship with Faculty

A study by Spencer-Rodgers (2001) confirmed that faculty members usually receive very little training regarding international students, and often faculty members are unaware of the challenges facing international students. In addition, counseling literature confirms that international students expect support from their academic advisors, supervisors, or mentors to help deal with acculturation issues (Moores & Popadiuk, 2011). Lee (2013) argued that international students' adjustment challenges and the lack of understanding of the host culture are often ignored by faculty members.

In my experiences as an international student, my struggles started when I entered the United States; my accent was thick and still is. However, after I started my bachelor's degree program, I recognized the real challenges ahead. During my master's program, I discovered that my writing style was different than my U.S. peers and sometimes I also felt uncomfortable

talking in class. However, the support I received from the faculty made a difference. Faculty are the bedrock to all students' success (Yee, 2016).Furthermore, research indicates that faculty can influence international students negatively or positively (Yan & Pei, 2018). As noted by Glass et al. (2015), "faculty may be the most influential persons shaping an international student's academic trajectory" (p. 353).Therefore, faculty at U.S. colleges should recognize the importance of international awareness to drive internationalization, supporting learning and engagement among international students(Kirket al., 2018).

The day I talked to one of my professors about pursuing a Ph.D. program was memorable. Even though I wanted to continue my education, I was uncertain I could manage as an international student whose native language was not English. However, when I approached this professor about my interest, she was immediately encouraging. She believed in me and her reaction boosted my confidence. I had a similar experience with another faculty member who mentored me regularly. Relationships with faculty are critical for continuing education. These faculty did not let my appearance or my accent interrupt our strong student-faculty relationship.

Resilience

Despite the many challenges facing international students, there is evidence in the literature that students have the resilience to combat acculturation issues. Fass-Holmes and Vaughn (2014) indicated that international students have a resilience that enables them to overcome academic adjustment struggles. Furthermore, their study indicated that international students could succeed academically despite English proficiency difficulty (Fass-Holmes & Vaughn,2014). While these findings were met with criticism, the criticism was not supported by research (Fass-Holmes, 2016).My own successes as an international student are due to my access

to faculty members, supervisors, mentors, and peers. These are critical elements that help the international student adjust successfully (Leong, 2015).

Peer Support

International students face many challenges, including English language anxiety and accent issues, which can be a barrier to feedback. Therefore, peer support is critically important. The many relationships with my U.S. counterparts were critical to my own success. Olaoye(2020) recommended a peer-to-peer mentor match for international students. Socializing with U.S. friends helps international students overcome some of their challenges. For example, when I once received negative comments on a graduate paper I called one of my American friends and explained how discouraged I felt. I expected empathy from him, but instead he told me the grade was reason able, but he was also encouraging to me which helped normalize my feelings. On another occasion, I had difficulty following the instructor. Again, the feeling of difficulty for being an international student was strong. Encouraging comments I received from my U.S. peers raised my efficacy.

Mentorship

Researchers agree that supervision and mentorship play a critical role in international students' academic life. There are several benefits for student mentorship, including receiving psychological and emotional support, goal setting, role modeling, and career guidance (Gunn et al., 2017). Mentorship reduces international students' anxiety as they navigate their studies and develop personal and professional identities. It also helps build self-efficacy and confidence (Mellon & Murdoch-Eaton, 2015). When I started my doctoral work, my mentor was a Caucasian faculty member who helped me believe in myself as I also experienced from another

faculty member in that program. Always available, he normalized and helped me feel less alone. Mentoring played a major role in my success. Girves et al. (2005) concur noting that mentoring is the most effective means for improving college student retention.

Supervision

Supervision plays critical role in counselor education for all students, but international students may have additional needs and challenges. Supervision with the right strategy can motivate international students to face and overcome adjustment challenges (Hussain & Ali, 2019). Supervision is a primary means of counselor development (Luke et al., 2011).Moreover, a key component of supervision is giving critical feedback (Guiney, 2018).However, suppose the supervisor's language lacks cultural dimensions. In that case, the choice of words, phrases, and tone of voice can negatively signal the supervisee and sabotage the supervision effectiveness (Ulupinar, 2018). Communication is a complex process and communication style differs from culture to culture.

Coursework in supervision emphasizes the importance of multiculturalism and for counselor educators, knowing how to supervise international students is equally important. I was hopeful that my supervisor would discuss multiculturalism, stereotyping, and cultural issues, knowing that I was an international student. However, those conversations never occurred. While I am grateful for the many things I learned from my supervisor - theory, treatment planning, case conceptualization, ethical and legal codes - multiculturalism was missing. Research on international students' needs and their educational experiences exist, but research lacks an effective approach to the benefits of mentoring and supervising international students (Akkurt, 2016). Moreover, research that focuses on specialized training for international students and supervision is limited in the literature (e.g. Fan & Haskins, 2020).

International students and domestic counseling students have different perceptions of supervisors and supervision (Nilsson, 2007).Studies indicate that domestic counseling students' research may not generally apply to international counseling supervisees (Nilsson,2007). However, supervision intervention used for supervising international students derives from studies on domestic counseling students(Akkurt, 2016). Supervising international students is critical in understanding how to accommodate international clients. African immigrant students, for example, have the idea that counseling training received in the United States does not translate into the general African culture. Thus, there is a need to investigate supervisory constructs with international counseling students to understand their needs and unique struggles. For example, Fernando and Hulse-Killacky (2005) agreed that the supervisees' race and ethnicity(also the supervisees'clients) mightimpact supervisory satisfaction. Guvensel et al. (2015) argued that because international students have unique histories and different cultural worldviews, and foreign language anxiety, their concerns and interests are unique; therefore, supervisors must find ways to address these needs.

