

AN ABSTRACT OF THE DISSERTATION OF

Rochelle Pegel for the degree of Doctor of Philosophy in Counseling presented on November 8, 2002.

Title: The Experience of Three Female Mental Health Clinicians Coping with Work Related Stress in Treating Traumatized Children.

Abstract approved __

Redacted for Privacy

/ Dale E. Pehrsson

This study was inspired by the desire to understand the experience of mental health clinicians coping with work related stress in treating traumatized children. In studying this experience, heuristic design and methodology was followed. The findings of this study are based on interviews of 3 Caucasian, female clinicians, a 49-year-old art therapist with eight years experience, a 61-year-old licensed clinical social worker with 34 years of postgraduate experience, and a 44-year-old licensed clinical social worker with 21 years of experience. Mental health practitioners, clinical supervisors and consultants as well as professionals in counselor education benefit from the findings of this study that extends knowledge of effective coping with work related stress in treating traumatized children. Participants in this study coped by using the following core characteristics the most often: seeking emotional and instrumental support from others, maintaining balance in work and private life, staying spiritually oriented, participating in leisure activities, focussing on health and using cognitive restructuring techniques. The least mentioned was the use of humor. Four themes permeated the experience of these clinicians: (1) **Maintaining Balance**: Coping included maintaining a balance in work and private life; (2) **Healthy Personal Identity**: Coping successfully meant keeping the career as work and not a definition of the self; (3) **Clear Role Definition**: Coping to

continue the work included increased focus on professional and personal boundaries and the role of the clinician; (4) **Realistic Control**: Successful coping included differentiating between what can and can't be controlled. This study also found that part of coping with work-related stress meant moving from the public sector into private enterprise. In private practice, participants found that coping with stress improved with the decrease of high client caseload requirements and the ability to screen potential clientele for the purpose of creating a balance in treatment issues. Overall, this study found that the experience of coping successfully with work-related stress had a great deal to do with increased professional autonomy.

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The Experience of Three Female Mental Health Clinicians Coping with Work Related
Stress in Treating Traumatized Children

By
Rochelle Pegel

A DISSERTATION

submitted to

Oregon State University

in partial fulfillment of
the requirements for the
degree of

Doctor of Philosophy

Presented November 8, 2002
Commencement June 2003

Doctor of Philosophy dissertation of Rochelle Pegel presented on November 8, 2002.

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Rochelle Pegel, Author

ACKNOWLEDGEMENTS

The author expresses sincere appreciation of Dr. Dale Pehrsson, who served as major professor, and committee members Dr. Karen Higgins, Dr. Michael Ingram, Dr. Judy Osborne, and Graduate Representative Dr. Anisa Zvonkovic.

The author also acknowledges the support, encouragement, and faith of family and friends who have greatly contributed to making this endeavor possible.

TABLE OF CONTENTS

	Page
CHAPTER 1: Introduction.....	1
Autobiographical Connections in Forming the Research Question.....	1
Statement of the Research Question.....	4
Definition of Terms.....	4
Social Meaning and Relevance of the Research Question.....	6
CHAPTER 2: Literature Review.....	7
The Literature Search.....	7
Overview.....	8
Themes:.....	11
The Prevalence of Trauma Survivors in Clinical Settings.....	11
Vicarious Traumatization as Work Related Stress.....	12
Clinician Coping Style.....	12
Summary and Conclusion.....	14
CHAPTER 3: Methods.....	15
Heuristic Inquiry.....	15
Rationale for Selection of the Heuristic Model for This Study.....	20
Procedures.....	21
Selection of Research Participants.....	21
Demographics.....	22
Data Collection.....	24
Organizing, Synthesizing, and Representing Data.....	25
Ethical Considerations.....	28
CHAPTER 4: Presentation of the Data.....	30
Core Characteristics.....	31

TABLE OF CONTENTS (CONTINUED)

	Page
Core Themes.....	34
Individual Depictions Illustrating Core Characteristics.....	34
Individual Depictions Illustrating Core Themes.....	51
Portrait of Katheryn.....	57
Portrait of Arlene.....	61
Portrait of Patty.....	65
Composite Depiction.....	70
Creative Synthesis.....	75
CHAPTER 5: Discussion, Summary, Limitations, Recommendations for Further....	80
Research, and Implications.....	80
Discussion and Summary.....	80
Limitations and Recommendations for Further Research.....	84
Implications.....	85
List of References.....	89
Appendices.....	93
Appendix A Interview Questions.....	94
Appendix B Informed Consent Document.....	95
Appendix C Characteristics of Coping.....	97
Appendix D Flow of Data.....	98

LIST OF TABLES

Table	Page
1. Coping Characteristics that are Cognitive in Nature and Used Personally.....	36
2. Coping Characteristics that are Physical in Nature and Used Away from Work.....	43
3. Coping Characteristics that are Cognitive in Nature and Used Professionally.....	45
4. Coping Characteristics that are Physical in Nature and Used During the Work Day.....	51

DEDICATION

This dissertation is dedicated to Leslie, my husband, soul mate and best friend, who has been, and always will be, the “great perspective giver” in my life.

THE EXPERIENCE OF THREE FEMALE MENTAL HEALTH CLINICIANS COPING WITH WORK RELATED STRESS IN TREATING TRAUMATIZED CHILDREN

Chapter 1

Introduction

Autobiographical Connections in Forming the Research Question

I began my mental health career in 1994 after graduating with a Master's Degree in counseling and guidance from Walla Walla College in College Place, Washington. With little education and training on treating traumatized children, I found more and more of my child clients had experienced some form of trauma and were in need of trauma treatment. Providing treatment as a new clinician with little experience in this specialized field brought challenges for which I was unprepared. I found that each client's trauma story, while increasing my understanding of how trauma impacts childhood development, left me wondering how hearing trauma stories might be changing me.

As I gained more confidence in working with childhood trauma victims, I accepted a job as an interviewer/therapist at a child abuse intervention center. For two-and-a-half years I had the daunting responsibility of providing mental health treatment to traumatized children referred to the Lincoln County Children's Advocacy Center. In that time, the only clientele I treated were those traumatized by abuse. I was both honored by

the trust these children placed in me as they recounted the events that robbed their innocence and horrified that childhood could be so painful. My dedication to facilitate the healing process for traumatized children helped me continue the work when I felt like I had lost all hope in myself, the counseling process, and the justice system. My clients' graphic accounts of sexual and physical abuse were like no other stories I had heard or could even imagine. From them, I remain forever changed.

I started focussing on techniques of coping with work related stress out of raw necessity for survival in the field. Over time, it became increasingly difficult to leave my work at the Center and I found vicarious trauma creeping into my life. When my worldview changed and I began to focus on my own personal safety, I knew I needed to tackle the effects of work-related stress head on.

Colleagues and I began to talk about how we could, as a group, deal better with the effects of our work. One strategy we agreed upon was to exercise during the lunch hour as often as we could. When 12:00 p.m. rolled around, the Center would close and our running shoes would come on. As we ran from the Center to the Yaquina Bay Lighthouse and back we would debrief, vent, complain, free associate or just run the stress out of our systems. Staying connected to the rugged beauty of the Oregon coast was instrumental in ridding the stress from mind, body, and spirit.

Another thing we would do as a team is play between appointments. From desk chair races, to playing pranks on one another, to using humor – we would support each other daily by being mindful of the stress level in the office and do what we could to break it down. This personal peer support was instrumental in helping me make it

through each workday. I knew that I wasn't alone in coping with the effects of vicarious trauma and that I could rely on my co-workers whenever I needed someone to lean on.

Weekly supervision also made it possible for me to continue my work at the Center. I knew that each week I would be able to receive supervision in an individual and group setting and process not only client cases, but my reactions to cases as well.

Supervision members were a cohesive group of professionals who were open to and supportive of hearing about the stress I experienced.

The most personal form of coping that I found myself using was prayer. When utter despair and grief became so overwhelming I felt I needed to talk to the one being who was bigger than all of the trauma. I relied heavily on my spiritual relationship with God and called on Him to help me do the work. I would implement this form of coping before, during and after counseling sessions. I found myself talking with God during sessions when I couldn't focus, when I felt overwhelmed by the grief of my child clients or when I had lost confidence in my ability to provide therapeutic interventions. Just reminding myself that God was bigger than the evil that brought sexual abuse experiences into my client's lives helped me continue. When the legal system was unable to protect children from re-experiencing the trauma of abuse, I would remind myself that justice would at some point in time prevail.

Through reliance on my spiritual relationship with God I learned how to release a lot of what was out of my control. I learned how to let go. I was able to see the results of my efforts more realistically and acknowledge that my part in the healing process for each child was small. I came to look at myself as a tool to be used by a powerful entity that knew what was needed. This continual connection gave me strength to overcome. I

found that when I leaned on God, I could focus, be present for my clients, and provide a valuable service with minimal effects to my mind, body, and spirit.

Statement of the Research Question

As a researcher, I am vested in learning more about how clinicians cope with the difficulties of treating traumatized children. In this research endeavor, I am interested in answering this primary question. How do clinicians cope with work related stress, such as vicarious trauma, in treating traumatized children? The following questions were developed to facilitate this inquiry (See Appendix A for how questions were phrased to participants). What coping strategies do clinicians use to maintain focus in treatment sessions? How do clinicians care for themselves in light of hearing trauma stories from child clients? Based on experience, what assists clinicians to continue doing trauma work?

Definition of Terms

Since the experience of coping with work related stress is a complex one, I provide in the following paragraphs a definition of the words used in the research question as well as key terms that are central to understanding the coping experience. The terms used in this study are defined as follows:

1. Experience: The American Heritage College Dictionary (2000) defines experience as:

The apprehension of an object, a thought, or an emotion through the senses or mind; active participation in events or activities, leading to accumulation of knowledge or skill; the knowledge or skill so derived; an event or series of events participated in; the totality of such events in the past of an individual or group. (p. 482)

John Dewey (1938) wrote:

Experience does not go on simply inside a person. It does go on there, for it influences the formation of attitudes of desire and purpose. But this is not the whole of the story. Every genuine experience has an active side which changes in some degree the objective conditions under which experiences are had. (p. 39)

2. Coping: McCubbin (1995) defines coping as “maintaining or restoring the balance between demands and resources” (p. 36).
3. Posttraumatic Stress Disorder (PTSD): For the purpose of this study, criteria for Posttraumatic Stress Disorder was drawn from the Diagnostic and Statistical Manual, Fourth Edition (DSM-IV-TR), published by the American Psychiatric Association in 2000. The DSM IV-TR defines PTSD as an anxiety disorder characterized by the re-experiencing of an extremely traumatic event accompanied by symptoms of increased arousal and avoidance of stimuli associated with the trauma.
4. Vicarious Traumatization: The term refers to a response in therapists who work with survivors of trauma (e.g., physical and/or sexual abuse), and includes PTSD symptoms, a disruption of self-protective beliefs, safety, control, predictability, and attachment. As defined by Pearlman and Saakvitne (1995), vicarious traumatization is “the transformation in the inner experience of the therapist that comes about as a result of empathic engagement with clients’ trauma material” (p. 31).

Social Meaning and Relevance of the Research Question

Vicarious traumatization is an occupational hazard for those who work with trauma survivors (Munroe, et al., 1995). Conducting research on how clinicians cope with this work related stress is tantamount to the survival of trauma treatment providers in this specialized field. Schauben and Frazier (1995) found “Our data suggest a need for professional training on sexual violence, particularly child sexual abuse” (p.63). They further recommended that “for this training to occur, we need continued research on sexual violence” (p.63). While researchers have begun to examine the effects of trauma treatment on service providers, there is very little empirical research that examines the impact on counselors who work with sexual abuse survivors (Schauben & Frazier, 1995).

The benefits of this research resemble the interconnectedness of an intricate chain of dominoes. For instance, acknowledgement of the effects of working with survivors could lead to the development of more effective strategies in coping with work related stress. This development could, in turn, increase mental health professionals’ ability to continue to work successfully with traumatized children, gaining skill and knowledge with experience. Children, who are healing from trauma, would then benefit from an increase in skilled practitioners who remain steadfast in the field. Clinics and agencies would then benefit from an increase in staff continuity and a decrease in agency training costs with inclusion of successful coping strategies.

Chapter 2

Literature Review

Introduction

In the previous chapter, I introduced my research topic, clinicians coping with work related stress, and described how the need for successful coping has become a part of my life as a person, researcher, and mental health professional. In this chapter, I will review my research in the context of published and unpublished studies in the area of clinicians coping with work related stress such as vicarious traumatization.

The Literature Search

During the summer of 2001, eight search engines were used for the purpose of finding literature related to vicarious traumatization and clinician coping strategies. Search engines used, in alphabetical order, include Academic Search Elite, Dissertation Abstracts International, Education Abstracts, Eric, Lexus-Nexus Academic Universe, PsychInfo, Sociological Abstracts and WordCat. For each database, the following terms and combinations of terms were entered: vicarious trauma, burnout, secondary traumatic stress, coping skills, self-care, clinician, child sexual abuse, spirituality, and religiosity. The terms spirituality and religiosity were included as possible coping strategies.

This search brought up 58 different pieces of information related to the above mentioned search terms. Material addressing the effects of work related stress such as vicarious trauma, secondary traumatic stress, and burnout included 13 articles, 20 dissertations, 2 books, and 5 book chapters. Information that focused on coping with

work related stress and self-care included 2 articles, 3 dissertations, 3 books and 2 book chapters. Six dissertations, 1 book and 1 book chapter included information on both the effects of and coping with work related stress. In order that the literature search would not be limited, information was included in the search findings that focused on vicarious trauma found in other professions such as law enforcement, emergency responders, and medical personnel. Clinical work with trauma survivors of different demographics such as natural disaster, war, and therapeutic treatment of holocaust survivors was also considered.

Articles chosen for inclusion in this literature review were selected based on the following: relationship to the research question; representation of a variety of research designs; the use of quantitative and qualitative design; diversity of journals; and diversity of fields of research. I will first provide an overview of the search and then review the literature pertinent to the research question.

Overview

Child sexual abuse survivors tend to provoke more personal reactions in counselors than clients who have experienced other types of trauma (Faller, 1993). Since therapists in this specialized field share the emotional burden of the trauma with their clients (Herman, 1992), it is important to recognize and address characteristic emotional reactions. Clinicians may experience rage, avoidance, over-identification, guilt, overwhelmed shock and horror, and sexual feelings as a result of their close work with trauma survivors (Abney, Yang, & Paulson, 1992; Courtois, 1988; Ganzarian & Buchelle, 1986; Kohan, Pothier, & Norbeck; 1987; Lindy et al., 1994; Pearlman & Saakvitne, 1995a; Renshaw, 1982; Wilson & Lindy, 1994).

