AN ABSTRACT OF THE DISSERTATION OF
Michele L. Eave for the degree of Doctor of Philosophy in Counseling presented on November 16, 2011.

Title: The Experiences of Novice Counselors As They Work With Their First Clients Who Are Adult Survivors of Childhood Sexual Abuse

Abstract approved: __________________________
Deborah J. Rubel

The purpose of this dissertation was to increase our understanding of novice counselors as they initially treat adult survivors of childhood sexual abuse (ASCSA). The researcher used the grounded theory approach, a qualitative method, in order to describe richly and sensitively the first interactions between counselors-in-training and ASCSA. Seven novice counselors participated in the study. Each participant was interviewed three times, for a total of at least 180 minutes. These interviews were recorded, transcribed, and then rigorously analyzed. A central category of interest emerged out of the data: experiencing disruption. All of the participants experienced significant disruptions while initially counseling ASCSA, and these disruptions challenged their beliefs about ASCSA and, more broadly, their worldviews. Furthermore, the disruptive experiences functioned as important catalysts, encouraging novice counselors to develop new in-session counseling skills, to connect their past understandings of ASCSA to the present sessions in question, to become more self-aware, and to integrate new knowledge into their identities as emerging professional counselors. Disruptions are to be expected, and they arrive in a variety of combinations—the unique characteristics of which are difficult to predict. Thus, there is a need for
enhanced counselor supervision, in order to meet the challenges inherent when novice counselors treat this unique population. More broadly, these findings could be incorporated into various models of counseling supervision, practice, and education.
The Experiences of Novice Counselors As They Work With Their First Clients Who Are Adult Survivors of Childhood Sexual Abuse

by
Michele L. Eave

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APPROVED:

Major Professor, representing Counseling

Dean of the College of Education

Dean of the Graduate School

I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

Michele L. Eave, Author
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CHAPTER I

Introduction

Dissertation Overview

This dissertation demonstrates scholarly work by using the Manuscript Document Dissertation Format as outlined by the Department of Teacher and Counselor Education Ph.D. Program Manual. Following this format, chapter 1 explains how two journal manuscripts, chapters 2 and 3, are thematically tied together and build toward research conclusions pertinent to the counseling profession. Chapter 2 is a literature review entitled *A review of the literature on counselors-in-training and mental health counseling of adult survivors of childhood sexual abuse*, and chapter 3 presents qualitative research in a manuscript entitled *The experience of novice counselors as they work with their first clients who are adult survivors of childhood sexual abuse*. Both of these manuscripts provide an integrative review and analysis of the literature related to counselors-in-training and the mental health treatment of adult survivors of childhood sexual abuse.

The first scholarly manuscript of this dissertation is a literature review that provides background, definition, and theoretical underpinnings of the mental health sequelae of childhood sexual abuse and treatment of adult survivors, the impact on counselors working with this population, as well as counselor training, and the role of supervision in counselor development. The second manuscript outlines the descriptive research methodology used in the study, which explored the first experiences of counselors-in-training as they worked with adult survivors of childhood sexual abuse.
Thematic Introduction

The purpose of this dissertation study was to explore the first experiences of counselors-in-training as they provided mental health counseling to adult survivors of childhood sexual abuse. Counselors-in-training are defined as Master-level graduate students currently enrolled in their practicum or internship, as well as students who graduated in the previous year with a Master’s degree in counseling. Students or recent graduates were currently working with or had worked with a client who was an adult survivor of childhood sexual abuse. Adult survivors of childhood sexual abuse are identified as individuals 18 years of age or older who were exploited sexually as children by an adult or person with a large age or maturational difference over the child and may have been in a position of authority or in a caretaking relationship with the child. The sexual activities may have been carried out against the child using force or trickery (Finkelhor, 1994).