Throughout my counseling education I have had the opportunity to be supervised by two female African-Americans, one male Caucasian, and two female Caucasians. Each of these supervisors made a huge difference and helped develop my personal and professional development. However, none of them were fully aware of international students' struggle and how to help them adjust. One course in my doctoral program was very helpful and it focused on multiculturalism and supervision. This course presents a good model by demonstrating the diversity within U.S. society and the need for counselors and supervisors to receive adequate multiculturalism training to serve individuals from different backgrounds and cultures. Moreover, the American Counseling Association (ACA) has also emphasized the need for

multicultural counseling competencies in their Code of Ethics (ACA, 2014) and through the creation and support of the specialized division, the Association for Multicultural Counseling and Development (ACA, 2021).

Recommendations

This paper highlights the impacts of faculty, supervision, and mentorship on international students. While faculty have programs intended to enhance the academic experience of international students, this article proposes that new, more innovative programs may help create more understanding around the unique struggles of international students and, therefore, lead to more effective support. It is essential to make autoethnographic study a part of the process for international students and, more importantly, as international counselor educators. Autoethnography is a unique way to educate society about culture. As noted by Ellis (1999), "with understanding yourself comes understanding others. Autoethnography provides an avenue for doing something meaningful for yourself and the world" (p. 672). The struggles I have discussed, including English language anxiety, acculturation and adjustments, social adjustments, and academic barriers, are not unique to Sub-Saharan international students. It is important to bring awareness to how faculty, mentorship, peer support, and supervision can make a difference in international students' resilience.

Through my experiences as an international student, specific behaviors and actions from academic instructors have been beneficial to my success. The most significant support a faculty member can provide is constant and timely communication and positive feedback. My experiences are similar to those described by Kung (2017). Kung (2017) noted that faculty were instrumental in helping international students connect and engage with other students in the classroom. Faculty that understand cultural differences in learning create a welcoming

environment for all students. If instructors speak clearly, slowly, provide constant feedback, and establish positive communication from the beginning of each course, international students can become more confident in the classroom and in supervision.

Counseling Education and Missing Components to Clinical Supervision

There is a missing component in clinical supervision as it relates to addressing multiculturalism and diversity (Lee, 2018). A body of literature indicates the frustration of international supervisee's and their unmet needs(Kirk et al., 2018). Being an African who is currently in a clinical supervision setting, I can see the frustration of diversity being ignored. Some students report that the perception of cultural difference is viewed as a deficiency or inferiority within the training environment (McDowell et al., 2012). Understanding cultural difference is a missing component that needs immediate attention to ensure supervisors become aware of the needs of international students. As such, examining clinical supervision training is crucial to ensure the international supervisees receive adequate culturally sensitive training. One key area that supervisors must be aware of is making sure that they do not impose Western values on their international supervisees (Marsella& Pedersen, 2004). For international students to become effective counselors in their communities cultural discussions must be at the center of supervision.

A participant from Mittal and Wieling's (2006) study stated, "I wish that I could say that there were conversations about what it meant for me to be from my country of origin… but there were not" (p. 379). This participant's story is also my story. The issues of multiculturalism were not discussed and whenever I brought them up, they were ignored. Yet, multiculturalism is key to competency. Some Africans are under the impression that the training they receive as foreigners are not effective in counseling immigrants.

Lee (2018) presented suggestions for supervisors to launch cultural discussions. The author argued that supervisees' needs could be met by simply providing the means for cultural exploration. For example, supervisors should ask supervisees to talk about their cultural experience in their clinical work. Supervisors can also shed light on U.S. culture nuances with their supervisees. Another way that supervisors can incorporate diversity in training is to ask supervisees to discuss how their backgrounds affect their clinical work. Furthermore, Lee (2018) challenged supervisors to promote diversity in the profession and advocate for them in the workplace.

Conclusion

While the focus here was on mentors and supervisors of international counseling students, the information presented is applicable to counselors that work in communities with diverse populations, including immigrant parents. Because international students bring valuable cultural perspectives, all counselors should be prepared to work with immigrant parents and students to support their educational success. Counselor educators agree that international students bring valuable cultural perspectives that contribute to the learning base in the profession (Lee, 2018). By the same token, international students also appreciate the training and experience they receive in the United States (Kirk et al., 2018). Supervision plays a key role in their professional development and ability to provide critical support. However, there are barriers in clinical supervision and the lack of cultural discussion can sabotage their professional growth.

In order to supervise international students effectively, appropriate training and understanding cultural differences are critical. Second, it is helpful to have a dialogue with the supervisee to know the impact cultural differences have on the counseling and supervision

process. Finally, be aware of the struggle that international students go through during supervision in that their struggles may not otherwise be addressed.

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Exploring Trauma Therapists' Perceptions about Protective Factors and Risk Factors of Secondary Traumatic Stress

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Abstract

The purpose of this study was to explore trauma therapists' perceptions about the risk factors and protective factors related to Secondary Traumatic Stress (STS), a condition that mirrors PTSD but is experienced by the trauma therapist. This study clarified issues related to how STS is experienced among trauma therapists, which protective factors were perceived as being most important or effective in order to prevent or mitigate the onset of STS symptoms, and which risk factors were perceived as placing trauma therapists most at risk for the onset of STS symptoms. Due to the lack of qualitatively-based research concerning trauma therapists' perceptions about STS, in-depth semi-structured interviews with eleven trauma therapists were utilized. Transcripts were analyzed using open coding, axial coding, and constant comparison methods. Five emerging themes were extracted from the data and discussed. Recommendations for future counseling practice and future research were discussed along with limitations of the study.