Cunningham (1999) posits that the grief process and its stages (e.g. denial, anger, sadness and depression, and resolution) is applicable to the grief process experienced by clinicians who treat sexually abused children. For example, the clinician may first deny the effects of work with traumatized clients perhaps ashamed of their feelings. “It is not uncommon for clinicians who report feeling overwhelmed, sad or depressed to their supervisors to be shamed or blamed for their responses” (Cunningham, 1999, p. 283).

Anger may be experienced due to the following: that there are people who violate children; people who fail to protect them; and that society is unable to prevent abuse. Clinicians may also be angry with systems that become involved after disclosure (e.g. law enforcement, child protective services, and the legal system); individuals who question the existence of abuse, its impact, and the controversy over repressed memories. Anger may further be experienced due to the pain that sexual abuse causes and the resulting helplessness that the clinician is unable to quickly alleviate the pain (Cunningham, 1999).

Clinicians may experience sadness as their world view changes. “They may feel disillusioned or cynical” and experience “intense feelings of loss as they ‘mourn for the world they once knew’” (Cunningham, 1999, p. 285). And finally, Cunningham (1999) believes that there is a stage of resolution that the trauma therapist experiences. During the resolution stage, there is an attempt to resolve the difficulties of the work by recognizing its impact and learn ways to adequately address the affects.

The literature further identifies the effects of doing trauma work. Researchers have proposed terms such as countertransference, secondary traumatic stress, compassion

fatigue, burnout, and vicarious traumatization to describe how clinicians are affected by their work (Figley, 1995; Pearlman & Saakvitne, 1995a; Wilson & Lindy, 1994). Although these theoretical constructs overlap considerably, there are differences illustrated by the literature. For example, Pearlman & Saakvitne (1995a) defined countertransference as: “(1) the affective, ideational, physical responses a therapist has to a client, his clinical material, transference and re-enactments, and (2) the therapist’s conscious and unconscious defenses against affects, intra-psychic conflict and association aroused in the former” (p. 23). This affective, ideational and physical response to countertransference includes the trauma therapist experiencing sadness, rage, fear, grief, shame, anxiety, horror, self-doubt, confusion, intrusive images, nightmares, somatic reactions, sleep disturbance, agitation, and drowsiness (Danieli, 1988; Pearlman & Saakvitne, 1995a; Wilson and Lindy, 1994).

Secondary traumatic stress, now called compassion fatigue, is defined by Figley (1995) as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other and the stress resulting from helping or wanting to help a traumatized or suffering person” (p. 7). This differs from Maslach’s (1976) definition of burnout as “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind” (p. 3).

Vicarious traumatization, as originally conceptualized by McCann and Pearlman (1990), is a comprehensive account of how trauma affects clinicians (Sexton, 1999). They describe it as having “profound psychological effects, effects that can be disruptive and painful for the helper and can persist for months or years after work with traumatized

persons” (p. 133). Pearlman and Saakvitne (1995) further define vicarious traumatization as “the cumulative transformation in the inner experience of the therapist that comes about as a result of empathic engagement with the clients’ traumatic material” (p. 31). Sexton (1999) notes that countertransference differs from vicarious traumatization in that countertransference can occur in all treatment settings and is a temporary response, whereas vicarious traumatization is an accumulation of experiences over many therapy situations and is more long term.

The following is a review of the literature, organized by themes that were predominant and specifically related to this study of coping with work related stress in treating traumatized children.

Theme: The Prevalence of Trauma Survivors in Clinical Settings

Mental health clinicians have long treated traumatized clients. Only in recent years have survivors of violent crimes, including childhood sexual abuse, war, genocide, and rape come forward in large numbers for counseling (Pearlman & Mac Ian, 1995). With an increase of traumatized clientele come new demands on both the expertise and the personal resources of clinicians. The weight of this new demand is even greater when the traumatized are children. Counseling children is a specialty that requires in depth knowledge of developmental issues and various treatment modalities. Additionally, work with the innocence of childhood requires individual coping on the part of the clinician. Some researchers have suggested that on top of the added strain of an increase in traumatized clientele on the counseling profession, clinicians may be ill prepared for work with this population (Alpert & Paulson, 1990; Pope & Feldman-Summers, 1992).

Theme: Vicarious Traumatization As Work Related Stress

The effects of being ill prepared can permeate the whole being of a therapist changing the individual's view of self, others, and the world. Long term exposure to stories of victimization in an empathic relationship challenges three basic assumptions about the self and the world: the belief in personal invulnerability; the view of oneself in a positive light; and the belief in a meaningful, orderly world (Janoff-Bulman, 1985). Epstein (1989) further defined the disruptions of trauma in presenting four basic assumptions that are challenged: the belief that the world is benign, the world is meaningful, the self is worthy, and people are trustworthy. McCann and Pearlman (1990) identify this uprooting change in one's personal schema of self, others, and the world as "vicarious traumatization" and suggested that this change may well be permanent.

Vicarious traumatization, as described by Pearlman and Saakvitne (1995a), includes the therapist experiencing the signs and symptoms of his or her clients (e.g. anxiety, depression, and PTSD symptoms) as well as a disruption of self-protective beliefs about safety, control, predictability, and attachment. The therapist also experiences a sense of being a helpless witness to clients' repetitive self-destructive or suicidal behavior and may feel cynical, despair, and hopeless.

Theme: Clinician Coping Style

Since clinicians may be forever changed by work with trauma survivors, it is important that attention be paid to coping with this work-related stress. Schauben and Frazier (1995) found that five of the most common coping strategies in their study (e.g. active coping, emotional support, planning, instrumental support, and humor) were associated with lower symptom levels. They wrote, "Counselors who engaged in more

active coping and more planning reported fewer disruptions in their beliefs about the world, fewer PTSD symptoms, less vicarious trauma, less negative affect, and less burnout” (p. 60). Schauben and Frazier discovered additional strategies respondents used to cope with work-related stress with the most common being activities that promoted physical health and well-being, such as exercising, and the second most common involving more spiritually-oriented activities (meditating, being in nature or keeping a journal). A third common way to cope with work related stress was to participate in various leisure activities, (e.g. going to movies, reading, gardening, and listening to music) while the fourth entailed seeking both emotional and instrumental support, including talking with friends and family, and seeking advice from co-workers and supervisors. Less frequently mentioned strategies in Schauben and Frazier’s study are changing work conditions (e.g., seeing fewer clients), trying to achieve a better balance between their personal and professional life (e.g., spending more time with family), cognitive restructuring (e.g., remembering how much they like work), and engaging in political action (e.g., joining task forces).

McCann and Pearlman (1990) reported the following coping strategies as helpful in their practice: striving for balance between personal and professional lives; balancing a clinical caseload with other professional involvement such as research and teaching that replenishes; balancing victim with non-victim cases; being aware of and respecting personal boundary issues, such as limiting evening or weekend work; developing realistic expectations of self in doing trauma work; giving self permission to experience fully any emotional reaction; finding ways to nurture and support self; engaging in political work for social change; and seeking out non-victim-related activities that provide hope and

optimism. McCann and Pearlman further wrote of the importance of being aware of areas of conflict or unresolved traumas that are reactivated by the therapeutic process.

Summary and Conclusion

The increase in trauma survivors coming forward for clinical treatment has increased in recent years (Pearlman & Mac Ian, 1995). There is a need now more than ever for mental health professionals to be prepared to treat those recovering from trauma. In providing this valuable service come risks for experiencing trauma vicariously. Experiencing client trauma material in an empathetic relationship can alter a clinician's view of self, others, and the world placing unrealistic demands on individual expertise and personal resources.

In order for a clinician to remain in the field of trauma recovery, coping strategies with work-related stress must be developed. There are many different ways in which clinicians cope with the stresses of their work. If the mental health profession is to continue its charge of helping others to heal, a clearer understanding of coping must be discovered.

Chapter 3

Methods

In the previous chapter, I presented a review of literature related to the research question, “How do mental health clinicians cope with work related stress in treating traumatized children?” In this chapter, I will describe my study through a discussion of the heuristic research model and explain why I chose this method for my study. This chapter consists of seven sections: a discussion of the heuristic model including its six phases; an explanation as to why I chose this research model as well as how this study differs from other heuristic research; selection of research participants; demographics; data collection; organizing, synthesizing and replicating data; and ethical considerations.

Heuristic Inquiry

Bernard Lonergan (1970) and Clark Moustakas (1990) developed the heuristic research method when searching for a process that would encompass what they believed essential in investigations of human experience. The word “heuristic” means to discover or to find and refers to a process of “internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis” (Moustakas, 1990, p. 9). Throughout this discovery process the self of the researcher is present to experience growing self-awareness and self-knowledge. Moustakas (1990) wrote, “The heuristic process is autobiographic, yet with

virtually every question that matters there is also a social – and perhaps universal – significance” (p. 15).

This mode of inquiry is creative and comprehensive in that it allows the researcher the freedom to represent an experience artistically. Moustakas (1994) wrote, “The life experience of the heuristic researcher and the research participants is not a text to be read or interpreted, but a comprehensive story that is portrayed in vivid, alive, accurate, and meaningful language and that is further elucidated through poems, songs, artwork, and other personal documents and creations” (p. 19). The research data that is gathered is organized and synthesized by the investigator into a sequence that tells the story of each research participant. From these individual depictions, individual portraits, or written pictures, are created that include the biographical background of the participants. A composite depiction of the experience is then developed and from this, the primary researcher develops a creative synthesis on the basis of his or her study of all of the depictions and portraits and personal knowledge of the experience (Moustakas, 1994).

There are six phases of heuristic research. They include the initial engagement, immersion into the topic and question, incubation, illumination, explication, and culmination of the research in a creative synthesis (Moustakas, 1990).

Phase One: Initial Engagement

In the first phase of heuristic research, the researcher’s task is to discover, “an intense interest, a passionate concern” that holds important social meanings and personal, compelling implications (Moustakas, 1990, p. 27). During this phase, the researcher, “reaches inward for tacit awareness and knowledge, permits intuition to run freely, and

elucidates the context from which the question takes form and significance”

(Moustakas, p. 27).

Phase Two: Immersion

The immersion process allows the researcher to come to be on intimate terms with the question. In a sense, the researcher lives it and grows in knowledge and understanding of it by entering, “fully into life with others wherever the theme is being expressed or talked about – in public settings, in social contexts, or in professional meetings”

(Moustakas, p. 28).

Gathering material in the immersion phase entails extended individual interviews that often take the form of dialogues with oneself and one’s research participants. This conversational interview method is ruled by “inner experiential time” instead of the clock. In this form, natural expression of ideas, thoughts, feelings and images unfold. “The inquiry is complete only when the individual has had an opportunity to tell his or her story to a point of natural closing” (Moustakas, 1990, p. 46). General questions are formulated in advance, but allow for genuine dialogue that is not planned.

Data gathering in this research modality is dependent upon accurate, empathic listening; being open to oneself and to the co-researcher; being flexible and free to vary procedures to respond to what is required in the flow of dialogue; and being skillful in creating a climate that encourages the co-researcher to respond comfortably, accurately, comprehensively, and honestly (Moustakas, 1990).

Phase Three: Incubation

In this phase, the researcher retreats from the intense, concentrated focus on the question so that a deeper understanding may reach its full possibilities. “During this

process the researcher is no longer absorbed in the topic in any direct way or alert to things, situations, events, or people that will contribute to an understanding of the phenomenon” (Moustakas, 1990, p. 28). To do this the researcher may set aside all information or contact with individuals who are directly linked with the topic so that ideas can develop. This detachment from the data does not interrupt the process of understanding or distance the researcher from discovering the meaning of an experience. Rather, this retreat allows for a greater awareness. Moustakas (1990) illustrates this phenomenon with the following:

The period of incubation enables the inner tacit dimension to reach its full possibilities; for example, the house key that has been misplaced often evades one’s recall of its location while one is totally preoccupied with finding it. Almost as soon as one is absorbed with something else, however, the key suddenly appears in consciousness and draws the owner to it. More common perhaps is the forgotten name: No matter how hard and long one concentrates on remembering, the name does not present itself. Incubating the name while being involved in something else often brings it into awareness (p. 28).

This process in heuristic inquiry while offering a break from concentrated effort towards understanding, brings about an “extended understanding on levels outside the immediate awareness (Moustakas, 1990, p. 29).

Phase Four: Illumination

The process of illumination is a natural one in which the researcher is in a receptive state of mind without conscious striving or concentration towards discovering meaning. Moustakas (1990) wrote, “The illumination process may be an awakening to new constituents of the experience, thus adding new dimensions of knowledge. Or, the illumination may involve corrections of distorted understandings or disclosure of hidden

meanings" (p. 29). In Moustakas' words, "Illumination opens the door to a new awareness, a modification of an old understanding, a synthesis of fragmented knowledge, or an altogether new discovery of something that has been present for some time yet beyond immediate awareness (p. 31).

In this phase, the researcher allows a natural "ah huh" to take place. To do this, all pressure is off to achieve a deeper understanding of meaning. With the pressure alleviated, the mind is able to see a new perspective or perhaps put together a fragmented thought, drawing a concept together.

Phase Five: Explication

In explication, the purpose is to fully examine what has been discovered in consciousness so that an understanding of various layers of meaning can occur. Moustakas wrote, "the heuristic researcher utilizes focusing, indwelling, self-searching, and self-disclosure, and recognizes that meanings are unique and distinctive to an experience and depend upon internal frames of reference" (p. 31). In this phase, the researcher organizes the discovered meanings into a comprehensive depiction of the essences of the experiences. This is done by interpreting or explaining the experience in detail.

Phase Six: Creative Synthesis

Only after the researcher has acquired knowledge of the material that illuminates and explicates the question, can the final phase, creative synthesis, occur. In this phase, the researcher is familiar with the data in all its parts, qualities, and themes and is faced with the challenge of synthesizing the components into a representation as a whole. According to Moustakas, (1990) this synthesis, "usually takes the form of a narrative

depiction utilizing verbatim material and examples”, as well as “expressed as a poem, story, drawing, painting, or some creative form” (p. 32). To do this, the researcher invites the creative side to come forward and synthesize the meaning of the experience through the use of written or art form.