The likelihood that a new counselor will encounter a client that is an adult survivor of childhood sexual abuse is extremely high. This likelihood is due to the widespread prevalence of childhood sexual abuse (Pereda, Guilera, Forns, & Gomez-Benito, 2009a) and the long-term impact this type of abuse has on the survivors (Neumann, Houskamp, Pollock, & Briere, 1996; Paolucci, Genius, & Violato, 2001). Adult survivors frequently seek out mental health counseling as a resource in trauma recovery, and as a consequence, counselors regularly provide services to survivors of such trauma.
The implications of this research extend beyond the realm of counselor education. The research described in these manuscripts is relevant for counseling and psychotherapy and also has various uses for those whose professional degrees relate to counselor education, psychology, psychiatry, general medicine, and nursing, among other disciplines. In addition, the information provided in this research will help professionals in supervisory roles within these disciplines.

The first manuscript, a literature review, examines the value of understanding the experience of counselors-in-training as they begin mental health counseling with adult survivors of childhood sexual abuse. The review of the relevant literature in this first document contains background information on adult survivors of childhood sexual abuse, including the prevalence of childhood sexual abuse, the effects of this abuse on adult survivors, mental health treatment for this population, and the impact on counselors in treating this population. The literature review also explores counselor development in this area and the role of supervisors as they oversee therapists counseling adult survivors of childhood sexual abuse. No literature research specifically related to counselors-in-training working with adult survivors of childhood sexual abuse was found. The review concludes with implications and suggestions for counselor education, supervision, and research.

The second manuscript provides information regarding the experience of counselors-in-training as they begin their work with adult survivors of childhood sexual abuse. Professional literature, university courses, professional sessions at conferences, and textbooks devoted to educating counselors in the treatment of adult survivors of
childhood sexual abuse attest to a growing recognition that the mental health profession and, specifically, counselors-in-training benefit from understanding initial experiences of novice counselors as they begin working with this population. In order to capture the complexity of the aforementioned topic, this qualitative study is exploratory and descriptive in nature, guided by the notion that understanding the process and underlying multifaceted experiences of counselors-in-training is a valuable addition to the academic literature. This manuscript offers a general overview of the theory that emerged from the larger grounded theory study, and it includes description of major categories and their most significant interactions. Appendices E through I contain a more complete record of synthesized products from each round of analysis, which will be used for future manuscripts.

As with many arenas in the counseling field, if specific expertise is required for an intervention or for working with a specific population, then there is an ethical mandate to be competent in that specific expertise (American Counseling Association, 2005). Furthermore, whenever new specialty areas are adopted, appropriate education, training, and supervision experiences are needed before working with clients in that specialty area (American Counseling Association, 2005). Furthermore, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) standards were amended in 2009 to include general trauma training, emphasizing the need for counselors-in-training to understand the impact of trauma-causing events on people. These new standards did not include objectives specific to trauma resulting from childhood sexual abuse; however, this knowledge is important within the mental health
field. For example, Kitzrow (2002) surveyed CACREP-accredited programs to assess counselor educators’ practices for training counselors to provide treatment for sexual abuse. The results indicated that the majority of faculty who responded reported that their counseling program offered neither a required nor an elective course on sexual abuse. At the same time, the majority of respondents noted that the training of counselors to work with sexual abuse was important. To this end, understanding critical elements of new counselors’ experiences is paramount to promote optimal awareness of developmental needs and overall support for counselors-in-training.

**Adult Survivors of Childhood Sexual Abuse and Counselors-In-Training**

Discerning the effects of child sexual abuse on survivors and counselors working with this population are important to the central theme of this dissertation. An understanding of the prevalence of childhood sexual abuse is provided to emphasize the severity of this problem. Data from published research over the last 25 years illustrates that child sexual abuse has remained constant and remains one of the most serious public health problems facing society (Pereda, Guilera, Forns, & Gomez-Benito, 2009b). A 2009 meta-analysis of prevalence studies in the field of sexual abuse reported means in the United States at 7.5% for men and 25.3% for women (Pereda et al., 2009a).