Keywords: secondary traumatic stress, trauma, PTSD, compassion fatigue

Trauma therapists, mental health professionals who specialize in working with trauma populations, are consistently required to help survivors of childhood abuse, war and terrorism, domestic violence, violent crime, natural disaster, and other traumatic events (Herman, 1997; Bride 2004; Van der Kolk, 2014; Briere & Scott, 2015). They must often share the emotional burden of the trauma, which has a cumulative psychological impact (Figley, 1995; Briere & Scott, 2015; Knight, 2010; Trippany, Kress, & Wilcoxon, 2004). Several researchers have called this impact by trauma therapists as Secondary Traumatic Stress (Bride, Robinson, Yegidis, &Figley, 2004; Bride, 2004; Bride, Radey, &Figley, 2007).

Secondary traumatic stress (STS) refers to a set of symptoms that parallel those of Posttraumatic Stress Disorder (PTSD) as defined in the Diagnostic and Statistical Manual for Mental Disorders, 5th edition (DSM-5), by the American Psychiatric Association (2014). The symptoms of STS experiences mirror symptoms of PTSD (e.g. intrusive traumatic thoughts, hypervigilance, etc.) without the therapist having experienced the trauma directly (Bride, Radey, &Figley, 2007). It is difficult to estimate its prevalence due to mixed results from the limited empirical evidence (Bride, Robinson, Yegidis, &Figley, 2004; Bride, 2004). However, Bride (2004) reviewed 17 studies and concluded that the authors of each one found the presence of traumatic stress symptoms in mental health providers who work with traumatized populations, but the degree of symptom prevalence varied widely across studies. For example, Birck (2001) observed high levels of STS among therapists who work with torture survivors, and Kassam-Adams (1999) found that nearly half (n=100) of psychotherapists in her study reported levels of traumatic stress that suggested the need for clinical intervention. On the other hand, Meldrum, King, & Spooner (2002) studied STS and concluded that lower, sub-diagnostic levels

of STS symptoms were found in only 18% of case managers working in community mental health settings.

While this problem is significant and potentially impacts many trauma therapists, most of the literature examining the impact of STS is based on anecdotal reports (Devilly, Wright, &Varker, 2009; Knight, 2010; Knight, 2013; Cieslak et al., 2014; Baird &Kracen, 2006). For example, Bride (2004) found that only 17 studies qualified for his review, and all studies were quantitative in nature. Since the gathering of empirical evidence related to the construct of STS is still in its infancy (Baird &Kracen, 2006; Bride, Robinson, Yegidis, &Figley, 2004; Cieslak et al., 2014), additional research is required to fully examine this construct. There is an even greater scarcity of studies utilizing qualitative methodology (Bride, 2007; Bride, 2004) that explores the impact of STS. Researchers have recommended employing qualitative methodology in order to explore trauma therapists' perceptions surrounding the protective factors and risk factors related to STS (Miller & Spring, 2017; Bride, Robinson, Yegidis, & Figley, 2004).

Burnout. Burnout is defined as a psychological response to chronic interpersonal stressors on the job (Figley, 2002; Jenkins & Baird, 2002),such as demanding workloads, inadequate supervision, lack of resources, role conflict, and difficult client populations (McCann & Pearlman, 1990; Alkema, Linton, & Davies, 2008). Symptoms include overwhelming emotional or physical exhaustion (Devilly, Wright, &Varker, 2009), feelings of powerlessness or frustration (Figley, 2002; Jordan 2010), cynicism or a sense of detachment from the job (Cieslak et al., 2014; McCann & Pearlman, 1990), and a sense of ineffectiveness or lack of accomplishment (Collins & Long, 2003, Figley, 2002). McCann and Pearlman (1990) explained that the potential effects of working with trauma victims are distinct from general burnout; the

reason is that the trauma therapist is also exposed to the emotionally shocking images of horror and suffering that are characteristic of trauma work.

Vicarious Trauma. Vicarious trauma (VT), originally defined by McCann and Pearlman (1990), refers to a transformation of therapists' inner experience resulting from empathic engagement with the trauma narratives of clients (Pearlman &Saakvitne, 1995; Figley, 2002; Sexton, 1999). This transformation comes as a direct result of exposure to clients' graphic accounts of traumatic events, which often include stories about war, childhood abuse, natural disaster, domestic violence, and sexual assault (Pearlman & McCann, 1995; Trippany, Kress, & Wilcoxon, 2004). It leads to a long-term cognitive shift in the way therapists experience themselves and the world, affecting areas of trust, safety, intimacy, meaning, interpersonal connection, and other beliefs about the world (Jordan, 2010; Devilly, Wright, &Varker, 2009; Knight, 2013). However, much of the literature regarding VT is conceptual in nature (Bride, 2007; Knight, 2013), and little research substantiates it as a phenomenon (McCann & Pearlman, 1990; Devilly, Wright, &Varker, 2009; Trippany, Kress, & Wilcoxon, 2004). For example, Bride (2004) reviewed 15 studies examining VT and its effects and concluded that only five investigated disruptions in cognitive schema. Hunter and Schofield (2006) concluded that most studies examining VT and STS employ quantitative methodology, limiting opportunities for more in-depth analysis exploring trauma therapists' experiences and perceptions.

Secondary Traumatic Stressor Compassion Fatigue. Secondary Traumatic Stress (STS) is a term to describe reactions and symptoms observed among trauma therapists that run parallel to those observed in people directly exposed to trauma (Figley, 2002; Stamm, 2010). When facilitating trauma therapy, a trauma therapist risks absorbing the sounds, images,

smells, and feelings of the traumatic stories that are told in detail by the trauma survivor (Wang, Strosky, &Fletes, 2014; Knight, 2010). Therefore, the therapist is vulnerable to experiencing the traumatic symptoms of the survivor without ever directly experiencing the traumatic event (Figley, 1995; McCann & Pearlman, 1990). A few authors define Compassion Fatigue (CF) as a general term for the overall experience of emotional and physical fatigue that combines STS and burnout (Newell & MacNeil, 2010). Others believe these terms partially overlap each other (Cieslak et al., 2014).