Rationale for Selection of the Heuristic Model for this Study

The exploration of the experiences of mental health clinicians coping with work related stress in treating traumatized children has been a personal challenge in which many professionals continually attempt to answer in their daily work lives. Given that my work experience with traumatized children has encouraged me to develop and examine my own coping style, I chose to conduct this study in the spirit of heuristic inquiry so that I could discover, in a naturalistic manner, how other professionals cope with this stress.

By choosing to conduct this study “in the spirit of heuristic inquiry”, I was able to follow the heuristic model with some variation due to practical time constraints. For example, other heuristic studies can take years to complete with phases ranging from months to years in duration. In this study, the phases of heuristic research were shortened to facilitate completion within a year. Moustakas (1990) addresses this flexibility in heuristic research with the following:

Methods of heuristic research are open-ended. They point to a process of accomplishing something in a thoughtful and orderly way that guides the researcher. There is no exclusive list that would be appropriate for every heuristic investigation, but rather each research process unfolds in its own way (p. 43).

In addition, interviews in heuristic inquiry are complete only when the individual has had an opportunity to tell his or her story to a point of natural closing (Moustakas,

1990). In this study, time constraints due to subject availability limited this process and interviews were conducted in an hour's time. Moustakas (1990) wrote:

Every method or procedure, however, must relate back to the question and facilitate collection of data that will disclose the nature, meaning, and essence of the phenomenon being investigated. This means methods and procedures that will yield accurate and vivid dimensions of the experience- situations, events, relationships, places, times, episodes, conversations, issues, feelings, thoughts, perceptions, sense qualities, understandings, and judgments (p. 44).

A shortened interview process was justified in that studying and capturing the true meaning of the experience of coping was not compromised. The 60-minute interviews with each participant yielded authentic information that captured the essence of the experience of coping with work related stress.

And finally, while the heuristic model allows the researcher to invite research subjects to join in the discovery process as co-researchers, due to time constraints and subject availability, it was not possible to conduct repeated interviews for this study. However, in keeping with other heuristic studies, subjects were contacted for feedback on the data collected and those changes were incorporated. Due to this variation, subjects are referred to in this heuristic study as participants instead of co-researchers.

Selection of Research Participants

The population chosen for this study included mental health clinicians, of various degree backgrounds, who were either currently working with or had worked extensively with traumatized children. Prospective participants were identified through supervisors/directors of child abuse intervention centers in Oregon. A clinician was

invited to be a research participant if he or she met the following criteria: The participant could be described as: (a) a master's level mental health clinician (b) who had extensive experience working with traumatized children (c) with skill in coping successfully with work related stress. Professionals who specialized in treating child trauma victims throughout their career and who coped successfully, as demonstrated by remaining in the field for at least five years, were included as possible research participants.

Six clinicians were identified by supervisory staff of child abuse intervention centers as fitting the criteria. After identification, prospective participants received an information letter inviting them to participate in the study. Participants who were interested in taking part in conversational interviews were asked to schedule a time and place for a private, audiotaped interview with this writer. Three clinicians responded to that invitation.

Demographics

For the purpose of this study, the most important demographic was that all participants reported using coping skills that helped them continue in the profession. Another important characteristic was that all participants had the experience of working for at least 5 years in the field, with experience treating traumatized children. All 3 participants are Caucasian and female, ranging in age from 44 to 61 years with length of professional practice varied from 8 to 36 years. Degrees are also varied with two licensed professional social workers (L.C.S.W) and one registered art therapist (A.R.T.). The following paragraphs provide biographical information about the 3 participants of this study.

Katheryn

Katheryn, who is 49-years -old and currently in full time private practice, started her career in 1993 after receiving a degree in art therapy. She took her first job in a community mental health agency children's program where at least 80%, if not more, were sexually, physically, or emotionally abused. As time went on, in the fourth or fifth year, managed care arrived and Katheryn realized that in order to cope with work related stress, she needed to move to private practice work with lessened caseload requirements and more flexibility in providing treatment. Currently, Katheryn works between 14 to 16 client contact hours per week. She seeks colleague support and has the power to make necessary changes, which she states lessens the effects of work related stress.

Arlene

Arlene, at 61 years of age with 34 years postgraduate work experience as a social worker, has been in private practice for 20 years. Her early work experience began in 1962 in an agency that provided adoptions, foster home placement and counseling for families and children at risk in the Pacific Northwest. She worked for three years before attending graduate school, returning to protective service work during the summer break. After graduating, Arlene worked for the state of New York in the youth parole department for a short time before beginning family service agency work in the east. She then returned to the Pacific Northwest in 1974 and worked for a while in medical school, in child abuse and inpatient psychiatry and then a children's mental health center for seven years. Arlene reports she has 39 years of experience in the field.

Patty

Patty is a 44-year-old with a total of 21 years of social work experience in the mental health field. Some environments where Patty has worked include a residential treatment center for adolescents, a child psychiatric clinic, a sex abuse treatment program, and a child abuse intervention center. Currently, Patty works half time in private practice and half time in other community settings.

Data Collection

Each participant completed a 60 minute audiotaped interview on how they cope with work related stress. Questions generated during the initial engagement phase were used to facilitate focus in the interviews and were not restrictive. Throughout the interviews, each participant was asked the following: How do you cope with stress, such as vicarious traumatization, in treating traumatized children? What coping strategies do you use to maintain focus in treatment sessions? How do you care for yourself in light of hearing trauma stories from your child clients? Based on your experience, what assists you to continue your work? After each interview, I created verbatim transcriptions of the tapes so that themes and essences of the experience could be illuminated in a confidential manner.

My own experience coping with work related stress was also included in this study. I recorded how I coped while working with traumatized children by recollecting specific skills I used and have included my coping experience in narrative form in the introduction of this dissertation.

Reflecting on my own experience of coping influenced my research in that my previous experiences with coping gave me a greater understanding of the experiences of others. By having first hand knowledge, I was able to seek a deeper meaning.

Organizing, Synthesizing and Representing Data

Moustakas (1990) wrote, “Organizing and analyzing heuristic data during the immersion and incubation process may take many forms” (p. 49). Since the heuristic research process “unfolds in its own way” (Moustakas, 1990, p. 43) the following is a description of how the process unfolded in this study.

Once the transcriptions and notes were gathered the data was organized into a sequence representing the story of each research participant. To do this, I engaged in an immersion process that allowed for a comprehensive knowledge of the materials. This immersion process, which took place during a two month period, included intervals of rest and return to the data between interviews and transcriptions until an understanding of each participant’s experience of coping was gained. After saturating myself in the data by playing and re-playing the audiotapes and reading and re-reading transcriptions of the interviews, each individual’s coping experience became clear on an intimate level.

Once a deep understanding was obtained, a portrait of each participant’s experience was developed directly from the language recorded in the transcripts. So that I could make sure I had captured their experience, I then sent each participant their portrait with an invitation to edit the material for meaning. This feedback only clarified and confirmed that I had recorded an accurate representation of the participants’ experience of coping as I received a positive response from each participant.

While waiting for each portrait to be returned, I focused on other things, allowing for incubation of the data. After the portraits were returned, the incubation phase continued. This phase allowed the freedom to “just be” with the meaning of the experience of coping. This stepping back from the data created a level of objectivity that increased my understanding. I felt a sense of connection with my research participants that showed me that I wasn’t alone in coping with work related stress.

With the completion of the incubation phase, an illumination occurred that facilitated the understanding and explication of essential qualities and themes of coping. In the illumination phase, I first generated a list of core characteristics of coping from each transcript and then merged each list into one with notes as to which coping characteristics were shared between participants. After reading and re-reading the list, I realized that the characteristics could be categorized into four categories: 1. Characteristics that can be used professionally, while at work , 2. Characteristics that can be used personally, either privately or away from the work setting 3. Characteristics that are cognitive in nature (e.g. belief systems or mental exercises that call for activities such as visualizations), and 4. Characteristics that are physical in nature, activities done with or affecting the body (e.g. regulatory and physical exercises).

Using a color coding system, I highlighted each characteristic of coping according to which category it fit into. Categorizing the characteristics in this way posed difficulties as some characteristics overlapped. For example, a grounding exercise (e.g. a cognitive exercise that helped the clinician stay calm) could also be a self-talk exercise (e.g. telling oneself to “Sit tight. Don’t panic”). I solved this dilemma by identifying them separately just as the participants had identified them. Characteristics also overlapped in categories.

For example, some cognitive and physical characteristics of coping could be used both professionally, while at work, and personally, either in private or away from work. Since it made sense that participants used these characteristics differently, in both settings, I solved this dilemma by including them in both personal and professional categories.

After the list of core characteristics was generated and categorized, core themes were identified by returning to the original transcripts and determining which overall themes of coping were mentioned consistently by participants. Through repeatedly revisiting the transcripts, I had a similar experience to a doctoral student Moustakas' (1990) includes as an example to illustrate theme development. Clark (1988), the doctoral student who used thematic mapping, explains that during theme development, "many shifts occurred in my perception of the map, and I began to note themes and relationships between ideas which had not been apparent previously" (p. 95). Like Clark, I discovered that core characteristics came together to illustrate themes of coping in a way that I had not previously imagined.

The identified core characteristics and themes of coping were then illustrated by individual depictions of each research participant's experience. From this, a composite depiction of the experience was constructed; then I returned again to the transcriptions and the individual depictions already constructed to revisit the meaning of the experience of coping.

Finally, in keeping with heuristic research, I developed a creative synthesis which is "an original integration of the material that reflects the researcher's intuition, imagination, and personal knowledge of meanings and essences of the experience" (Moustakas, 1990 p. 50). To write the creative synthesis, I first considered the data that

had been gathered through the immersion, incubation, illumination, and explication of the experience of coping and then allowed for time to consider the experience metaphorically. In a wave of clarity, this metaphor became apparent and was represented in narrative form.

Experiencing the phases of heuristic research, achieving a greater understanding of what it is to cope with work related stress, and having that understanding validated by the participants, was very satisfying. Moustakas (1990) wrote about the validity of heuristic research.

The question of validity is one of meaning: Does the ultimate depiction of the experience derived from one's own rigorous, exhaustive self-searching and from the explications of others present comprehensively, vividly, and accurately the meanings and essences of the experience? This judgment is made by the primary researcher, who is the only person in the investigation who has undergone the heuristic inquiry from the beginning formulation of the question through phases of incubation, illumination, explication, and creative synthesis not only with himself or herself, but with each and every co-researcher (p. 32).

Ethical Considerations

Prior to beginning this study, a research proposal was submitted to and approved by the Oregon State University Institutional Review Board (IRB). In that proposal, ethical considerations such as potential risks of participating in the study, informed consent, and how confidentiality would be maintained were addressed. (See Appendix B for complete informed consent document). For example, in this study, participants revisited work experiences with traumatized child clients in order to identify how they coped with reactions to their trauma stories. This had the potential of bringing up painful

emotions. Participants were informed of this potential risk before informed consent was complete. Participants were also reminded that they could withdraw from participating in the study at any time. To ensure anonymity, strict coding methods were followed. Names do not appear on the data and pseudonyms are used in the presentation of the data. Participants received no incentives for participation, other than the opportunity to take part in the study.

In keeping with sound research in counseling, the American Counseling Association (ACA) ethical code was also followed. This added to the study in that “data derived from counseling relationships for the purpose of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved” (APA, 2001, Section B.5). Due to the personal nature of counseling relationships, it was necessary to disguise the demographic information of the research participants and the information they disclosed about their clients to insure confidentiality and anonymity.

Chapter 4

Presentation of the Data

In the previous chapter, I reviewed the heuristic method and the procedures I followed to conduct this study. In this chapter, I will present the data that emerged from the interviews. First, I will present core characteristics and themes of coping with work related stress and then illustrate these with individual depictions. I will then present a composite depiction representing the experience as a whole. Then, I will present three portraits, which retain individuality and simultaneously represent the experience of coping. Finally, I will conclude the chapter with a creative synthesis using metaphor to illustrate how the experience of coping with work related stress, secondary to treating child trauma victims, requires a delicate balance that is similar to homeostasis in healthy cell biology.

In order to facilitate the gathering of information that illustrates the experience of coping with work related stress in treating traumatized children, each participant was asked the following four questions in a conversational interview format: 1. How do you cope with stress, such as vicarious traumatization, in treating traumatized children? 2. What coping strategies do you use to maintain focus in treatment sessions? 3. How do you care for yourself in light of hearing trauma stories from your child clients? 4. Based on your experience, what assists you to continue your work?

Core characteristics were first extrapolated from the transcripts of the interviews and then represented in themes. The words “core characteristics” and “themes” represent

a break down of participant descriptions of their experiences coping with work related stress secondary to treating traumatized children. Core characteristics of coping include those activities, skills, or beliefs used to continue the work with traumatized children. As participants described how they used core characteristics, it became apparent that these descriptions could be categorized into “core themes.” In the spirit of heuristic inquiry, characteristics and themes were selected for presentation in this chapter on the basis of how well they expressed the essence of the experience of coping, rather than strictly on the basis of how many participants expressed them. Most participants expressed each characteristic to some degree.

Core characteristics and themes were drawn from the transcripts of the interviews. This original data comprises of a total of 46 pages, double-spaced. After analyzing the interviews in this study, one interview at a time, a total of 45 characteristics of coping emerged. As I followed the procedure of immersion, incubation, and illumination, it became apparent that coping activities could be categorized into four main categories of core characteristics and embody four core themes. First, I will list these core characteristics and themes, and then I will present excerpts from individual depictions for illustration purposes.

Core Characteristics

The following coping characteristics were predominant among interviews with participants and describe how they cope with work related stress, maintain focus in treatment sessions, care for themselves in light of hearing trauma stories from their child clients, and what assists them in continuing their work. Characteristics were first identified as either used professionally or personally and further categorized as either

cognitive in nature, such as belief systems or mental activities that call for thought or visualization, or physical in nature meaning activities done with or affecting the body (e.g. walking, aerobics, and breathing exercises). (See Appendix C for a categorization of characteristics of coping).

Personal Coping Characteristics

Personal coping characteristics are characteristics a clinician uses either privately or away from the work setting. These characteristics can either be cognitive or physical in nature. For example, one way a clinician may cope with work related stress is by using self-talk such as “sit tight and don’t panic”, a characteristic used cognitively. Personal coping characteristics that are cognitive in nature include the following: grounding exercises, valuing people, staying oriented to nature, using visualizations, knowing self, maintaining that career does not define self, not focussing on child abuse events, using humor, knowing limits of control, using positive self talk, having a grateful heart, having children, not having children, time-off/vacations, writing poetry, using art as a cleanser, being with non-traumatized children, associating with friends and family, personal counseling, personal characteristics, spirituality: the belief in good prevailing over evil, keeping personal life free of chaos, family of origin experiences, and belief in child resiliency.