Research also indicated long-term sequelae of childhood sexual abuse in adults with relative unanimity for over two decades. Among these effects are relationship difficulties, depression, anxiety, and dissociative issues, as well as drug and alcohol abuse and posttraumatic stress disorder (Briere & Elliot, 2003; Feerick & Snow, 2005; Neumann et al., 1996; Paolucci et al., 2001; Rodriguez, Ryan, Vande Kemp, & Foy,
In addition, researchers reported a relationship between survivors of childhood sexual abuse and somatic complaints, such as pain and gastrointestinal discomfort (Neumann et al., 1996). Because survivors of childhood sexual abuse often suffer from a variety of short- and long-term consequences in different domains, mental health treatment is frequently sought.

Therapeutic approaches for adult survivors of childhood sexual abuse vary widely. Most approaches are not developed and researched specifically for survivors of childhood sexual abuse; instead, they provide therapeutic frameworks to address general trauma, under which more specific traumas are then approached. To this end, new counselors entering the profession may not have a clear outline of theory and intervention strategies that support the treatment of adult survivors of childhood sexual abuse, and this limitation increases the complexity of treating such a population (Pearlman & Saakvitne, 1995a).

Beyond having clear trauma theories and treatment modalities on which to rely, an additional concern is the impact on the counselors who are working with this population. Counselors must be aware that working with adult survivors of childhood sexual abuse can elicit challenging and difficult personal responses, feelings, and reactions that require attention and a venue to process adequately. The underestimation of these feelings and reactions can be devastating to counselors, both professionally and personally (Parisien & Long, 1994; Trippany, Kress, & Wilcoxon, 2004). These emotions have been described in the literature as including personal feelings of distress, rage, avoidance, over-involvement, over-identification, sleeplessness, guilt, shock, horror, and,
more generally, a sense of being overwhelmed (Jones, 2002; Jones, Robinson, Minatrea, & Hayes, 1998; Pearlman & Saakvitne, 1995a). Many terms have been used to describe counselors’ reactions to working with trauma in general, including vicarious traumatization, secondary traumatic stress, compassion fatigue, and countertransference (Brady, Guy, Poelstra, & Brokaw, 1999; Figley, 1995; Rothschild, 2006; Sabin-Farrell & Turpin, 2003).

The abovementioned constructs describe the effect that working with traumatized clients has on counselors and, if left unrecognized and unanalyzed, can potentially have on the client-counselor relationship in a number of ways through the interruption of the therapeutic process (Jones et al., 1998). To reduce the effects of vicarious traumatization and countertransference, regular consultation with a seasoned clinician who is familiar with trauma issues is—in general—beneficial, as is training and trauma education, individual, group and peer supervision, and identification of personal coping mechanisms (Briere & Scott, 2006; Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995a; Trippany et al., 2004).

Training and education around trauma treatment and the risks associated with this treatment are vital to the efficacious treatment of sexual abuse survivors, as well as to the well being of the counselors. Counselors and psychotherapists must be competent when delivering specialized techniques with clients and must take necessary educational steps when adopting a new specialty (American Counseling Association, 2005). The American Counseling Association Code of Ethics (2005) states, “Counselors must practice only within the boundaries of their competence, based on their education, training, supervised
experience, state and national professional credentials, and appropriate professional experience” (C.2.a., Boundaries of Competence). The American Psychological Association Ethical Principles (2002) states, “Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience” (Principle 2.01a, Boundaries of Competence).

Understanding the experience of counselors as they work with their first adult survivor of childhood sexual abuse gives professionals in the mental health field a glimpse of this process, including the competencies relied upon as well as the barriers identified by counselors-in-training.