Risk Factors of STS

At least two major categories of risk factors for STS emerge from the trauma literature; these are professional factors and personal factors (Cieslak et al., 2014). Professional risk factors include being among the most experienced and the least experienced therapists (Knight, 2010; Hunter & Schofield, 2006). Pearlman and MacIan (1995) concluded that the newest trauma therapists have the most difficulties with STS symptoms. On the other hand, Figley (2002) posited that senior trauma therapists were at significant risk of STSdue to the cumulative trauma work over the years and other factors. Several authors agree that another significant professional risk factor for STS is a large caseload of trauma clients (Newell &MacNeil, 2010; Wang, Strosky, &Fletes, 2014; Pearlman &MacIan, 1995). However, not all authors agree (Bride, 2004; Devilly, Wright, &Varker, 2009). Baird and Kracen (2006) found that the amount of trauma exposure to traumatic material increased the likelihood of STS symptoms. However, Cohen and Collens (2013) concluded that studies failed to find a connection between level of exposure and STS.

Personal risk factors related to STS include the trauma therapists' personal trauma history (Pearlman &MacIan, 1995; Figley, 2002; Herman, 1997; Newell & MacNeil, 2010; Baird &Kracen, 2006). However, other authors (Bride, 2004; Devilly, Wright, &Varker, 2009; Pearlman &Saakvitne, 1995; Cohen &Collens, 2013) debate this finding because other empirical findings have yielded either mixed results or no significant correlation. Another personal risk factor is female gender (Kassam-Adams, 1999; Pearlman &MacIan, 1995; Figley, 2002), which can increase the likelihood of intrusive symptoms, hypervigilance, anger, and irritability. Other personal risk factors include preexisting mental illness, maladaptive coping skills (Newell & MacNeil, 2010), level of personal distress (Hunter & Schofield, 2006; Pearlman &Saakvitne, 1995), client's attachment style, client's perceptions of therapeutic alliance, and counselor's attachment style (Hunter & Schofield, 2006).

Protective Factors of STS

Personal protective factors of STS include a variety of self-care strategies (Horrell, Holohan, Didion, & Vance, 2011; Jordan, 2010; McCann & Pearlman, 1990; Newell & MacNeil 2010; Cohen &Collens, 2013; Trippany, Kress, Wilcoxon, 2006; Boscarino, Adams, Figley, 2010). Several trauma authors have identified these: balancing personal and professional life (Alkema, Linton, & Davies, 2008; Hunter & Schofield, 2006; Pearlman &Saakvitne, 1995; Knight, 2013; Cohen &Collens, 2013), practicing relaxation and meditation (Newell & MacNeil, 2010), facilitating close relationships, social activities, and social support (Bride, 2004; Boscarino, Adams, Figley, 2010, Jordan, 2010), participating in physical exercise (Figley, 2002), and participating in leisure activities (Figley, 2002; Jordan, 2010). Other personal mitigating factors are participating in individual personal therapy (Pearlman &Saakvitne, 1995; Collins & Long,

2003; Wang, Strosky, &Fletes, 2014), tending to spiritual needs (Trippany, Kress, & Wilcoxon, 2006), using Cognitive-Behavioral Therapy techniques (Newell & MacNeil, 2010; Knight, 2013), limiting exposure to traumatic material outside of therapy such as movies (Pearlman &Saakvitne, 1995), identifying meaning from trauma work (McCann & Pearlman, 1990), participating in creative arts (Newell & MacNeil, 2010), and using humor (Cohen &Collens, 2013).

Professional protective factors of STS include additional knowledge or specialized trauma education (Hunter & Schofield, 2006; Figley, 2002, Collins & Long, 2003; Knight, 2013; Knight, 2010). Cunningham (2003) found evidence suggesting that the number of years of professional experience with trauma populations reduced the risk of STS. Another professional protective factor is creating pre-session, within-session, and post-session rituals for soothing, containment, and relaxation purposes (Figley, 2002; Hunter & Schofield, 2006). Other factors are limiting work hours (Figley, 2002; McCann & Pearlman, 1990; Jordan, 2013), limiting the percentage of trauma clients (Trippany, Kress, & Wilcoxon, 2006; McCann & Pearlman, 1990; Jordan, 2010; Figley, 2002; Bride, Robinson, Yegidis, &Figley, 2004), receiving trauma-focused supervision (Pearlman &Saakvitne, 1995; Baird &Kracen, 2006; Collins & Long, 2003; Jordan, 2010; Hunter & Schofield, 2006), having instructors in graduate programs who specialize in trauma training (Pearlman &Saakvitne, 1995; Knight, 2013; Pearlman &MacIan, 1995; Figley, 2002), engaging in social advocacy work with clients (McCann & Pearlman, 1990), and identifying positive aspects within self as a result of trauma work (Hernandez, Engstrom, &Gangsei, 2010). While the protective factors are regularly discussed in the literature, a dearth

of research exists about identifying protective and risk factors related to STS (Molnar, Sprang, Killian, Gottfried, Emery, & Bride, 2017).