Personal coping characteristics that are physical in nature, activities done with or affecting the body, include the following activities: Breathing exercises, walking, physical play, having children, not having children, time-off/vacations, writing poetry, using art as a cleanser, being with non-traumatized children, massages, yoga, and various forms of aerobics.

Professional Coping Characteristics

Professional coping characteristics are characteristics that a clinician uses during the workday. These characteristics can also be classified as either cognitive or physical in nature. For example, one way a clinician may cope with work related stress is by debriefing with colleagues, a characteristic used cognitively. Professional characteristics of coping that are cognitive in nature include the following: grounding exercises, valuing people, staying oriented to nature, using visualizations, knowing self, maintaining that career does not define self, not focusing on child abuse events, using humor, knowing limits of control, using self talk, having a grateful heart, participating in supervision and consultation, debriefing with colleagues, maintaining a balance in work, moving to private practice, receiving training/education, gaining professional experience, maintaining boundaries, screening clientele, belief in self as clinician, avoiding encouraging client dependency, maintaining devotion to career, being objective while empathic, compartmentalizing cognitive reactions to traumatic stories, and clinging to successes.

Professional coping characteristics that are physical in nature, activities that are done with or affecting the body, are ways of coping during the workday that involve the physical being of the clinician. For example, a clinician who is experiencing stress may take a walk during a lunch break or focus on breathing exercises during or between counseling sessions. Professional coping characteristics that are physical in nature include the following: breathing exercises, and walking.

Core Themes

Core themes were identified by returning to the original transcripts and determining which overall themes of coping were mentioned consistently rather than organizing all characteristics thematically. To do this, I reviewed the highlighted characteristics, noted the categories, and kept track of how often a participant mentioned a particular characteristic. (See Appendix D for a flow chart of the data). During this examination of the data, it became clear that the clinicians in this study all used characteristics of coping that illustrate the following core themes:

1. **Maintaining Balance:** Coping with work related stress includes maintaining a balance in work and private life.
2. **Healthy Personal Identity:** Coping successfully means keeping the career as work and not a definition of the self.
3. **Clear Role Definition:** Coping to continue the work includes increased focus on professional and personal boundaries and the role of clinician.
4. **Realistic Control:** Successful coping includes differentiating between what can and can't be controlled.

Individual Depictions Illustrating Core Characteristics

In this section I will include excerpts from the individual depictions, retaining participants language, which illustrate the core characteristics described above.

Core Characteristic #1

In examining personal coping characteristics that are used cognitively, I found it helpful to organize characteristics into subcategories that defined them more fully. For

example, in looking at the individual characteristics of coping such as how a clinician values people or how a clinician sees children as resilient individuals, I realized that these characteristics were belief systems. Characteristics of coping that involved using the mind to stay oriented to the day or grounded during stressful sessions could be classified as mental exercises. Furthermore, characteristics such as spending time with family, friends and colleagues could be classified as associating with others, while taking time-off for vacations or participating in personal counseling could be classified as activity based with cognitive benefit.

Table 1

Coping Characteristics that are Cognitive in Nature and Used Personally

Subcategory	Characteristics
Belief Systems	Valuing people, Knowing self, Maintaining that career does not define self, Knowing limits of control, Spirituality: the belief in good prevailing over evil, the Belief in child resiliency
Mental Exercises	Grounding exercises, Staying oriented to nature, Using visualizations, Not focusing on child abuse events, Using self talk, Having a grateful heart
Associating with Others	Spending time with family, friends and colleagues; Having children or not having children; Being around non-traumatized children
Activity Based with Cognitive Benefit	Using Humor, Taking time-off for vacations, Writing poetry, Using art as cleanser, Participating in personal counseling, Personal characteristics, Keeping personal life free of chaos, Family of origin experiences

Belief Systems

Katheryn

Katheryn attributes her ability to cope with work related stress because of how she values people. She describes how she may read referral information about a prospective client and be resistant at first to begin working with them due to the severity of the presenting problems. She finds that this soon changes for her and she exclaims, “Wow, I really like working with this client. Look how they’re growing and look how they’re progressing!” She states she’s learned to value and trust people and not take her “initial impression too seriously.”

Katheryn’s belief in the spiritual aspects of her work also help her cope with work related stress. She recalls how a child client’s spiritual beliefs was instrumental in the healing process and how important it is to help clients identify the “real essence” within themselves after abusive and traumatic experiences.

Katheryn further identifies the belief in child resiliency as a coping skill that she employs in working with traumatized children. She describes how “kids are so resilient” in surviving unbelievable abuse trauma and states, “I’ve seen kids who have gone through incredible stories...things you couldn’t make up...but if you give them attention, support, and caring, they can almost always do some recovery.” Katheryn continues, “That’s where the faith is for me. That’s why I keep working with children.”

Arlene

Arlene talks about coping with work related stress by using her confidence in people's ability, "to have something more than what life is giving them." Arlene states, "I really believe in people" and it's this coping characteristic of valuing people that keeps her going.

Arlene also copes with work related stress by being careful that her career does not define her. "I'm a person who has a career that I'm devoted to, but my career isn't me."

She also reminds herself of what is within the limits of her control and places importance on the realization, "That there are some things that I can't control and other things that I can." She does this by maintaining a "realistic view of what I can do."

Arlene also believes in the resiliency of children and describes them as having "their own drive" to "master the world." She states, "I think that kids are kind of little troopers going through life and very often the things that we think are traumatic to them, they are not experiencing in that way at that time."

Patty

When asked how she copes in the field treating traumatized children Patty states having "a belief that there is a greater good, a greater power that exists that is more powerful than evil" is really important to coping with work related stress. She continues, "I really value spiritual belief systems and I encourage my clients to talk about it or seek it out."

Some advice Patty states "really stuck" with her was how important it is to have her career as not the sole definer of who she is as a person. She recalls getting the advice,

“Don’t have your work be the only thing that you are good at.” This is key advice that has kept her going.

Mental Exercises

Katheryn

A cognitive exercise Katheryn uses is staying grounded when stressful situations arise. She describes staying grounded by not getting involved in the stress and allowing, “the craziness to circle around” her and eventually settle down before she takes action.

She also uses self-talk in coping by telling herself to “sit tight” through stressful times when clients are in crisis or professionals such as attorneys are calling.

Arlene

She states appreciating nature is a “curative” thing for her. She describes how she stays oriented to nature by keeping track of it while in session. She is able to do this by glancing out of her picture window in her office from time to time and noticing the birds flying, trees swaying and staying connected to the changing light of the day.

Arlene uses visualizations to help her cope in sessions with trauma clients. She states, “When I’m in session, I imagine that there is sort of a glass wall there between myself and my client.” This helps her focus on getting her client through processing difficult content.

She further copes with traumatic disclosures of abuse by being careful not to focus on the child abuse events. Instead, she reminds herself that the traumatized children “are in a different place now.”

Patty

Patty keeps herself grounded after sessions by visualizing that she is sending “all of the yucky, tense, negative energy to the center of the earth. “That it just burns it all up and transforms it into new energy.” She states, “just taking time to do that little thing helps a lot.”

Patty also focuses more on how the child is currently doing instead of the abuse events and uses self-talk to acknowledge her feelings after a difficult session. She will sometimes say to herself, “That was terrible” which allows her to feel more outside of the session. She also finds it helpful to remind herself to be appreciative of what she has, cultivating a grateful heart.

*Associating with Others**Katheryn*

Katheryn identifies having a supportive husband as “always helpful” in coping with work related stress. She recalls that having “somebody I can talk to when I go home” as bolstering coping capabilities. Her dog and cat also add to her personal cognitive ability to cope with work related stress. Katheryn attributes not having children of her own as helping her in her profession. She states, “Maybe that has something to do with it, that I have the energy to give to kids” in her practice.

Patty

Patty describes various ways of associating with others as helping her successfully cope with work related stress. Personal cognitive association skills Patty uses include relationships with family, friends, and colleagues. She states, “They all keep me anchored, keep me going.” In contrast to Katheryn’s identification of not having

children as helping her have energy for the work, Patty identifies having children as helping her continue in the field. Patty states, “I also think that it helps to be around healthy, happy kids as an antidote.” Along with spending time with her own children, Patty also is a Brownie leader, which she states provides her with more opportunities to associate with non-traumatized children. She emphasizes that spending time with non-traumatized children is “really healing” to her.

Activity Based with Cognitive Benefit

Katheryn

Katheryn keeps her life free of chaos as a coping skill. “I think for me, if I can keep my own life straight and clean and emotionally balanced, then I’m fine.” A decrease in tolerance and an increase in fatigue are indications for Katheryn that she needs to “take better care of myself for a while.” Katheryn does this by taking vacations. She states time-off that is “up to ten days or two weeks” is useful in unwinding and is clear that “a week is often not enough time.”

Staying aware of how she is reacting to her client’s presentation of traumatic material is important. Katheryn identifies a personal characteristic of being able to remain calm when hearing child accounts of abuse and trauma as “amazing.” “I don’t get much of a reaction personally to this stuff...Seldom do I get really knocked off balance by what I’m hearing.” She admits, “So I have a pretty good way of staying grounded during interviews, especially when I’m getting new information from people.”

As an art therapist, Katheryn has found that using art as a rejuvenator helps her cope. She describes how using art as a “meditative” activity helps her escape “into calm imagery” which is a renewing process for her.

Katheryn also believes she has a “natural ability to do this work” identifying her family of origin as providing life experiences which have shaped her to become who she is today. She describes a childhood in which frequent moves and “a lot of stuff going on when I was growing up” as influencing her capabilities of caring for others. She describes this ability as “sort of a natural well spring of this thing I can do.”

Arlene

Arlene also reports coping with work related stress by keeping her own life free of trauma. “I do as much as possible to keep a lot of trauma out of my life.” Adding to this, Arlene further identifies a personal characteristic of automatically being able to use coping skills as keeping her in the work.

Arlene attributes family of origin experiences as helping her, “to be able to understand a lot of experiences people may be going through.” She continues by saying, “I think having to deal with trauma and challenges probably does help people to be in a position to be able to have a useful identification with a client.” Arlene continues by saying there may be something innate about this ability she has in “containing my own feelings” and not rushing into a panic.

Patty

On coping with work related stress, Patty recalls learning from a supervisor early on in her career the importance of participating in personal counseling. “I’ve done a lot of my own personal therapy work” which she states was “helpful” in learning how to cope in the field. Patty also sees cultivating her skill at writing poetry as something that helps her work through the stress of the job. Other activities Patty uses that produce cognitive benefit are vacations or “just being able to get away from it” and “a sense of humor.”

When asked to pinpoint personal characteristics or family of origin experiences that have influenced her in choosing work as a counselor, Patty acknowledges that “most of the people in this field have been caretakers in some way or another.” She goes on to state how that characteristic, “can be a downside if that’s how you define yourself.” In looking back at her family of origin, Patty defines herself as learning to be responsible and able to value professional supervision because of her placement in the family as the oldest child.

Core Characteristic #2

Personal coping characteristics that are physical in nature and used away from work include regulatory and physical exercises. Although participants did discuss ways they exercise to cope with stress, they also were honest about how they needed improvement in this area. Exercises reported include breathing, walking, physical play, massages, yoga, and various forms of aerobics.

Table 2

Coping Characteristics that are Physical in Nature and used Away from Work

Subcategory	Characteristic
Regulatory	Breathing, Massages
Physical	Walking, Physical play, Yoga, Aerobics

Katheryn

Katheryn has learned that she gets migraine headaches after holding tension in her shoulders and neck during counseling sessions. She describes having difficulty reminding

herself to keep her shoulders down and back in a relaxed manner. She admits that remaining relaxed while in session, “is a big struggle and I haven’t been able to totally conquer that one.” To combat this, Katheryn gets massages every other week to release “a tremendous amount of tension” in her shoulders and neck.

Patty

Patty admits, “I only recently discovered that exercise can be fun” explaining that her family of origin did not emphasize exercise in her formative years. Patty uses cardiovascular exercise and play as well as yoga and breathing exercises to cope with the work related stress that manifests itself physically and she wishes she could do these exercises more frequently. Patty states, “attending to the physical body is not something that I pay as much attention to as I should, probably, and I’m trying to do better. I think it’s really important.”

Core Characteristic #3

Professional coping characteristics that are cognitive in nature can also be classified into categories of belief systems, associating with others, mental exercises, and those that are activity based with cognitive benefit.

Table 3

Coping Characteristics that are Cognitive in Nature and Used Professionally

Subcategory	Characteristic
Belief Systems	Belief in self as clinician: can make a difference
Associating with Others	Supervision, Consultation, Debriefing with colleagues
Mental Exercises	Being objective while empathic, Compartmentalizing emotional reactions to traumatic stories, Clinging to successes
Activity Based with Cognitive Benefit	Balance in work, Move to private practice, Gaining professional experience, Maintaining boundaries, Screening clientele

*Belief Systems**Katheryn*

For Katheryn, believing in herself as a clinician has kept her going strong in the profession. She states, “Very seldom have I had a client that I thought I couldn’t help.” She continues, “I’m good at connecting with clients and with children in getting their trust” which “keeps the stress down.” Katheryn further believes in herself as having a “pretty good way to stay grounded during interviews, especially when I’m getting new

information from people.” Her ability to trust in herself as a clinician helps her maintain in the field. She admits, “It’s trusting my gut. My gut tells me way before my brain what is O.K. and what’s not.” Katheryn’s confidence in herself as a clinician is evident as she states, “ I need to have some sense of what I’m doing is effective and is making a difference. And I’m pretty good at that with trauma based issues.”

Arlene

Arlene copes with work related stress in treating traumatized child clients by nurturing a belief that, “I’m giving them a good supportive experience that will be there for them to draw on in their adult life.” When Arlene provides an environment for a therapeutic relationship to develop in which a child is able to continue development “and then being able to see it happen, keeps me going and lets me know that I’m helping.” Arlene further copes professionally in her belief that “hopefully what I do is give them hope in life and something they can build on.”

Patty

When asked what keeps her going in the field, Patty states it helps a lot when she has cases where, “I feel I was able to make a positive difference.” Patty states she’s fortunate in that she has “if not every day, many times a week that I feel that was a good interaction or a good moment or a good session or whatever. That makes me feel like I’m doing something good for somebody.”