In addition to specific training and education around the mental health treatment of adult survivors of childhood sexual abuse, the use of supervision is a key component to the development of new counselors. Specific trauma supervision is critical to assist the development of counselors who are working with adult survivors of childhood sexual abuse (Etherington, 2000; Sommer & Cox, 2005). While both general and trauma-specific supervisors seek to monitor and professionally mentor supervisees in the application of mental health counseling and protect treatment seeking clients from harm (Campbell, 2006; Kratochwill, Lepage, & McGivern, 1997), trauma supervision also incorporates trauma theory and attends to the unique needs that trauma therapy generates. Moreover, it focuses on managing the considerable demands on counselors as they hear and respond to horrific stories of childhood sexual abuse (Etherington; Walker, 2004). A critical task of trauma supervisors is to assist counselors in coping with understandably
distressing reactions to the survivors’ descriptions of childhood sexual abuse and normalizing the responses so that they can be used in therapeutically helpful ways (Walker). In this study, the researcher is cognizant of the importance of supervision for counselor development and seeks to understand the role that general or trauma supervision played in assisting the work with client’s who are childhood sexual abuse survivors and the therapists who counsel them.

These manuscripts converge on the background information of childhood sexual abuse, the long-term effects on adult survivors, treatment modalities used to treat this population, the importance of counselor training, the impact working with survivors has on counselors, and the use of supervision in counselor development. These underpinnings help to build and understand the rationale for this study.

**Rationale**

Every year counselors-in-training enter practicums and internships ready to begin their journey of becoming skilled mental health counselors. Due to the prevalence and long-term sequelae of childhood sexual abuse, these new counselors will most likely face clients who have a history of sexual abuse. They are expected to have an understanding of this population’s issues and provide accurate assessment, diagnosis, and treatment, as well as manage their own reactions and feelings while they provide trauma treatment for these clients. These counselors-in-training are learning how to orchestrate and continuously improvise multiple counseling skills to manage the ever-changing circumstances in sessions with adult survivors. Learning within this context is extremely complex and entails coping with unfamiliar and ambiguous situations, which is a process
that, at best, can be challenging for counselors-in-training. This study illuminates the complexity of working with adult survivors of childhood sexual abuse as a new counselor and provides some guidance for navigating that complexity. Despite the ubiquity of research that concludes that counselors will likely be faced with clients who are adult survivors of childhood sexual abuse early in their professional careers, a significant gap remains relatively unexplored: the views of the counselors-in-training themselves. This research begins to fill that gap, seeking valuable information from new counselors who can lend their voice to this experience.

This research focused on specific understanding around the experience of novice counselors as they began counseling adult survivors of childhood sexual abuse, not only because of the gap in the literature around this experience, but also because of the researcher’s professional experience, specifically as a counselor-in-training with this topic. As a licensed practitioner with notable experience in clinical mental health counseling, I recognize how beneficial understanding this experience from the beginning of my professional journey would have been. As I look back at my first experiences working with adult survivors of childhood sexual abuse during internship, I recognize that there was a lack of clear understanding regarding what my potential experience would be as a counselor-in-training treating survivors of sexual abuse. These deficiencies included treatment planning specific to sexual abuse survivors, the awareness of my own counselor reactions when working with this population, the integration of my own personal issues when confronted with sexual abuse survivors, and the benefits of being able to rely on trauma sensitive supervision. In retrospect, I am aware that understanding
this process—treating adult survivors of childhood sexual abuse—would have helped guide me through this unknown and challenging terrain. In addition, as a clinical supervisor of Master’s practicum and internship students, I have noted continually student trepidation and lack of clarity surrounding the experience of treating sexual abuse survivors. With this research, I aim to provide insight and guidance for those professionals and trainees who are impacted by this topic.

Nobody—to my knowledge—has conducted research on this topic. The second manuscript adds to the understanding of this process. This study explores this experience, adding valuable information to the literature regarding the processes of counselors-in-training while they are working with a range of complex and traumatic presenting problems of adult survivors of childhood sexual abuse.
CHAPTER II

A Review of the Literature on Counselors-In-Training and Mental Health Counseling of Adult Survivors of Childhood Sexual Abuse