A suggested protective factor for organizations is providing trauma-informed supervision to all therapists (Miller & Sprang, 2017; Briere & Scott, 2015; Baird &Kracen, 2006; Pearlman &MacIan, 1995; Jordan, 2010; Trippany, Kress, & Wilcoxon, 2006). Additionally, Morrison (2007) reported that allowing therapists who work with traumatized clients to express their feelings and fears to supervisors and colleagues serve as a protective factor for STS. Additionally, Miller and Lang (2017) mentioned the need for clinicians to express verbally with another colleague following a stressful trauma therapy session. Other mitigating organizational factors include providing a formal or informal debriefing (Turgoose & Maddox, 2017; Hunter & Schofield, 2006), giving therapists some control over case assignments (Knight, 2013; Figley, 2002), allowing time off for self-care (Wang, Strosky, &Fletes, 2014), scheduling regular staff meetings for acknowledging feelings and thoughts (Knight, 2013), providing counseling services to staff (Trippany, Kress, & Wilcoxon, 2006), offering trauma training on site (Figley, 2002; Knight, 2013), encouraging wellness and spiritual practices, limiting the size of caseloads of trauma therapists (Figley, 2002; Trippany, Kress, & Wilcoxon, 2006), screening workers for STS symptoms and resilience (Figley, 2002), and practicing evidence-based therapies (Miller & Sprang, 2017; Horrell, Holohan, Didion, & Vance, 2011). However, most of these protective factors are based on anecdotal opinions and are not rooted in empirical studies (Molnar, Sprang, Killian, Gottfried, Emery, & Bride, 2017; Knight, 2013; Bride, 2007; Cieslak et al., 2014).

The purpose of the current study is to explore which protective factors trauma therapists perceived as being most effective in preventing or mitigating the onset of STS

symptoms, and which risk factors were perceived as placing them most at risk for the onset of STS symptoms. Therefore, two research questions emerged: a) what are trauma therapists' perceptions of the risk factors related to Secondary Traumatic Stress? And b) what are trauma therapists' perceptions of the protective factors related to Secondary Traumatic Stress?

Method

Grounded theory design, taken from the qualitative research tradition, is one of the most influential research traditions in the social sciences and education today (Creswell, 2007; Patton, 2002; Bogdan & Biklen, 2003). Bazeley (2013) further explained the major focus of qualitative research within this design, "Researchers engaging in a qualitative study focus on observing, describing, interpreting, and analyzing the way that people experience, act on, or think about themselves and the world around them" (p. 4). The purpose of grounded theory is to generate data that are rooted in participant experiences or perspectives with the ultimate goal of developing a theory where there are none or only limited ones (Glaser & Strauss, 2008; Bazeley, 2013). In qualitative research, participants' individual perspectives and experiences are valued above their answers to a predetermined survey (Hays & Wood, 2011). Thus, data collection relies on general, open-ended questions to permit the participants to generate their own individual responses. This study utilized grounded theory by exploring trauma therapists' perceptions of STS and particularly its risk factors and protective factors.

Participants

Participants were selected using purposive sampling and snowball sampling techniques (Glaser & Strauss, 2008; Bazeley, 2013; Hays & Wood, 2011). Since this study utilized social grounded theory design, the targeted sample sizewas 10-20 trauma therapists (Bogdan

&Biklen, 2003; Bazeley, 2013, Creswell, 2005). Maximum variation sampling was utilized, which means the author attempted to recruit across various disciplines among trauma therapists (e.g. psychologists, social workers, professional counselors, etc.).

For this study's purposes, trauma therapists were therapists who attained a minimum of a Master's degreeeducation and had acquired post-graduate supervision in counseling, psychology, psychotherapy, social work, or marriage and family therapy. They also specializedin the discipline of trauma by achieving additional post-graduate training, education, or certification and were currently working with a minimum of five trauma clients per week in a clinical setting. Drawn from various local, state, and national trauma therapist databases, organizations, and networks, participants were contacted via email, mail, or phone for potential recruitment in this study.

Data Analysis

Following recommendations for qualitative social grounded theory research, broad, open-ended questions were utilized to elicit rich information from the participants (Hunt, 2011; Bazeley, 2013). Semi-structured interviews were used to explore further when something significant was revealed (Bogdan & Biklen, 2003; Glaser & Strauss, 2008). This author used an audio recording device to record the interviews while making notes of observations during the interviews. Follow-up interviews took place to clarify meaning, and member check techniques were utilized concerning the open categories. After interviews and observations were collected and securely stored in multiple locations (i.e. both electronically and a locked filing cabinet), this author transcribed the audio recordings and transferred all of them into a single Word document. As this author read and reread the transcriptions, he identified general categories

present in the data (Corbin & Strauss, 2008). These categories were then placed into a codebook that was stored in both spreadsheet and hard copy form, a process referred to as open coding (Hays & Wood, 2011; Glaser & Strauss, 2008). This codebook was revised using the constant comparison method, which analyzes data in search of the same or different categories, using coding structures from previous rounds of analysis to inform future data analysis (Creswell, 2005; Bazeley, 2013; Hays & Wood, 2011). As additional data were collected to revise the codebook, open codes were collapsed into larger categories based on relationships among them; this new category of codes is referred to as axial coding (Bazeley, 2013; Corbin & Strauss, 2008). During this process of analyzing the data, this author incorporated reflexive journaling in order to write down any thoughts, feelings, reactions, or observations (Hunt, 2011; Bazeley, 2013). As coding proceeded from open coding to axial coding to selected coding, this author identified factors impacting a phenomenon, ways participants respond to causal conditions, and emerging themes from the data (Hays & Wood, 2011). Once a saturation of data was achieved (e.g. where there are no new data to build or refute a particularly theory), the data analysis was concluded (Corbin & Strauss, Bazeley, 2013; Hays & Wood, 2011; Bogdan & Biklen, 2003).

Role of the Researcher

While qualitative studies do not typically use research-validated surveys or instruments in the collection of data, Morrow (2005) posited that the qualitative researcher is the human "instrument" in the data exchange between participant and researcher. As a result, researchers need to be clear to readers about their roles in the study, including describing their assumptions and potential biases and how those were addressed in the study (Hunt, 2011;

Bazeley, 2013).This author's interest in pursuing this study came from his professional experience in the trauma therapy discipline. That experience remains a bias for this researcher. However, he attempted to bracket his biases through daily reflexive journaling and avoided the assumption that other trauma therapists will also have this perception about self-care.