Associating with Others

Katheryn

Katheryn advises that in order to stay successfully in the profession, “You really need to find ways to connect with other clinicians or do peer supervision or consultation

with other therapists to get more expert advice.” She reports this helps, “to ease my mind, take away some of the pressure.”

Arlene

She states she’s “learned over time and one of the key things that I do is to stay in training and stay in consultation.” Arlene’s association with her supervisor helps her cope with the horror she encounters in client trauma stories.

Patty

Patty also attributes coping in the field to associating with other professionals in a supervisory relationship. She identifies herself as “very lucky to have excellent supervision, clinical supervision...which has really helped just understanding boundaries and understanding how to do my best clinical work.” Patty continues, “And I think staying intellectually challenged, you know, constantly getting trainings, going to trainings” keeps things from getting “boring and stale.” Debriefing with colleagues further helps Patty sort through the stressful material of the day and attend to her own reactions to trauma stories.

Mental Exercises

Arlene

In order to stay reasonably unaffected by her work, Arlene will often visualize that there is a “glass wall” between herself and her client. She describes how this helps her attend to her client empathically without being overcome by the trauma material. She can be present for her client while being protected from the effects of the work.

Patty

Developing “really good defenses” is another way Patty copes. “Part of me can stay emotionally connected to the person I’m talking to and part of me can be hearing it more objectively. That’s sort of a division that happens.” This “division” helps Patty remain objective while empathic.

When Patty’s working with clients who are disclosing trauma stories she copes with the resulting stress by compartmentalizing her reactions. She describes how she’ll keep reactions such as, “I’m going to be sad about this,” in one “corner waiting until it can get attention” while the other “part of me is thinking if it is a trauma story, it needs to be addressed legally.” She’s also thinking about how to document the disclosure and asks herself, “How do I get the information without asking leading questions?” Patty further describes this ability by stating, “There is a part of me that has been trained that way, so that part clicks in, but if it’s not needed then it doesn’t click in.”

Patty also copes by maintaining professional boundaries. She describes using this with clients as “letting them have the feelings, attending to their feelings instead of my feelings in that moment.” Another thing that Patty states, “helps a lot in coping is focussing on cases in which she was successful. “I had a little girl that I worked with for several years who I just got to go to an adoption ceremony for and it was so happy and it was so wonderful to see her looking healthy and loved. So, you sort of cling to those successes of the kids you know you made a positive difference.”

*Activity Based with Cognitive Benefit**Katheryn*

Part of maintaining in the field for Katheryn meant moving from a 44 client a week system to a 14 to 16 a week system in private practice. In community agency work she states, “We just could not handle that kind of 44 client a week kind of pressure.”

Katheryn sums up her concern for the profession stating, “It’s really sad what the system is doing to the clinicians who work with these really severely traumatized kids.”

Katheryn reports she’s doing well stating, “I’m learning how to cope better in private practice.”

In her private practice work, Katheryn keeps work stress down by screening prospective clientele and carefully choosing how many clients she sees a week. Since she’s gained “the ability to control” how much she does each week she states, “I haven’t filled more than 20 hours a weeks so at this point I’m probably seeing about 14 to 16 hours per week in terms of caseload and that seems pretty comfortable and I think that is one thing I need to pay attention to is how much is enough. How many clients do I really need to have?”

Knowing the type of clientele she feels comfortable and competent working with is how Katheryn further copes with stress. She identifies child abuse cases that are not adjudicated as “quite stressful” and she will screen “to avoid those cases where there is going to be a court case pending.” She continues, “I’m not tough enough to take that on.”

Katheryn also avoids working with the chronically mentally ill stating that working with that demographic “is not what I’m good at or what I like to do. I think that’s too stressful for me.” She explains, “I need to have some sense of what I’m doing is effective and is making a difference,” stating, “I’m pretty good at that in trauma based issues.”

Patty

Patty copes with work related stress in her part time private practice by keeping a balance of the type of clientele she sees. "I've been in private practice long enough that I can pick and choose a little bit so that I don't get, for example, too many sex abuse cases, or too many kid cases." She continues, "So if I find myself getting too many teenagers I won't take any more teenagers and take more little kid cases. That helps me a lot." Patty continues this balance "between private practice and community service practice because I think just private practice will be too isolating and too stressful."

"For me, it also helps that I have heard a lot of trauma stories," Patty admits. She describes how gaining professional experience, the activity, "takes the edge off", the cognitive benefit. She states it's still terrible, but I think I'm just focusing on that person and what that person means in that moment and that helps me not to spend too much time thinking about how that is effecting me, in the session while I'm with the person." Patty further describes this as "work and my mind is in a completely different gear than if it were a friend.

Core Characteristic #4

Professional coping characteristics that are physical in nature include regulatory and physical exercises that are done while at work. While two participants identified using exercise to cope while at work, this form of coping did not appear to be used often. Furthermore, Katheryn admitted that paying attention to eating habits seemed to help her manage stress more effectively. Exercises that participants did report using while at work include walking and breathing.

Table 4

Coping Characteristic that are Physical in Nature and Used During the Work Day

Subcategory	Characteristic
Regulatory	Breathing
Physical	Walking

Katheryn

While she walks to relieve stress, Katheryn admits that she could do more to get exercise. “I try to walk...but probably not enough.” She does however pay attention to what she eats stating, I try to stay away from eating too much chocolate, I think that’s something I do when I get stressed, but that gives me headaches so that backfires.”

Patty

She recalls how when she first started in the field, she would leave her office and “walk around the block” to get fresh air and clear her mind. While at work, she also focuses on breathing exercises stating, “just trying to take deep breaths and let it out.”

Individual Depictions Illustrating Core Themes

*Core Theme #1. **Maintaining Balance:** Coping with work related stress includes maintaining a balance in work and private life.*

All three participants, in describing their modes of coping, touched on the importance of balance. While Katheryn and Arlene gave descriptions of maintaining a balance, Patty directly stated how keeping a balance, “helps me a lot.” Participants described how coping with stress included screening clientele for a balance in clinical issues, maintaining a balance between work and time off, and fostering as much harmony as possible in their personal life.

Katheryn

In maintaining balance in her workload, Katheryn asks herself, “How many clients do I really need to have?” She learned, from being immersed in a mental health system that required high clinical caseloads, that carrying too many clients increased work related stress. She describes her experience attempting to cope with the “extra pressure” that changed the work environment from a relaxed treatment atmosphere to being “more like a MASH unit like we were all on the front line without much support.” She goes on to describe how she “eventually had to quit” stating that “once the numbers got to be too big” and supervision lessened “it got really nerve racking and kind of scary.”

In her personal life, Katheryn states, “I think for me, if I can keep my own life straight and clean and emotionally balanced, then I’m fine.” She admits, if there is too much going on in her personal life, “I don’t have as much tolerance and I feel tired.”

Arlene

Arlene maintains a balance by fostering as much harmony as possible in her personal life. She states, “I do as much as possible to keep a lot of trauma out of my personal life.” This allows her to cope with work related stress in that she is able to leave her work and renew herself for another day.

Patty

Patty also maintains a balance in both her professional and private life. Patty keeps a balance in her practice by screening clientele. She states she’s been in private practice long enough she “can pick and choose a little bit so that I don’t get, for example,

too many sex abuse cases, or too many kid cases.” The theme of balance is further illustrated in Patty’s “balance between private practice and community services practice.” She balances out her work between both fields because, “I think just private practice would be too isolating and too stressful.” She maintains balance in her private life as well by exercise, play, and making sure she has enough time with her family.

*Core theme #2. **Healthy Personal Identity:** Coping successfully means keeping the career as work and not a definition of the self.*

Also important in successful coping is maintaining an identity that is separate from work. Research participants consciously develop their identity outside of their careers. Katheryn cultivates her artistic self; Patty hones her creative writing skills while Arlene separates her personal identity from her professional identity.

Katheryn

As an art therapist, Katheryn uses art as a treatment modality. She also identifies herself as an artist and has a studio in her home where she uses her creative energy. In being active in her own art work, Katheryn is able to keep her career as work and not let it be the only definition of who she is as a person.

Arlene

A theme of coping for Arlene includes a separation between her working self and who she is personally. She sees herself as someone different from her job. “So that I look at going home at the end of the day and what I’m really about. I’m a person who has a career that I’m devoted to, but my career isn’t me.” She is careful that her career is not her identity.

Patty

She identifies herself as a writer as well as a therapist. "I'm a writer, so I write poetry and that's good to have something that I do besides work." By regularly cultivating her creative writing skills Patty further formulates who she is outside of her work. She puts into practice the advice, "Don't have your work the only thing that you are good at."

Core theme #3. Clear Role Definition: Coping to continue the work includes increased focus on professional and personal boundaries and the role of the clinician.

Research participants in this study have all developed strong personal and professional boundaries in coping with work related stress. Katheryn monitors her boundary strength by focussing on countertransference issues relinquishing responsibilities that are outside the scope of therapy. Arlene maintains boundary strength by focussing on her role as a clinician and stays mindful that client trauma experiences are not her own. Patty's boundary development includes maintaining a division between her personal and professional reactions to client trauma stories.

Katheryn

She asks herself, "Do I need to establish stronger boundaries?" when she starts "getting irritated with a client," Katheryn states, "then I know there must be some boundary issue that I need to look at for myself." She maintains professional and personal boundaries by purposefully avoiding getting caught up in situations outside the scope of therapy. She describes how she was getting caught up in attorney's requests for her participation in court and other requests from parents and resisting the desire to take on responsibilities outside the scope of therapy. She admits, "You want to feel...your being

called on to be an expert so you want to, you feel like you should have an opinion.”

She maintains boundaries by allowing the craziness to calm down, reminding herself not to panic and setting aside time to think about her role.

Arlene

She copes with stress in working with traumatized children by focusing on “how they need me to play a part with them. That I have a role that I need to do and will demonstrate over time, just what that’s going to be.” This helps establish boundaries between Arlene’s personal and professional self. She states, “I think it’s important for me to know that it is my job to be here to help them through it, what their experience is” and not her experience.

She is able to concentrate on her role in treatment sessions by focussing, “on them and try to understand what they are telling me and what their feelings are.” She admits “And when I think about their issues, I think about it in terms of how am I going to get them through.”

Patty

Coping includes focusing on separating personal reactions from professional responsibilities. She describes this ability as a “good defense.” Patty states, “I’ve developed really good defenses, I guess. I have a distance that is...it’s not...part of me can stay emotionally connected to the person I’m talking to and part of me can be hearing it more objectively. That’s sort of a division that happens.” Patty continues describing how she’s “focusing on that person and what that person means in that moment and that helps me not spend too much time thinking about how that is affecting me, in the session

while I'm with the person. It's work and my mind is in a completely different gear than if it were a friend."

Patty further illustrates this division by describing how she responds to client trauma stories. She places "I'm going to be sad about this" in one "corner waiting until it can get attention" while the professional role is focusing on how to handle the legality of the content. "It's sort of letting them have the feelings attending to them, their feelings instead of my feelings in that moment."

Personal boundaries are strengthened by arranging professional coverage of client crises while on vacation. Patty states, "When you leave your work, you really leave it." She does this by having someone cover her calls. In this way, she knows "they are going to take good care of them if they need something and I am gone."

Core theme #4. Realistic Control: Successful coping includes differentiating between what can and can't be controlled.

Knowing limitations of what can be accomplished in therapeutic relationships is a skill used in coping with work related stress. Katheryn and Arlene identify the realization of what is and what is not in their control as contributing to coping with work related stress.

Katheryn

Katheryn recalls how she learned over the years the limitations of what she could do for her traumatized clients. When reflecting on how little time she had contact with her child clients, it became apparent that "I was one person one hour a week." This helped her realize that she wasn't in control of many aspects of recovery. "You can't do it all." She reminds herself, "You don't have to jump all of the time to fix things."

Arlene

Differentiating between what can and can't be controlled helps Arlene to continue working with traumatized children. She states what has been helpful is "Probably knowing the limits of control. That there are some things that I can't control and other things that I can." She states that it's helpful when thinking about, "all of the awful things that happen in the world, to have a realistic view of what I can do and what I can't do."

Portraits of Psychotherapists Coping with Work Related Stress

Even though there are similarities between how the therapists in this study cope with work related stress each has a unique experience of coping. I present the portraits of the research participants so that a picture of the individual within the experience of coping can be illustrated.

Katheryn

Katheryn admits feeling the first signs of work related stress as a result of system changes brought on by managed care rather than difficult casework. She recalls being able to handle work with traumatized children stating, "it wasn't very disturbing to me," but had difficulty once caseload requirements increased, supervision support lessened, and clinicians experienced greater pressures to conduct effective treatment with more constraints. To cope with the work related stress that was brought on by system changes, Katheryn and her colleagues relied on each other for support. She describes how they became "tighter and tighter" often exclaiming "This is crazy-making!" and asking each other, "How do we survive this?"

Katheryn eventually realized she needed to get out of the system that was creating so much stress and started doing half time private practice work. After two years of part time community work and part time in private practice, Katheryn quit community work and began full time private practice. In full time private practice her health, emotional stability and social life improved. She describes her life as being in “better balance” because she is able to cope more effectively by screening the types of clients she sees, choosing the hours she works and the number of clients she sees. Currently, Katheryn works between 14 to 16 client contact hours per week. She seeks colleague support and has the power to make necessary changes which lessen the effects of work related stress.

On trauma work in private practice, Katheryn states, “you have a different set of stressors that you’re coping with.” She reflects, “I think private practice gives you a lot more time to ponder what kind of quality of therapy you’re doing with a client.” She continues saying, “It is harder to know, sometimes, how well you’re doing.” Katheryn describes how she is learning how to cope better in private practice by reaching out to other therapists for support, peer supervision, consultation and expert advice. She states added support helps to “ease my mind, take away some of the pressure.” Katheryn identifies realizing that she doesn’t need to do it all by herself as helpful in coping with work related stress.

Katheryn characterizes herself as having “immunization” from stress related to trauma work describing her belief in the resiliency of children as a “built in coping mechanism.” She identifies her “faith” in children’s ability to recover from trauma as

maintaining her in the work. She goes further to identify the resiliency that children have to recover as one of the things she really likes about her work with children.

Along with faith in the resiliency of children, Katheryn also has faith in the spiritual aspects of her work. She recalls how she first became interested in the spiritual aspects of her clients and her counseling orientation after working with a child in permanent foster care. One girl in particular was placed in a foster home that had an “old world” cultural heritage. The family attended church regularly. Katheryn tells how “this little girl who had one of the most horrendous sexual abuse stories I’d heard...latched onto that spiritual religion part.” It was fascinating for Katheryn to see what effect spirituality had on her client’s recovery. She states how important it is to help clients identify the soul or the core within themselves after the abuse and trauma they have experienced. When she is able to help them find the “real essence” of who they are she feels like she is helping them heal.