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Abstract

This article explores the academic literature relevant to the preparation, supervision, and experiences of counselors-in-training who work with adult survivors of childhood sexual abuse (ASCSA). This article reviews literature on several topics: the prevalence of childhood sexual abuse, the theoretical underpinnings of the mental health sequelae of childhood sexual abuse, the effects of such abuse on adult survivors, the treatment of adult survivors, the needs and experiences of clinicians who work with this population, the developmental needs and experiences of counselors-in-training, and the function of clinical mental health supervision as related to the phenomenon of interest. In conclusion, the manuscript offers a synthesis of the key literature, identifying important implications for counselors-in-training who work with adult survivors, counselor educators and supervisors, and future researchers.
Introduction

Providing mental health counseling to adult survivors of childhood sexual abuse (ASCSA) is challenging for even the most experienced counselors, but usually even more so for inexperienced counselors or counselors-in-training. Given the widespread prevalence of childhood sexual abuse, numerous adult survivors must heal the deep and pervasive psychological wounds associated with this type of trauma. Many adult survivors seek mental health treatment to understand their psychological distress, which may include interpersonal difficulties, Axis I disorders and Axis II disorders, somatic complaints, and neurobiological and psychophysiological changes (Classen, Field, Koopman, Nevill-Manning, & Spiegel, 2001; Einhorn, 2000; Feerick & Snow, 2005; Heim et al., 2000; Johnson, Sheahan, & Chard, 2003; Jovanivic et al., 2009; Messman-Moore, Long, & Siegfried, 2000; Neumann, Houskamp, Pollock, & Briere, 1996; Paolucci, Genius, & Violato, 2001; Rodriguez, Ryan, Vande Kemp, & Foy, 1997). In addition to varying levels of distress, the range of coping strategies and levels of resiliency exhibited by adult survivors may be used. Thus, therapists working with this population are challenged by the wide array of knowledge they must possess to work effectively with adult survivors.

Treatment methods for ASCSA are not standardized. In fact, they vary widely. General trauma treatment is well documented, and these models range from cognitive behavioral to existential (Fisher, 2005; Martsolf & Draucker, 2005; Peleikis & Dahl, 2005; Taylor & Harvey, 2010). However, empirically supported treatment models specifically designed for ASCSA are limited to constructivist self-development theory.
(Pearlman & Saakvitne, 1995a) and cognitive processing theory – sexual abuse (House, 2006). Therefore, counselors treating this population do not have a clear, cohesive guide for providing evidence-based treatment.

The emotionally demanding nature inherent in counseling survivors of childhood sexual abuse creates another challenge for counselors. The literature acknowledges that counselors may have a wide variety of visceral reactions and responses to treating ASCSA. Counselors may have strong emotional and physical reactions to treating this population, which may lead to their own experiences of trauma-related countertransference issues (Cunningham, 1999; Figley, 1995; Pearlman & Saakvitne, 1995b). Faced with this challenging population, therapists may require higher levels of training and supervision (Cavanagh, Read, & New, 2004; Etherington, 2000; Walker, 2004) and may experience higher levels of distress and burnout (Jones, 2002; Jones, Robinson, Minatrea, & Hayes, 1998; Parisien & Long, 1994; Pearlman & Saakvitne, 1995a). One can assume that these needs and experiences differ between counselors-in-training and experienced counselors.

The purpose of this manuscript is to explore the literature relevant to the training, supervision, and experiences of counselors-in-training working with ASCSA. This article reviews the literature on the prevalence of childhood sexual abuse, the effects of such abuse on adult survivors, the treatment of adult survivors, the needs and experiences of clinicians who work with this population, the developmental needs and experiences of counselors-in-training, and the function of clinical mental health supervision. Finally, the article provides a synthesis of this information, identifying implications for counselors-
in-training working with adult survivors, counselor educators and supervisors, and future researchers.

Background on Adult Survivors of Childhood Sexual Abuse

To understand the context in which counselors work with adult survivors, this article provides basic information about prevalence, effects of childhood sexual abuse on adult survivors, mitigating factors, and treatment.