Trustworthiness

For this study, at least five procedures were utilized in maintaining trustworthiness and quality, two important elements in maintaining ethical qualitative research. A primary procedure was the triangulation of data through the technique of member checking (Creswell, 2007). Member checking refers to seeking agreement from participants regarding the conclusions onehave reached (Bazeley, 2013; Hays & Wood, 2011).During the axial coding stage of analysis, participants were contacted to verify meaning of the codes.

Another trustworthiness procedure was achievinga level of transparency of process through critical daily self-reflection by keeping a reflexive journal of personal thoughts, reactions, biases, and emotions experienced during the research (Bogdan & Biklen, 2003; Creswell, 2007). Using this journal enhanced the credibility and trustworthiness of the study (Bazeley, 2013; Glaser & Strauss, 2007). A third procedure to improve trustworthiness and triangulation of the data compared findings with those reported in the literature and see whether and how they overlap or are disparate (Bazeley, 2013). A fourth procedure was prolonged engagement in the field, which included a second follow-up interview with participants to clarify meaning or to obtain further data (Hays & Wood, 2011; Hunt, 2011;). A fifth procedure was securing an external auditor to review and analyze the data; someone who had no relationship with the study or the researcher (Bazeley, 2013).

Results

The results of the data analysis are presented in two sections: descriptive statistics (e.g. demographic information) and five central themes derived from the open and axial coding of the data.

Descriptive Statistics

Eleven participants were included in this study. Their personal demographical statistics included age, sex, nationality/ethnicity, and personal traumatic experience. Eight (72.72%) of the 11 participants were age 31-40 (n=4; 36.36%) or 41-50 (n=4; 36.36%), followed by participants aged 18-30 (18.18%) and 51-60 (9.09%). The sample was majority female (72.72%). The sample was also majority Caucasian (81.81%) followed by Hispanic (9.09%) and Biracial (9.09%).

A majority of participants held a master's degree (72.72%) followed by a doctoral degree (27.27%). A majority (63.63%) were Licensed Professional Counselors or Mental Health Counselors, 18.18% were Licensed Clinical Social Workers, and 9.09% were Licensed Psychologists. Almost half (45.45%) of participants had 0-10 years of practice experience, 45.45% had practiced 11-20 years, and 9.09% had practiced for 21+ years. The majority of participants worked in private practice (63.63%), followed by 27.27% employed in outpatient settings, and 9.09% worked in a community agency setting.

Every member of the sample reported experiencing at least one traumatic event. All participants had also received formal trauma training (e.g. evidence-based trauma treatment, certification, etc.) in addition to their graduate level degree. More than a quarter (27.27%)

reported that 26-50% of their current caseload were trauma clients, followed by 36.37% reporting 51-75% of their caseload were trauma clients, and another 36.37% with 76-100%.

Central Themes

Analysis of the data revealed five central themes: a) therapist development, b) work boundaries, c) self-care, d) trauma supervision and consultation, and e) support system. Pseudonyms are adopted in the following sections to protect participants' privacy.

Therapist development.

The first theme, therapist development, speaks to the overall growth and influence of both personal and professional factors in the life of the therapist. Properties of this theme include a) individual therapy, b) personal trauma history as a resource, and c) increased competence via additional trauma training. All participants regularly acknowledged that their development as a person and as a professional played a significant role in their perceptions about the protective and risk factors related to STS. For example, Mary, a 42-year old LPC who had practiced for over five years, explained its importance, "Individual therapy, I couldn't do without it. I need a safe place to process some of my experiences." Nearly two-thirds (63.63%, n=7) of participants identified participating in individual therapy as a protective factor against developing symptoms of STS.Ten participants identified the importance of participating in individual therapy before working with trauma survivors and also as an ongoing practice. Eight stated that engaging in individual therapy helped them deal with their own personal trauma history, which is a second property of the overarching therapist development theme. Ingrid, a 41-year old, Hispanic, Licensed Clinical Social Worker (LCSW) who's practiced for eight years, captured the essence of these two overlapping properties in the following statement:

> I went to therapy for like five years working on all my stuff after I left home, 'cause I was like I can't you know, you know all this, all the baggage I had from my mom was…and then some of the other things that had happened throughout my life. I was always the first to jump into therapy, 'cause I don't want to suffer. I don't believe in suffering unnecessarily.

Edward, a 38-year old Caucasian, Licensed Marriage and Family Therapist (LMFT) who's been practicing for two years, continued, "So many people choose to work with what wounded them or what they struggle with, and if you don't do your own work around it, it's going to be catastrophic. There's going to be secondary trauma. It's going to be inadvertent, or unavoidable rather."

All 11 participants had experienced at least one prior traumatic event (seven reported multiple traumas), and all saw this history as a positive resource when working with trauma clients. For example, Liz, a 28-year old, Caucasian female LPC who's been practicing five years with trauma clients, explained:

> I think for the most part, it[her personal trauma history] has more frequently been positive, because I think it gives me a framework for trying to meet and understand where somebody's at and where they're coming from. I'm not totally shocked by their victim responses or the way that they continue to, to spiral after something happens, and so I think that has definitely allowed me to have kind of broader spectrum understanding it from my own perspective.

Another important property of therapist development is additional trauma training and the increased competence that followed. Nine participants spoke about the importance of

receiving additional trauma training such as Eye Movement Desensitization Therapy (EMDR), which resulted in a perceived increased competence when working with trauma survivors. For instance, Tracy stated,

> I just felt like I didn't have enough in my toolbox. So I am not just using it (EMDR) now for sexual abuse, but for people who've been in car wrecks, verbal abuse from their parents that's impacting them from 40 years ago, that kind of stuff. I've been using EMDR for one and a half years now. . .one person I'm thinking of that I feel like she'd still be in therapy had we not used EMDR…she was like 'I'm good now.' She kept coming in, 'I'm good. I'm good!' Ok, call me when you need me! That was really cool to see somebody who's been inpatient level of care, and EMDR was the cherry on the top that sent her on her way.