In coping with hearing trauma stories from her child clients, Katheryn employs numerous strategies. She describes how she remains true to herself by being genuine and in the moment with her reaction to her client’s trauma stories. She states, “I express empathy, concern to really let them know that what happened to them is out of the ordinary.” This validates their experiences. When hearing client accounts of trauma symptoms, Katheryn copes by normalizing their symptoms by stating, “It doesn’t surprise me that you feel that way. That’s normal.” These responses that are established to help her clients’ work through trauma appear to help her cope as well.

Another coping strategy Katheryn employs is knowing her limits. For example, she identifies characteristics of clientele that pose difficulties for her. Working with child

abuse cases where divorce is involved is very difficult. She has learned to refer these cases to therapists who specialize in divorce and who are experienced with the legal system.

The chronically mentally ill, a second type of clientele Kathryn identifies as a limit, also poses a challenge. She describes needing “to have some sense of what I’m doing is effective and is making a difference” and continues to describe how this sense is weaker with the chronically mentally ill population than with trauma based issues. Kathryn admits that working with the chronically mentally ill “is not what I’m good at, or what I like to do.”

Kathryn also identifies keeping her own life as “straight and clean and emotionally balanced” as possible helps in coping with work related stress. If “family issues” occur, she admits to coping less effectively, being more emotionally vulnerable or fatigued. This also functions as a sign that she needs to give herself some time away from work stating, “that’s when I know when I need to take care of myself better for a while.” Taking care of herself includes more vacations, up to ten days or two weeks, to “unwind and unload.”

Kathryn further copes with work related stress by reminding herself not to panic when her clients are panicking themselves. On difficult cases that become contentious, pressure to make recommendations regarding custody and visitation may come from attorneys, family members, or other therapists. Kathryn reports it is important to stay calm and centered before taking action to do what is in the best interest of the child client.

On personal care, Kathryn reports she gets regular massages, exercises, and works on relaxing her body during sessions. Massage helps release the tension she

accumulates in her shoulders and prevents migraine headaches. She admits it's harder to be mindful and relax her shoulders during sessions and is working on developing better coping skills in that category. She also states she would like to exercise more regularly, as that releases tension as well.

Katheryn renews herself at home by spending time with her supportive husband, her dog and cat and being active creating her own artwork. She describes how she uses art to keep centered, to renew herself. For Katheryn, art is "meditative, almost an escape into calm imagery" to experience beauty and relaxation. This activity is more of "feeding" herself instead of "rehashing the ick" when working with traumatized clients.

Katheryn believes her family of origin and early life experiences led her to do trauma work. She describes growing up in a family where she took on the role of the "emotional" caretaker. Katheryn attributes this ability to do trauma work to having early childhood experiences of being an "emotional anchor" to family members.

Arlene

Arlene talks about coping with work related stress by focusing on how she can be helpful in the role she plays in working with traumatized children. She states, "I have a role to play and that keeps me in a separate spot from the trauma we work through." She elaborates by describing how concentrating on what the client is going through and how that is impacting her helps her stay focussed. She then tries to bring those reactions together by either talking about her own reactions or being aware of how she responds to the client. "I think that probably cuts down on the traumatization," she states.

Arlene also attributes her ability to continue in the work to her belief in children's ability to overcome. "I think that kids are kind of little troopers going through life and

very often the things that we think are traumatic to them, they are not experiencing in that way at that time.” Arlene describes this capability children have as having their “own drive” to overcome, stating they learn to live in situations and “master” their lives “in a way they don’t fully understand.” She describes that she has learned from children who had been sexually abused by a caregiver that the experience was “not so threatening to them” because they continued to receive “protection and stability” from them. Arlene states, “What we think is traumatic is not nearly as traumatic to them” and focusing on this allows her to remain clear on her role in the helping relationship.

When in a session where a child client is sharing traumatic information, Arlene is able to stay present in the moment by further focussing on the story the child is telling as well as the feelings that are attached to their experiences. She recalled how she used this coping technique when hearing a little girl tell her trauma story about seeing her grandfather who had died. “She walked in the room without knowing that he had just died and he was in the death position.” When the girl was expressing her horror, Arlene realized that that was her client’s horror and not her own. This focus helped Arlene to do her work in light of emotional trauma. She states, “I tried to create a holding environment for her to heal in.”

One thing Arlene has learned over time is that consultation and training are key to coping with work related stress. “Sometimes when I’m talking with my consultant he will say, ‘This is not your issue’ to reinforce that concept for me if I seem to take it on.” Arlene also values advice a trainer gave regarding thinking about clients in off-hours. “I remember a trainer saying once, ‘If you find yourself thinking about your clients at all before they are in your office next week, I wonder what’s going on there.’” Arlene admits

that she is not that “rigid” in thinking about her clients stating, “They do pop into my mind in the interest of what they are going through, how I can assist them, and not what I’m going through.”

Arlene further maintains treatment focus when working with traumatized children by imagining there is “sort of a glass wall there between myself and my client.” This helps Arlene to “see through it and feel through it” without being affected by the traumatic material. She also uses nature as “a curative thing” for herself. She uses her large office picture window to keep track of the birds, trees, and the weather. This seems to keep her oriented to the day. “I’ve always been one of the people for whom this has been automatic,” states Arlene explaining how she consistently uses nature to care for herself.

Arlene also copes by keeping a lot of trauma out of her own life. She looks at going home at the end of the day as what she is “really about.” Arlene states, “I’m a person who has a career that I’m devoted to, but my career isn’t me.”

Part of coping for Arlene is knowing what cases are more unsettling. One unsettling case she identifies is an adult client, who while working at a corrections facility, had been debriefed about a pedophile’s abuse and murder of a 3-year-old boy. While the child was not her client, Arlene recalls how difficult it was for her not being able to be of some assistance to the child. She identifies that information, what the “little boy had to endure before he was finally allowed to die,” as something “that has been on my mind for a long time.” Therefore, Arlene identifies difficult cases as those in which she was not able to be of some assistance to the child.

Arlene copes with stories that stay with her by not focusing on what happened between the abuser and the child. She states knowing “That there are some things that I can’t control and other things that I can” as helping her cope with work related stress. Even though awful things happen in the world, Arlene states she has a realistic view of what change she is capable of making. In the case of treating traumatized people, Arlene recalls how she reminds herself, “I do good with the things that I can” and then shifts her focus so that she can be there “to absorb and allow them to have some catharsis.”

Arlene also sees her life experiences as helping her to have a desire to do her work. She feels like she has the ability to “understand a lot of experiences people may be going through.” Another characteristic Arlene attributes to fitting in the therapeutic field is her demeanor. She states, “People tell me I seem like a relaxed person” in that she is able to contain her own feelings and not “rush into a panic about a lot of stuff.”

Arlene’s belief “that there is something innate in almost everyone that allows them to move toward having something more than what their life is giving them at the moment” is what has kept her going in the work for 39 years. On clients’ ability to reconnect and overcome traumatic experiences, Arlene states, “being able to see it happen keeps me going and lets me know that I’m helping.”

Arlene hopes she can give something to her child clients that will “be part of that formative process” in recovering. Since she doesn’t always see change in her younger clients, she hopes to offer each child she works with a “good supportive experience that will be there for them to draw on in their adult life.” She further states, “hopefully what I do is give them hope in life and something they can build on.”

Patty

When asked how she's coped in the field treating traumatized children Patty states she uses many different strategies with the most important being relationships with other clinicians, family, and friends. "They all keep me anchored, keep me going," Patty admits with a smile. She also identifies participating in her own personal therapy work as helpful to maintaining in the field. Reflecting on how she learned that from a supervisor early in her career, Patty says, "She really did me a favor."

Supervision is another activity Patty identifies as helping her cope with work related stress. "I've been very lucky to have excellent supervision," she states attributing supervision to helping her understand boundaries and how to do her best clinical work.

Patty also stays intellectually challenged by attending trainings and having a variety of clients. She explains, "In my private practice I try to keep it balanced" and describes how she is able to screen potential clients so that she doesn't get too many sex abuse cases or too many child cases, cases she usually sees in her community agency work. "If I find myself getting too many teenagers I won't take any more teenagers and take more little kid cases. The balance helps me out a lot," she admits.

She also identifies the balance between private practice work and agency work as helping her cope with work related stress. Patty states, "I think just full time private practice would be too isolating and too stressful. She continues to differentiate between the difficulties of private from community work by identifying private practice as being difficult in it's own way. She enjoys her work in the community because she is able to provide a service to a population that would not otherwise be served in the private setting. "I like being with people who wouldn't otherwise get the treatment because they aren't

able to afford it.” She continues, “The people who come here (referring to the child abuse intervention center) would slip through the cracks otherwise ‘cause we don’t have to charge for the treatment we do here.”

Exercise, play, having her own kids, using humor and writing poetry is also included in that balance that Patty maintains for herself. On continuing that balance in the future, Patty admits, “I’d like to work less hours a week, but financially it’s difficult to do so.” She reports working less hours is the next thing she would like to change, but is quick to add, “I think even if I were independently wealthy, I would still do something along this line” because she states, “I really feel satisfied.”

Patty also talks about her “good defenses” that help her emotionally connect with clients while remaining objective. “That’s sort of a division that happens,” states Patty. She continues to describe this “division” by illustrating how her emotional self is “in one corner waiting until it can get attention” while her objective self is determining how to respond to the child’s trauma story and disclosures of abuse without asking leading questions. Patty describes how this automatic response works by stating, “There is a part of me that has been trained that way, so that part clicks in, but if it’s not needed then it doesn’t click in.” Patty allows her emotional side to get attention after sessions either by talking with friends or engaging in supervision.

Patty participates in a peer supervision group one time a week as a current form of coping with work related stress. She also copes with trauma information by talking to colleagues, her partner at home or review experiences in her head afterwards by acknowledging, “That was terrible.”

Being in the field for as long as Patty has and having been exposed to as many trauma stories as she has also helps her cope with the work related stress. She states, “You’ve sort of heard so much that it’s not shocking or I mean it’s still terrible, but I think I’m just focussing on that person and what that person means in that moment and not on the larger social meaning or context.” Patty states, “that helps me not spend too much time thinking about how that is affecting me, in the session while I’m with the person.” For Patty, hearing a lot of trauma stories has helped to “take the edge off of it.”

On caring for herself in light of doing trauma work, Patty admits, “I’m always struggling to be able to do it better.” Since exercise was not emphasized in her family, Patty only recently discovered that exercise can be fun. She currently does a combination of yoga and cardiovascular exercises and states she wishes she could do them more often. She also uses breathing exercises to release stress and has blended a combination of physical and visual exercises to help her after tough sessions. “Sometimes, if I have a session that I’m really apprehensive about going into, or a session that I’ve ended that has been really hard, I’ll just sort of do this little grounding exercise where I send all of the yucky tense negative energy down to the center of the earth.” She imagines this negative energy burning up and transforming into new energy. “Just taking the time to do that little thing helps a lot,” states Patty.

Another coping activity Patty uses frequently to keep her going in the work is to reflect on those cases in which she feels she was able to make a positive difference. One experience she recalls when needing a reminder that she’s been successful in helping others is the child client who she worked with for several years and who was being adopted. She recalls, “It was so happy and it was so wonderful to see her looking healthy

and loved.” Patty continues, “So, you sort of cling to the successes of the kids you know you made a positive difference. That helps a lot.” Patty admits she’s been lucky in that if not every day, many times a week that she feels, “That was a good interaction or a good moment or a good session that makes me feel like I’m doing good for somebody.”

Patty recalls various “pieces of advice” she has received from others that has really stuck with her and helped her cope. One piece of advice is “Don’t have your work be the only thing that you are good at.” Taking this advice, Patty chose writing poetry as an activity that she takes pride in. “I spend time doing it every year,” she states by attending writing workshops and doing regular writing exercises. Another piece of advice she received has to do with taking time off. She recalls how just being able to get away from work helps her cope. She was told once, “When you leave your work, you really leave it” and describes how she’ll have somebody cover her calls. “I know they are going to take good care of them if they need something and I am gone.” She describes how taking emergency calls are more difficult when she’s taking time off. “I find that when I’m off I really need to be off. If I do get an emergency call, it’s much harder on me than if I were dealing with it in the course of a normal day because all of my defenses are down.”

When asked what characteristics she possesses that make coping with work related stress possible, Patty attributes her birth order placement in the family as cultivating helpful characteristics. Patty identifies how being the oldest child has “helped guide me to value the supervision I got, to seek it out and to recognize why counseling came along...and to put a priority on learning not just to keep doing the same thing the same way.”

In coping and in her work, Patty regards spirituality as important. “I really value spiritual belief systems and I encourage my clients to talk about it or seek it out.” She describes her belief in a “greater good, a greater power that exists that is more powerful than evil” that has helped her continue her work. She describes her spiritual belief as, “just being grateful for what I have. I try to remind myself as often as I can ‘cause that helps.”

For Patty, having children has brought some challenges to her work, but overall, she states, “I feel like it has really helped in my work with children to have my own.” The challenges have to do with when she was interviewing children for suspected child abuse as part of her job at the child abuse intervention center. “I stopped interviewing when I had my daughter, she’s my oldest, because I realized it got to be too difficult to hear the disclosures of sexual abuse and imagine it could have been her,” recalls Patty. She admits that her work was affected and when an opportunity came around to do mainly counseling she took it. She admits being aware that “when I see kids my kids ages, I know I act differently,” but admits that having her own children has helped her continue doing her work. She states, “I think that it helps to be around healthy, happy kids as an antidote” describing how being a Brownie leader has been “really healing” for her.

She also recalls how having children has changed her view on what it is to be a good child therapist. “I have to say that when I didn’t have children I was adamant that you didn’t have to have children to be a good child therapist. I still believe that, however, it’s helped me tremendously to have my own children,” Patty states. “It’s very humbling. Now I know there are lot’s of different ways to do things and that helps me to not blame

parents as much, helps me understand what's normal." Overall, for Patty, having children has really "enriched" her life.

Composite Depiction of the Experience of Vicarious Traumatization

Moustakas (1990) describes the process of constructing the composite depiction as beginning with an immersion into, study of, and concentration on the experience of the phenomenon of each research participant. He writes, "At some point in this process the qualities, core themes, and essences that permeate the experience of the entire group of co-researchers are understood and a universal depiction is constructed" (p. 68).