Prevalence of Childhood Sexual Abuse

A review of the literature reveals the widespread prevalence of childhood sexual abuse (Briere & Elliot, 2003; Finkelhor, 1994; Finkelhor & Dziuba-Leatherman, 1994; Pereda, Guilera, Forns, & Gomez-Benito, 2009a). While the literature review indicates some debate about the definition of childhood sexual abuse, the legal and research definitions of child sexual abuse requires two essential elements: (a) sexual activities involving a child that are intended for sexual stimulation and (b) an abusive context that exists when there is a large age or maturational difference over the child, the perpetrator is in a position of authority or in a caretaking relationship with the child, or the sexual activities are carried out against the child using force or trickery (Finkelhor).

Briere and Elliot (2003) reported that retrospective child abuse reports in the United States suggested that approximately 25–35% of women and 10–20% of men described being sexually abused as children. Furthermore, Briere (1992) reported that 35–70% of female mental health clients reported a childhood history of sexual abuse. Additionally, there appears to be a consistent pattern over the years regarding the levels
of child sexual abuse, especially among females (Pereda, Guilera, Forns, & Gomez-Benito, 2009b).

These statistics demonstrate the relevance of research conducted to understand the experience of counselors-in-training who are collaborating with survivors of childhood sexual abuse. However, statistics alone cannot reflect the pain and suffering caused by the trauma. Further literature describes the aftermath of this trauma on adult survivors.

**Effects of Childhood Sexual Abuse on Adult Survivors**

Research indicated that not only is childhood sexual abuse pervasive in society, but it is also associated with a broad range of symptoms throughout the survivor’s life span, with the potential for short- and long-term effects that increase the risk for adult psychological distress and psychopathology (Neumann et al., 1996; Paolucci et al., 2001). The literature regarding the effects of childhood sexual abuse contains descriptions of interpersonal difficulties, Axis I and Axis II disorders, somatic complaints, and neurobiological and psychophysiological changes.

Authors described interpersonal difficulties resulting from childhood sexual abuse, which include relationship issues (Neumann et al., 1996), potential for revictimization (Classen et al., 2001; Messman-Moore et al., 2000), and sexual dysfunction (Paolucci et al., 2001). Childhood sexual abuse is associated with Axis I diagnoses, including depression, anxiety, dissociation, drug and alcohol abuse, and posttraumatic stress disorder (PTSD; Feerick & Snow, 2005; Neumann et al.; Paolucci et al.; Rodriguez et al., 1997). Researchers also reported a relationship between survivors of childhood sexual abuse and somatic complaints, such as pain and gastrointestinal...
discomfort (Neumann et al.). In addition, changes in neurobiology and psychophysiology have been noted in adults who are survivors of childhood sexual abuse, and these effects often induce a chronic fight, flight, or freeze response to what is considered neutral or benign stimuli (Heim et al., 2000; Jovanivic et al., 2009). Furthermore, childhood trauma exposure is identified as a contributor to the disposition toward personality disorder development (Briere & Elliott, 2003; Johnson et al., 2003).

Counselors must be aware of the significant and varied pathology and psychological distress potentially present in treatment seeking childhood sexual abuse survivors. An awareness of the mediating factors that are present with ASCSA is also beneficial.

**Mediators on the Effects of Childhood Sexual Abuse on Adult Survivors of Childhood Sexual Abuse**

Various authors attribute symptom variability in ASCSA to individual survivor factors (Cukor & McGinn, 2006; Katerndahl, Burge, & Kellogg, 2006; Wilcox, Richards, & O’Keeffe, 2004). Characteristics specific to the abuse are also a factor, such as the relationship to the perpetrator and length of time and severity of abuse, as well as the responses to the trauma by individuals in caretaking roles to the survivor (Briere & Scott, 2006; Katerndahl, Burge, & Kellogg, 2006; Rodriguez et al., 1997). The literature also provides a description of survivor resilience and healing when coping with childhood sexual abuse, in addition to the previous descriptions of pathology.