In addition to EMDR therapy, two participants spoke of utilizing other therapies, techniques, and practices with trauma clients.

Work boundaries.

Eight participants talked about the importance of establishing work boundaries as a way to mitigate the impact of STS symptoms. For instance, Tracy said, "I stopped taking my work home with me…it was after I left the inpatient psychiatric hospital…I know that cause everything was so intense there. It was like you couldn't not take it home. I was so overworked that I don't think my brain had time to think...now that I don't take it home it really helps me doing trauma work and me being as affected."

Six participants spoke about not taking work home and setting boundaries around work schedules, taking time off, and setting limits around work email or other work intrusions once

leaving the office. Laney stated, "I turn my phone off when I'm with my husband on vacation so I have a way to unplug from my work." Nine participants also mentioned balancing or limiting the trauma caseload as a protective factor. Ingrid asserted,

> I work a lot, but on the other hand, I balance out my caseload where it's like okay I have only a few that have horrible, horrific trauma and then have I other ones that have kind of the chronic trauma, the complex trauma, but not, not a huge significant event that we're working on so that it's you know in my face kind of thing. So I try to balance out when I, when I look at my caseload.

Concerning participants' perceptions with regards to risk factors, seven participants spoke of how the lack of utilizing work boundaries placed them at risk for experiencing STS. Nick spoke about this. "I know that if I haven't taken time off work recently or have been overscheduling clients or not finding a balance of work and family, then that places me at risk of experiencing the client's trauma." Four participants spoke to the importance of planning regular vacations and taking time off work in order to prevent STS.

Self-care.

All eleven participants spoke about the importance of self-care. Contributing to self-care were a) an ethical obligation to do it, b) spiritual and religious activities, and c) health and leisure activities. Eight participants believed that self-care played a significant role in protecting against STS and that a lack of self-care increased the risk. Six believed self-care fulfilled an ethical duty.

Nina, a 29-year old LPC who works in a private mental health agency, agreed that self-care was an ethical obligation when she said, "Often therapists are not doing what they need to

do to take care of themselves. They aren't getting a massage and they don't have enough time or make enough time for self-care. They end up hurting clients because they're not fully engaged and healthy." Edward also said that self-care was his "life source" as a trauma therapist and believed it to be the most significant protective factor in experiencing STS symptoms.

Eight participants spoke about how their self-care included their spiritual or religious practices. For example, Mary referenced the importance of incorporating her religious practices as daily self-care:

> You sit with such evil and darkness when people are sharing, and you take that in. Without another place to empty that out such as Scripture or that personal religious relationship…you know it's hard for me to put that into words what that means to me, but it makes a huge difference. It's not going to church or small group or Bible study, because I don't always get to do that, which is really hard. But for me it's about nurturing my own spiritual life. Even when you're experiencing all this darkness, my faith roots me.

The third property of self-care is health and leisure activities. Among seven participants, Tracy said, "Other self-care is exercise, and I actually build my day around my workout because of my kids. They go to school and I do my workout, shower, eat breakfast, get coffee, come to work, and I'm here the full time that I'm here. But I'm gone when I'm gone." Two other participants referred to getting enough rest as part of their wellness and self-care plan.

Nine participants viewed self-care as an important protective factor against STS, and those nine also believed that lack of self-care was a risk factor. Particularly, three participants

said that if they were not practicing healthy self-care in their lives, they could feel the impact when working with trauma clients and believed that this could place them at risk for STS symptoms. Kaley, a 45-year old Caucasian LPC who has worked with trauma for over 10 years, also used the metaphor of natural disaster training when referring to the importance of self-care in trauma work. She said, "If you're being trained to help during an earthquake, you need to make sure you are safe before helping others. My self-care is the same. Take care of me so that I can be of help to trauma survivors."

Trauma supervision and consultation.

The fourth theme extracted from the data was trauma supervision and consultation. Three properties of this theme are a) initial trauma-informed supervision, b) ongoing consultation, and c) debriefing. Nine participants spoke at length about the value of having initial trauma-informed supervision and how this was a protective factor against developing STS symptoms. When asked what she believes are protective factors against experiencing STS, Tracy explained:

> Having a good supervisor even if you have to pay for it, but I had a wonderful supervisor who was a trauma therapist. I would go to her with those kinds of things. She had so much empathy around sitting in the room and hearing trauma stories, yet she was somebody who was seasoned and that stuff doesn't really affect her anymore.

Five participants said that supervision was a protective factor, but that a lack of good supervision was also a risk factor for experiencing STS.

Six participants stressed the importance of ongoing consultation when working with clients. Missy, a 46-year-old, female LPC who has worked for seven years with trauma clients,

also explained the importance of having ongoing consultation from mentors in the field, "I have mentors, a lot of them, and when things happen with clients, I call them. I have a kind of network like a team that I call and get that reality check.

Seven participants talked about the importance of having colleagues around to debrief about a client or a difficult case when necessary. For instance, Liz, a 32-year old Caucasian LPC of seven years, said, "I think it's a huge benefit of the counseling center of having other counselors that also work with trauma and at times being able to walk out of a session and if there was something impactful or just feeling off…being able to say, hey, can I talk for a second? Having this on-the-fly consultation or debriefing is worth a lot."

Support system.

The fifth theme that appeared in the data was support system. Two properties within this theme were a) personal support and b) professional support. Eight participants spoke about the importance of having supportive people in their lives such as family members, spouses, and friends who supported them in their work and personal lives.