In representing a composite depiction of successful coping with work related stress, I have blended Katheryn, Arlene, and Patty's experience of coping into one depiction. The composite character, Susan, uses a combination of coping skills that incorporates characteristics used by all three participants. Those characteristics that contradict each other (e.g. having children as opposed to not having children) have been combined. This composite explicates the need for coping in all domains of life (e.g. mind, body, and spirit).

Susan, a seasoned mental health professional in full time private practice, has been providing counseling services to traumatized children for many years. She copes with the stress secondary to treating traumatized clients in all aspects of her professional career and personal life. As a professional, Susan believes in her clinical skills. She identifies herself as an effective trauma therapist stating that she connects well with clients, easily building trust. She trusts her intuition and is confident that she is providing an environment for a therapeutic relationship to develop so that continued healing and

development can take place. This sense that she is making a positive difference in a child's life helps to relieve work-related stress. She reflects frequently on her clinical successes which helps her feel she is able to give her clients hope for the future.

Susan also regularly participates in supervision, consultation, and debriefs with colleagues in order to cope. This connection with other clinicians helps ease her mind and alleviate some of the pressure of the work. She explains that associating with other professionals helps her cope with the horror she encounters in her client trauma stories. She also states that from this contact with other professionals she has learned how to maintain boundaries and do her best clinical work.

Other activities that Susan has used to stay in the profession include those that have increased her professional autonomy. She decided, early in her career, that moving to private practice would offer her more control of her professional activities therefore lessening work-related stress. In private practice, Susan screens prospective clientele to maintain a balance in the types of trauma and client developmental issues as well as maintains a lower number of clients she sees each week. Keeping this balance in her practice and gaining professional experience over the years greatly "takes the edge off" of trauma work helping her remain in the field.

In her professional work environment, Susan uses mental exercises to relieve stress and get through the workday. She maintains that she is able to be objective while empathic when hearing traumatic accounts of abuse by using "good defenses" that compartmentalize emotional reactions to these stories. She describes how part of her can be emotionally connected to her client while another part of her can be more objective. To do this, she will sometimes visualize that there is a glass wall between herself and her

client that helps her see through and feel through without being affected by the traumatic material. While in a therapeutic session, Susan will also place her emotional reactions aside until she has finished attending to her client's emotions and then process her compartmentalized reactions outside of the session.

Other coping skills that Susan uses during the workday include activities that relieve stress physically. She uses walking, breathing exercises, and watching what she eats to reduce stress she feels in her body. While she admits that she needs to use these coping methods more often to cope while at work, she states that walking during breaks helps her get fresh air and clear her mind. Paying attention to her breathing and taking deep breaths when stressed has really helped in relieving physical stress. Susan further admits that paying attention to her eating habits also helps her manage stress more effectively. For example, she identifies chocolate as a food she use to consume when stressed and recalls how she scratched that from her diet as that caused her to have headaches.

A personal coping characteristic Susan uses includes developing an identity that is separate from her work. She does this by being careful that her career does not define who she is as a person. She states she's an individual who is devoted to her career, but that her career is not her. She prides herself on having other things that she is good at, like art and poetry, and even sees herself as a different person away from work.

The ability to admit that there are things out of her control has also kept Susan working in the field. She does this by maintaining a realistic view of what she does. Knowing herself and what she feels comfortable doing is also important. For example,

Susan knows that her area of expertise is working with trauma victims and not the chronically mentally ill.

What also helps is how Susan values people. She believes people have an ability to have more than what life is giving them and explains that there are times when she may feel resistant to working with individuals, due to the severity of presenting problems. What she discovers is that these clients are usually the ones who make the most progress. Therefore she has learned not to take her first impressions too seriously.

Susan's belief systems, believing in the resiliency of children and that a "greater good" exists, are an integral part of her ability to cope. She believes children are capable of surviving unbelievable trauma and recover from those experiences. She views children as having their own drive to master the world and often events that are seen as traumatic are not as traumatic to them. She states that this is where the faith is for her and also what keeps her working with children. She further believes that there is a greater good or power that overcomes evil. She values spiritual belief systems and encourages her clients to talk about this aspect of life and seek it out.

Staying grounded when stressful situations arise is one mental exercise that helps Susan cope. She stays grounded by not getting involved in the stress and allowing situations to settle down before taking action. It helps if she tells herself to "sit tight", or when she stays oriented to nature by keeping track of things outside her office window. She will use self-talk skills as well glance out her window noticing the birds flying, trees swaying, and the movement of the sun throughout the day.

Another mental exercise that Susan uses to stay grounded between sessions is to acknowledge her feelings after a difficult session by using self-talk and saying to herself,

“That was terrible”. She then visualizes that she is sending all of the negative energy that was generated from the trauma story down to the center of the earth where it burns up and is transformed into new energy. Susan also reminds herself to be appreciative of what she has and cultivates a grateful heart by focussing on the how the child is doing now instead of focussing on the abuse experiences. She states that using these coping skills is a curative thing for her and refreshes her for her next appointment.

When away from work, Susan rejuvenates by spending time with family, friends, colleagues, and does volunteer work to be around children who have not been traumatized. She describes how spending time with her husband, playing with her children and pets bolsters her coping capabilities. Susan use to believe she was able to do her work because she didn't have children of her own. She attributed having energy for her work because she didn't have the role of mother when workday was complete. She then discovered that having her own children and volunteering as a Brownie is healing and serves as an antidote to work related stress. Susan relies heavily on this connection with the people in her personal life and acknowledges that they keep her anchored, keep her going.

Susan also addresses the importance of taking regular vacations, participating in her own personal therapy work, and keeping her personal life free of chaos as being helpful in coping with work-related stress. She explains that if she can keep her own life straight, clean and emotionally balanced she doesn't get fatigued or have less stress tolerance at work. She keeps herself emotionally balanced by taking regular and substantial vacations, participating in counseling for her own personal needs, and using humor.

Susan further attributes her ability to do trauma work to certain personal characteristics she possesses as well as the experiences she had growing up in her family of origin. She identifies an innate characteristic of being able to remain calm and not getting knocked off balance when hearing child accounts of abuse and trauma. She also believes that her placement as the oldest child in her family of origin and the experiences she had in her formative years gave her a natural ability to do trauma work. She believes she was primed for the work of a trauma therapist being the oldest child who had a greater understanding of family crises and more responsibility in the household than her siblings.

On caring for her physical self when away from work, Susan participates in cardiovascular exercise, play, Yoga and focuses on breathing. She admits she only recently discovered that exercise can be enjoyable having little encouragement as a child by her family of origin to exercise regularly. Susan uses cardiovascular exercise and play as well as yoga and breathing exercises to cope with the work related stress. She wishes she could do these exercises more frequently and admits that attending to her physical self is not something that she pays as much attention to as she should.

Creative Synthesis

I conclude presentation of the data with a creative synthesis of what it is to cope with work related stress in treating traumatized children from both the participants perspective, as I understand it, and my own. Moustakas (1990) describes the creative synthesis as allowing freedom “in characterizing the phenomenon.” This freedom “invites a recognition of tacit-intuitive awareness of the researcher, knowledge that has

been incubating over months through processes of immersion, illumination, and explication of the phenomenon investigated” (p. 52). I appreciate this process because “there is a free reign of thought and feeling that supports the researcher’s knowledge, passion, and presence; this infuses the work with a personal, professional, and literary value that can be expressed through a narrative, story, poem, work of art, metaphor, analogy, or tale” (p. 52). Moustakas (1990) writes, “The creative synthesis is the peak moment when the researcher recognizes the universal nature of what something is and means, and at the same time grows in self-understanding and as a self” (p. 90).

The Experience of Coping with Work Related Stress: A Narrative

In the therapeutic session, the child trauma therapist willingly steps into a relationship with a child whose innocence has been tainted by anguish. This association, however professional in its role, deeply changes the therapist. Trauma stories from young minds and mouths provoke unexpected reactions from those that hear them. No matter how well we fortify ourselves, we find ourselves touched by them in some way.

In each trauma story there is the underlying presence of some form of terror. Counselors who open themselves to “being there” for child clients also must contend with facing this terror. Clinicians may leave therapy sessions feeling overwhelmed with a sense of darkness that they never thought existed. Perhaps the greatest challenge for trauma therapists is to continue to place themselves within that environment for the child clients’ sake.

Those therapists, who stay in the field and continue to face the horror that has touched the lives of children, must have a plan. A strategy for survival is a necessity in this field. A therapist must know how to create balance in all aspects of life in order to

stay healthy. By being mindful of the effects of vicarious trauma, therapists can remain healthy by implementing strategies that maintain balance.

Trauma Therapist and Self-Care: Homeostasis

Self-care is essential for survival. Self-care for the trauma therapist is similar to healthy cell biology. In order to continue optimal function, cells must maintain an internal steady state, homeostasis, by self-regulating. Usually involving feedback mechanisms, homeostasis is the ability to maintain a relatively stable internal physiological environment within an organism. Activities of cells constitute the life process and include ingestion, assimilation, digestion of nutrients, and excretion of the residue; respiration; synthesis; movement; and excitability or response to stimuli. The impairment or cessation of these activities in normal cells, whether caused by trauma, infection, tumors, degeneration, or congenital defects, is the basis of a disorder or disease process. Therefore, homeostasis, the ceaseless balancing and rebalancing of processes that maintain stability and restore the normal state when it has been disturbed, is tantamount to continued proper functioning (Raven, Evert, & Eichhorn, 1999).

The trauma therapist who is not able to, metaphorically speaking, ingest, assimilate, digest, and excrete client trauma information will have difficulties maintaining in the field. A therapist must be able to “ingest” or hear client trauma stories without blocking important details no matter how horrible they may be. “Assimilation” of the trauma material must take place so that the therapist can decide what course of action to take. For example, the therapist must decide if the child’s disclosure warrants further investigation or reporting to protective services. After “assimilation” the therapist must “digest” or put into perspective the information disclosed and decide what course of

action to take. After this formulation, the therapist can “excrete” or eliminate information that is harmful to homeostasis. So that a therapist can continue work, an elimination of trauma stories that could hinder balance must take place. A trauma story that a therapist may identify with should be processed, stored away, or “excreted” so that minimal disruption to balance takes place.

As in cell homeostasis, once the process of ingestion, assimilation, digestion, and elimination of trauma material is complete, the therapist must then rejuvenate through the processes of respiration, synthesis as well as monitor movement, and excitability or response to trauma stimuli. “Respiration” is the process of standing back from the trauma material and taking in a fresh perspective of it’s meaning. A therapist may literally focus on breathing exercises to relax the mind and body or the therapist may just take some personal time to rejuvenate. “Synthesis” includes the combining of separate meanings of the experience and putting it into a whole perspective that does not disrupt the present worldview. And finally, monitoring the movement and response to stimuli includes the therapists’ awareness of a reaction to past and present traumas. For example, a trauma therapist who becomes either immobilized or too responsive to trauma stimuli will experience a sense of disequilibrium and have difficulty with continuing effective therapeutic activities.

A therapist must also be able to maintain balance in work and personal life. Work with trauma victims can deplete the inner system of the therapist. Not only is energy depleted, but also many concepts of how the world works are altered. A trauma therapist who once saw the world as a safe “good” place to live in might experience a depleted view after hearing a story of trauma. This depletion must be replenished. The individual

needs to regain a state of equilibrium by participating in a replenishing activity. An example of an activity that replenishes a sense of safety may be to remind oneself that personal safety levels have not changed. A replenishing activity for feeling inadequate as a therapist may be to participate in supervision and review cases in which a high level of competency was experienced.

What makes replenishing effective is an automatic mindfulness of depletion. This self-monitoring is mandatory in maintaining a balance. As in cell biology, which involves feedback mechanisms, the therapist must continually be in tune with the internal scale of balance. This can be done by consistently checking in with and monitoring how the self is feeling physically, mentally, spiritually and rectifying the imbalance. Thereby, maintaining homeostasis.

Chapter 5

Discussion, Summary, Recommendations for Further Research, and Implications

In the previous chapter, I presented the data that emerged from interviews with research participants. This chapter will offer a discussion of the findings in a suggestive, rather than definitive manner, which is in keeping with the heuristic design of this study. First, the study will be discussed and summarized from beginning to final synthesis of the data as well as provide a summary of the literature reviewed in Chapter 2. In summarizing the literature review, I will also discuss how my findings differ from, or are comparable to findings in the literature review. Next, a synopsis of possible limitations of the study, along with recommendations for further research will be presented. In the final section, a discussion of how the findings of the study have relevance for society, the counseling profession, the research participants in this study, and myself as a learner and as a person is included.

Discussion and Summary

I first became interested in the study of coping with work related stress as a trauma therapist who began experiencing my own vicarious trauma. In my work I began doing personal experiments of coping and discovered that keeping a balance in my life and work with regards to mind, body, and spirit kept me focussed and able to continue the work. It was after these personal struggles that I decided to research how other clinicians cope with work related stress.

My research journey began in the Summer of 2001 with the initial engagement, the first phase of heuristic inquiry, and I formulated the primary research question, “How do clinicians cope with work related stress in treating traumatized children?” In December 2001 I entered the immersion phase by “living” the question through interviews of three clinicians as well as plunging into all possibilities for meaning of what it is to cope with work related stress. Having completed transcripts of the interviews in February 2002, I began the incubation phase in which I stepped back from the concentrated focus on the question and allowed my thoughts to be occupied by other things to invoke a clearer understanding of the experience of coping. The illumination phase began in early March 2002, with a natural progression of clustering qualities of coping into themes inherent in the question. Towards the end of March the explication phase produced a comprehensive depiction of the core or dominant themes of coping and an understanding of the experience as a whole was created. The final phase, creative synthesis, began in April and, like spring, blossomed into May with the first draft of my dissertation being completed. During June, July, and August 2002, I revised my work incorporating input from committee members.

In the following paragraphs, I will describe how my study was distinguished from others, as well as how some findings were comparable with those in the literature review. This summary has been organized in terms of themes from the literature review.

Theme: The Prevalence of Trauma Survivors in Treatment

The literature review in Chapter 2 highlighted the prevalence of trauma survivors receiving counseling services. Past articles revealed that counseling professionals were ill prepared for work with traumatized clientele. Contrary to Alpert and Paulson (1990) and

Pope and Feldman-Summers' (1992) conclusion that counseling professionals may be ill prepared for work with traumatized clientele, participants in this study reported receiving early warning regarding coping with work related stress. One participant recalled how early in her career she received advice from a supervisor about the importance of engaging in personal counseling. This early awareness of the importance of self-care increased her ability to cope with the stress and continue in the field. Another participant even reported being unaffected by stress related to trauma work. Characterizing herself as having “immunization” from stress related to trauma work she identified her belief in the resiliency of children as a “built in coping mechanism” that has helped her continue in the field.