An important component of treatment includes understanding the resiliency and positive coping strategies of ASCSA. Several studies have identified resiliency factors and coping processes among ASCSA, which include disclosing the abuse, making
Meaning of one’s trauma, creating a coherent narrative, developing supportive relationships, growing personally, improving relationships, embracing spirituality, discovering new ways to label their own childhood sexual abuse, actively healing, and achieving closure (Anderson & Heirsteiner, 2008; Bogar & Hulse-Killacky, 2006; Cukor & McGinn, 2006; Feinauer & Callahan, 2003; Gall, Basque, Damasceno-Scott, & Vardy, 2007; Hyman, Gold, & Cott, 2003; Johnson et al. 2003; Wilcox et al., 2004; Wright, Crawford, & Sebastian, 2007).

It is not unusual for adult survivors to seek mental health treatment, given the presentation of diverse symptom profiles and types of pathology, as well as the everyday challenges that many in this population face. It is, therefore, crucial that mental health professionals be aware of effective treatment modalities that are appropriate for ASCSA.

**Mental Health Treatment for Adult Survivors of Childhood Sexual Abuse**

As outlined above, ASCSA clients experience a wide range of psychological distress. Therefore, it is important for counselors to be able to provide effective treatments to address the multitude of varied issues with which this population is likely to present. The available literature regarding sexual abuse treatment for adults can be characterized as follows: general trauma treatment, individual and group therapies specific to ASCSA, all of which might involve recovered memories, processing trauma, and multicultural and gender issues.

The literature indicates that individual, group, or combination formats of therapeutic treatment are efficacious in reducing symptoms and improving functioning (Kessler, White, & Nelson, 2003; Lundqvist, Svedin, Hansson, & Broman, 2006;...
Research suggests that a variety of treatment theories, models, and approaches focus on intervention strategies that address the long-term sequelae of childhood sexual abuse (Kessler et al.; Martsolf & Draucker; Pearson, 1994; Taylor & Harvey). Many of these therapeutic designs provide positive evidence-based outcomes for the treatment of ASCSA (Peleikis & Dahl). Notably, however, a limited number of empirically supported treatment approaches have been developed specifically to attend to the various complex and multi-faceted symptoms resulting exclusively from childhood sexual abuse. Instead, the majority of treatment approaches address general and complex trauma that may result from a variety of different traumatic experiences, often including sexual abuse, but not limited thereto (Briere & Scott, 2006; Courtois, Ford, & Cloitre, 2009).

The literature suggests that general trauma treatment theories and intervention strategies are varied and utilize an array of therapeutic theories and models taken from many different schools of thought and applied to different types of trauma: cognitive-behavioral, psychodynamic, emotion focused, prolonged exposure, imagery rescripting, existential, interpersonal, and psychoeducational approaches (Briere, 1992; Chaikin & Prout, 2004; Fisher, 2005; Fournier, 2002; Foy, Eriksson, & Trice, 2001; Kessler et al., 2003; Long & Quevillon, 2009; Martsolf & Draucker, 2005; Paivio & Nieuwenhuis, 2001; Pearson, 1994; Powers, Halpern, Ferenschak, Gillihan, & Foa, 2010; Rauch et al., 2009; Smucker & Niederee, (1995); Taylor & Harvey, 2010). Furthermore, research on treatment for trauma has been contradictory. For instance, a meta-analytic review of prolonged exposure (PE) treatment for PTSD reported that the average PE-treated patient
fared better than patients who were in control conditions at post-treatment on PTSD measures (Powers et al., 2010). However, the National Center for Post Traumatic Stress Disorder (2010) pointed out that, while many of these therapeutic models have been effective in the treatment of ASCSA, they have not been developed specifically for this population.

In addition to general trauma approaches, the literature also details therapeutic models and techniques that specifically address ASCSA. But, there are far fewer therapeutic models that have been created or altered to specifically delineate the treatment of ASCSA. Specific therapeutic models that address ASCSA include cognitive processing therapy – sexual abuse (House, 2006) and constructivist self-development theory (Pearlman & Saakvitne, 1995a). In addition, Mennen (1992) offered beginning therapists guidelines for the treatment of women sexually abused in childhood. Studies also acknowledged the use of general treatment techniques for sexual abuse survivors such as hypnosis, Eye Movement Desensitization and Reprocessing, role-playing, psychodrama, writing techniques, and Gestalt techniques (Martsolf & Draucker, 2005; Pearson, 1994; Taylor & Harvey, 2010; Winder, 1996).