Laney reported, "I try to make time to go to lunch with a friend every week. I try to be really intentional with these things. Also, spending time with my kids has a way of filling me up and I know I'm less susceptible to secondary trauma as a result."

Concerning professional support, six participants talked about how having colleagues in the field was an important level of support and helps mitigate the effects of trauma work. Three participants also talked about how having the support of the agency director was a protective factor against experiencing STS. Tracey said, "It's nice having the support of your director. You can go to him and say, hey, I need to get additional training or cut down on

trauma clients or take some time off and he's like sure anything you need. Feeling supported by your agency is huge."

Discussion

The first research question focused about trauma therapists' perceptions of the risk factors related to STS. Results reflected that most participants believed that the risk factors related to STS were the opposite of the protective factors of STS. Several of the risk factors were lack of work boundaries with trauma clients, lack of self-care, lack of a support system, not having participated in individual therapy, and lack of trauma-informed supervision. Most studies of STS have been quantitative in nature, though some authors have called for a more detailed examination of trauma therapists' perceptions around the risk factors of STS (Munroe, 1995; Baird &Kracen, 2006; Knight, 2013). This research helps bridge this gap in the qualitative literature and fulfills some of those recommendations by providing a more detailed examination of those perceptions by therapists working in the trauma field.

The second research question examined trauma therapists' perceptions of the protective factors related to STS. Participants provided practical strategies that they believe mitigate or even prevent the effects of STS symptoms among trauma therapists. These strategies include individual therapy, additional trauma training, work boundaries, self-care strategies, trauma supervision or consultation, and a personal and professional support system. Furthermore, trauma therapists believed that their own development as a therapist played a significant role in protecting them against experiencing STS. No other published qualitative study has examined these specific research questions. Therefore, this study provides trauma researchers with an empirical basis to add to the trauma literature conversation about the

effects of STS and ways that therapists can mitigate its effects while being mindful of its risk factors.

One unexpected finding was that all participants viewed their personal trauma history as a resource. This finding appears to refute earlier research stating that a prior personal trauma history is a risk factor for STS (Pearlman &MacIan, 1995; Figley, 2002; Herman, 1997; Newell & MacNeil, 2010; Baird &Kracen, 2006). Further qualitative research exploring trauma therapists' beliefs about their trauma history and if they use their personal trauma history as a disclosure intervention when working with trauma survivors may be interesting.

Limitations

While this study is encouraging and helps address a significant gap in the trauma literature, a few limitations exist. Though the sample did contain a diversity of participants (e.g. different professions, some ethnic diversity, etc.), the variation was limited since only two participants (18.18%) were an ethnic minority, only two (18.18%) were male, and a majority (54.54%) identified as Christian. Increasing the ethnic, religious, and gender diversity of the sample might have yielded different results. Another limitation is that the data was obtained through the self-reporting of a survey and in-person interviews. Self-reporting can influence bias or dishonesty, especially when addressing sensitive subjects such as trauma and STS (Fountain, 2015). A third limitation is possible social response bias by participants. In other words, participants may have chosen to cooperate because they have been affected by the symptoms of STS. A fourth potential limitation is the social desirability of participants. Because trauma therapists tend to value wellness and health, participants may have felt the need to minimize the negative effects of STS.

Recommendations for Future Research& Practice

Based on this study's results, the following recommendations are presented for future counseling research and future counseling practice regarding trauma training, STS, and its protective and risk factors. The first recommendation is that researchers create a psychometric survey that measures the protective factors and risk factors of STS. Thus, therapists could be more easily assessed on whether they are implementing strategies in their professional and personal lives that help prevent STS. The second recommendation is to recreate this study while incorporating more diversity for an enhanced maximum variation sampling. The third is to explore these questions with trauma therapists who do not have a personal trauma history. It would be interesting to explore how the results may change if the participants did not have a personal trauma history since the trauma history seemed to provide a helpful framework to all of these participants when helping trauma survivors as opposed to earlier research that concluded that personal trauma history may be a risk factor.

Given the prevalence of trauma among the U.S. population and the high prevalence of trauma among clients in community and mental health contexts (Bride, 2004; Bride, 2007), counseling training programs should provide additional coursework and training concerning trauma prevalence, evidence-based trauma treatments, STS, and the protective and risk factors related to STS. This author believes that all graduate level mental health programs should include a minimum of one required trauma course for all clinical mental health counseling students and school counseling students. This infusion would fulfill the accreditation requirements taken from the 2016 Council for Accreditation of Counseling and Related Educational Program (CACREP) standards that requires that all clinical mental health counselors

be knowledgeable about the "impact of crisis and trauma on individuals with mental health diagnoses" (p. 23). Another recommendation is that counseling programs consider mandating individual or group counseling as a requirement for all incoming counseling students. Not only would it helpful for students to experience therapy as a client before they become a counselor, but they also need to participate in therapy, since most of this study's participants believed that individual therapy was a protective factor against STS. A last recommendation is for community agency leaders such as supervisors and clinical directors, as well as therapists who serve in community, clinical, or school counseling settings to be educated about STS and the psychological impact of trauma work. Many therapists who do not specialize in trauma therapy may not be aware of STS as a phenomenon and thus could be in a vulnerable position. Therefore, providing supervisors and counselors in leadership positions with trauma-informed workshops and conferences in local communities, informing them about the risk factors and protective factors of STS and other trauma-related concepts, could be helpful on a wide scale within the profession. Educating internship directors and agency supervisors about the importance of setting limits on trauma caseloads for therapists and counseling students might be necessary. Agencies and community resources should provide trauma-informed supervision, ongoing consultation, and debriefing to their employees who provide mental health services to trauma clients.

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