Theme: Vicarious Trauma as Work Related Stress

While this theme was prevalent in existing literature and much is known about the effects of vicarious trauma, the focus of this study was on how clinicians cope successfully with vicarious trauma. Therefore, most participants' reports were centered on how they cope to continue the work. This is reviewed in the following section. Participants who did address the effects of vicarious trauma stated that they experienced more stress secondary to the managed care system and high client workloads than stress secondary to client trauma. For example, one participant, in particular, described her work environment as being similar to a “mash unit” due to heavy case load requirements and managed care system constraints. Once she transitioned from community to private practice and decreased the number of clients she saw each week, her stress was significantly reduced.

Theme: Clinician Coping Style

This theme of coping, while less prevalent in existing research than the effects of vicarious trauma, introduces skills used to alleviate work-related stress. In Schauben and Frazier's (1995) study the following coping strategies were ranked from most used to least used: 1. Health – exercise, sleeping well and eating healthy foods; 2. Spiritually oriented; 3. Leisure activities; and 4. Emotional and instrumental support from others. Less frequently mentioned were 5. Seeing fewer clients; 6. Having a better balance between personal and professional life; 7. Cognitive restructuring; and 8. Taking political action.

In comparison this study found, after counting the frequency in which categories of coping were mentioned, that emotional and instrumental support from others was used more frequently than focus on physical health. Maintaining balance in work and private life came second followed by staying spiritually oriented, participating in leisure activities, and using cognitive restructuring. The least mentioned was the use of humor and not mentioned was political action.

This study also found that part of coping with work related stress meant moving from the public sector into private enterprise. One participant openly stated she chose to switch to private practice to alleviate work related stress secondary to managed care system pressures. Two participants stated that coping with stress improved with the ability to screen potential clientele for the purpose of creating a balance in treatment issues. Overall, this study found that the experience of coping successfully with work related stress had a great deal to do with increased professional autonomy.

Limitations and Recommendations for Further Research

A possible limitation of the study is brought about by the very nature of heuristic design. The heuristic research model focuses on discovering the essence of a specific experience that the researcher has also shared. Therefore, in conducting a heuristic study my main focus was choosing research participants who are most like myself. That is why this study explored how Caucasian, female clinicians cope with work related stress. Further narrowing this focus is the specific point of concentrating on how clinicians, who treat traumatized children, cope with work related stress. This specific focus brings limitations in that neither a gender balance nor allowances for cultural diversity existed.

Future research could explore some of the possible differences among cultures and between gender. For example, my study indicated that some European American Caucasian women rely heavily on communicating with others to relieve stress; a future study could explore if male clinicians or clinicians from other ethnic backgrounds also depend on communication as a main form of stress management.

Another possible limitation of the study was the small number of research participants utilized in keeping with the heuristic approach. While research with smaller numbers affords a greater understanding of individual experiences, it does not allow the transfer of findings over to a general population. Perhaps a different method with more subjects could be utilized to more fully expand our understanding of clinician coping with work related stress.

Further options for future study include how the following effects coping with work related stress: the constraints of managed care; moving from public to private practice; and spiritual beliefs of the therapist.

Implications

Based on data from interviews with 3 trauma therapists, who have been in the field from 8 to 29 years, the findings of this research study depict the essence and meanings of their experience of coping with work related stress and add to current knowledge. Clinicians in this study have been in the field long enough to develop effective coping strategies with work related stress. Although findings of this study may not be generalized across populations, implications include the importance of actively participating in self-reflection of stress levels and use of effective coping skills. Participants of this study were able to maintain in the field utilizing individual coping strategies ranging from emotional support from others to staying spiritually focussed. All three participants illustrated the importance of mindfully working toward coping with work related stress so they could continue the important work of counseling.

The phases of this study were conducted in the spirit of heuristic research and brought about a deeper level of understanding of what it is to cope with work related stress. The initial engagement, immersion, and incubation phases laid the foundation for a greater understanding of how clinicians cope with work related stress. The subsequent phases of illumination, explication, and creative synthesis further developed the meanings of coping. The composite depiction explicated the need for coping in all domains of life (e.g. mind, body, and spirit) and led to the creative synthesis of how successful coping can be compared to the balance found in cell homeostasis. This research indicates the importance of maintaining that balance and the need for each clinician to develop their own ability to cope with work related stress.

As in homeostasis, the clinician must incorporate into practice the ability to take in client trauma information without blocking important details and without becoming immobilized. After the clinician has been able to process trauma information, they must focus on balance and rejuvenation to continue providing services.

Relevance for Society

With an increase in trauma survivors coming forward for mental health services come new demands on both the expertise and the personal resources of clinicians. The findings of this study are relevant to society in that with increased knowledge of successful coping with work related stress, clinicians will be able to stay in the field longer, providing valuable service to the traumatized population. This in turn will increase continuity in counseling services and provide a greater knowledge base for effective treatment. Mental health agencies will experience a decrease in interrupted service due to less employee turnover and clinicians will be better prepared to provide best practices.

Relevance for the Counseling Profession

Education and training programs need to include curricula that address the development of successful coping skills. As this study found, early introduction to the importance of personal work around the effects of job related stress greatly affected the ability of professionals to stay in the field. It would be beneficial to the profession if curriculum would include information on how clinicians can safeguard themselves from work related stress. If graduate students were given the opportunity early on to develop their coping skills, they may be better prepared to fend off the effects of vicarious trauma or stress.

Relevance for Research Participants

Participants voiced appreciation for the focus given to their ability to cope with work related stress. One participant stated it was a luxury to be able to talk about how she has maintained in the field because it gave her a chance to self-reflect. Often times clinicians' focus on others prevents them from being able to pay close attention to how they are doing. By participating in this study, clinicians were able to break from other-focus to self-focus. This allowed for either an affirmation of their level of coping or ignited a need for change. All participants noted the value of this study as important to further increase knowledge of coping with work related stress.

Relevance for me as a Learner and as a Person

This study has increased both my awareness of personal stress levels and my attentiveness to coping with work related stress. Instead of staying stuck in a stress mode and feeling more than doing, I've become more active and automatic in my response to work related stress. This knowledge gained from my study was tested during the last few months of writing the first draft of this study. I accepted a community mental health position out of financial necessity and found myself having to provide counseling services in a "mash unit" mental health system. With a caseload requirement of 40 plus families, assignment to intake mental health assessment services ten hours a week, and two group facilitation responsibilities, I was thrust into the very environment that my research participants had warned against. Not only did I need to cope with the stress in order to serve my clients, I also needed to continue to survive financially while working towards completion of my study.

It goes without saying that this undertaking posed a challenge to maintaining a balance in mind, body, and spirit. I found myself using many of the skills my research subjects employ in their practice. First of all, I made a conscious decision to be mindful of my stress levels and combat unbalance with successful coping skills. I most frequently used emotional support from colleagues that helped to defuse the resulting anger and frustration of working in a “dysfunctional” setting with unrealistic expectations. Secondly, I reminded myself of what I could control and what I couldn’t. Simply reminding myself of what I needed to let go of helped release tension. I also focused on spiritual aspects of my personal and professional life. I would begin each work day with prayer asking for the strength needed to perform well and provide the best services I could in a demanding work environment. Throughout the day, I would pray for encouragement, determination, and energy. To take care of my body, I would focus on breathing activities, walking during breaks, and exercise at the end of the workday. I also established strong boundaries between my work life and personal life making a point not to allow my work life interfere with time spent with family.

While I did struggle with the stress of simultaneously completing this dissertation and working in a demanding mental health environment, I believe I successfully met my goals. I’ll admit, there are things that I could have done differently to increase balance in mind, body, and spirit, but then, there is always room for improvement.

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APPENDICES

APPENDIX A

Interview Questions

1. How do you cope with stress, such as vicarious traumatization, in treating traumatized children?
2. What coping strategies do you use to maintain focus in treatment sessions?
3. How do you care for yourself in light of hearing trauma stories from your child clients?
4. Based on your experience, what assists you to continue your work?

APPENDIX B

Informed Consent Document
Counselor Education, School of Education
Oregon State University, Corvallis Oregon

The Experience of Mental Health Clinicians Coping with Work Related Stress in
Treating Traumatized Children

Investigators: Rochelle A. Pegel, Doctoral Candidate, Counselor Education at OSU; Dale Pehrsson, Ph.D., Counselor Education at OSU, Doctoral Committee Chair.

Purpose of the research project: This research study examines the experiences of mental health clinicians coping with work related stress, such as vicarious traumatization, in treating traumatized children. It is anticipated that information gathered from this study will enhance understanding of how clinicians cope with the stress experienced in hearing children's accounts of trauma and that this added knowledge will contribute to increase the longevity of skilled clinicians in the field.

Pre-study screening: I will meet with Rochelle Pegel who will describe the nature and purpose of this study, as well as the expectations of my participation. Criteria for inclusion in this study includes the following: I am (a) a master's level mental health clinician (b) who currently works with traumatized children (c) with approximately 50% of said target clients currently on my caseload.

What participants will do during the study: My participation consists of a face to face audiotaped, in-depth conversational interview of approximately 60 minutes as well as one or two follow-up conversations either in person or on the phone. I will be given the opportunity to review and edit the transcripts of my interview as well as give feedback regarding the portrait of my experience.

Foreseeable risks or discomforts: I understand that as a participant in this study I will be asked to reflect on my reaction to traumatic material my clients' have presented in therapy sessions and give accounts of my coping style and strategies that help me to continue the work. These reflections may bring some emotional discomfort or recollections of difficult memories. I understand that I will be given the opportunity to debrief at the end of the interview and discuss support resources.

Benefits to be expected from the research: My participation in this study aids in the understanding of how clinicians cope with the stress related to trauma treatment of children. The researcher intends to use the information to further increase the knowledge base for those who work with children in need of skilled trauma treatment focus. A potential benefit from participating in this study is gaining new understanding of my personal coping skills that help me to continue my work as well as the satisfaction in knowing I've contributed to the knowledge base that may help other clinicians continue to conduct trauma treatment with children.

Confidentiality: Every effort is made to ensure that the information I provide remains confidential. By using pseudonyms, it becomes highly unlikely that information from my interview can ever be connected to me. I understand that my name is never included anywhere in the published study or subsequent publications. Any information obtained from me is kept confidential, except in the case of danger to self or others (such as suicidal or homicidal intentions) as presented by the American Counseling Association (ACA) code of ethics. For my information, the researcher will provide me with a copy of the ACA code of ethics. Pseudonyms are used to identify any other information that I provide. The only people with access to this information are the two investigators, and no given names are used in data summaries or publications. Audiotapes are transcribed by the student researcher and are kept secure in a locked filing cabinet and erased at the end of the research study.

Voluntary participation statement: I understand that my participation in this study is completely voluntary, and that I am not paid or compensated in any way for my participation in this study. I may refuse to participate, refrain from answering any questions, or withdraw from the study at any time without penalty or prejudice.

Questions: I understand that any questions I have about the research study and/or specific procedures are to be directed to either Rochelle Pegel, (541) 737-8551, or doctoral committee chair, Dale Pehrsson, Ed.D., (541) 737-8551. If I have questions about my rights as a research participant, I can contact the IRB Coordinator, OSU Research Office, and (541) 737-3437.

Results of study: I understand that if I would like information about the results of this study, I can ask the researcher to reserve a copy for me when it becomes available. This information is provided free of charge.

My signature below indicates that I have read and that I understand the procedures described above and give my informed and voluntary consent to participate in this study. I understand that I will receive a signed copy of this consent form.

Printed Name of Participant

Signature of Participant

Date Signed

Participant's Address:

Participant's Phone Number

APPENDIX C
Characteristics of Coping

Personal		Professional	
Cognitive	Physical	Cognitive	Physical
Grounding exercises	Breathing exercises	Grounding exercises	Breathing exercises
Valuing people	Walking	Valuing people	Walking
Oriented to nature	Physical play	Oriented to nature	
Visualizations	Having children	Visualizations	
Knowing self	Not having children	Knowing self	
Career does not define self	Time-off/vacations	Career does not define self	
Not focussing on child abuse events	Writing poetry	Not focussing on child abuse events	
Humor	Using art as cleanser	Humor	
Knowing limits of control	Being with non-traumatized kids	Knowing limits of control	
Self talk (e.g. "Don't panic.")	Massages	Self talk (e.g. "Don't panic.")	
Having a grateful heart	Yoga	Having a grateful heart	
Having children	Various forms of aerobics	Supervision	
Not having children		Consultation	
Time-off/vacations		Debriefing w/colleagues	
Writing poetry		Balance in work	
Using art as cleanser		Move to private practice	
Being with non-traumatized kids		Training/Education	
Associating with friends and family		Gaining professional experience	
Personal counseling		Maintaining boundaries: focus on professional role	
Personal characteristics		Screening clientele	
Spirituality: Belief in Good over Evil		Belief in self as clinician: can make a difference	
Keeping personal life free of chaos		Avoid encouraging client dependency	
Family of origin experiences		Devotion to career	
Belief in child resiliency		Being objective while empathic	
		Compartmentalizing emotional reactions	
		Clinging to successes	

APPENDIX D
Flow of Data

	Demographics	Questions	Characteristics	Themes	Synthesis
K	49-years-old Registered Art Therapist 8 years of experience Private practice	1. How do you cope with stress, such as vicarious traumatization, in treating traumatized children?	Personal Cognitive: 1. Belief Systems 2. Mental Exercises 3. Associating with Others 4. Activity based with cognitive benefit	1. Maintaining Balance	Creative Synthesis
A	61-years-old Licensed Social Worker 34 years of experience Private practice	2. What coping strategies do you use to maintain focus in treatment sessions?	Personal Physical: 1. Regulatory exercises 2. Physical exercises	2. Healthy Personal Identity	Narrative
P	44-years-old Licensed Social Worker 21 years of experience Private and Community	3. How do you care for yourself in light of hearing trauma stories from child clients?	Professional Cognitive: 1. Belief Systems 2. Mental exercises 3. Associating with Others 4. Activity based with cognitive benefit	3. Clear Role Definition	Metaphor
		4. Based on your experience, what assists you to continue your work?	Professional Physical: 1. Regulatory exercises 2. Physical exercises	4. Realistic Control	