Because childhood sexual abuse survivors often experience traumatic separation, abandonment, and loss, the development of trusting and healthy relationships is an important aspect of the treatment. This relationship development can occur in group therapy with other members and with the therapist during individual or group sessions. The central importance of the therapeutic relationship, also known as the therapeutic
alliance, must be recognized when working with sexual abuse survivors (Pearlman & Saakvitne, 1995a).

**Additional Treatment Considerations: Recovered Memory and Cultural and Gender Influences**

Providing mental health treatment to ASCSA requires additional consideration around the issue of recovered memory, as well as the influences of culture and gender. The authenticity of repressed memories of childhood sexual abuse later recovered in adulthood has been highly controversial and challenging (Loftus, 1993; Sullins, 1998). The issues surrounding recovered memories require counselors to manage the risk through familiarity with the literature on memory, familiarity with the controversies surrounding recovered memories, and awareness of guidelines in treating clients who report experiencing recovered memories and childhood sexual abuse and trauma (Enns, 1996; Pettifor, Crozier, & Chew, 2001; Scheflin, 1998).

In addition, therapists must consider culture and gender when treating ASCSA (Mollica & Son, 1989; Pearlman & Saakvitne, 1995a). Mollica and Son (1989) indicated that therapists must consider the cultural, historical, and political factors that may affect the client’s view of sexual trauma. The client’s gender also plays a role in the therapeutic process, including diagnosis and treatment planning, and while there are similarities between adult male and female survivors of childhood sexual abuse, there are differences that counselors need to be aware of and incorporate into the counseling process (Pearlman & Saakvitne, 1995a; Winder, 1996).

Treatment of ASCSA requires the novice counselor to be aware of the range of effective treatments and the potential risks in working with this population. The novice
counselor must also have the ability to manage the risks. In addition to these concerns, the treatment literature indicated that the impact of working with ASCSA upon the therapist is a critical factor (Jones et al., 1998).

**Impact on Counselors in Treating Adult Survivors of Childhood Sexual Abuse**

Counselors ought to be aware of the personal impact and risks associated working with survivors of childhood sexual abuse. The literature provides information about common reactions that mental health workers experience when working with clients who have experienced childhood sexual abuse, which may include personal feelings of distress, rage, avoidance, over-involvement, over-identification, interrupted sleep, guilt, shock, horror, or—more generally—the sense of feeling overwhelmed (Jones, 2002; Jones et al., 1998; Parisien & Long, 1994; Pearlman & Saakvitne, 1995a; Van der Kolk & McFarlane, 2007). Many phrases have been used to describe counselor reactions to working with trauma: vicarious traumatization, secondary traumatic stress, compassion fatigue, and countertransference (Brady, Guy, Poelstra, & Brokaw, 1999; Figley, 1995; Rothschild, 2006; Sabin-Farrell & Turpin, 2003). In particular, vicarious traumatization is a serious threat (Cunningham, 1999; Pearlman & Saakvitne, 1995a; Way, VanDeusen, & Cottrell, 2007).

Vicarious traumatization is defined as the effects on the counselor in experiencing repeated exposure to traumatic events as described by clients through an empathetic connection that is often inherent in counseling relationship (Pearlman & Saakvitne, 1995a). Pearlman and Saakvitne (1995a) described counselors’ vulnerabilities to vicarious traumatization:
That is, through exposure to clients’ graphic accounts of sexual abuse experiences and to the realities of people’s intentional cruelty to one another, and through the inevitable participation in traumatic reenactments in the therapy relationship, the therapist is vulnerable through his or her empathic openness to the emotional and spiritual effects of vicarious traumatization. (p. 151)

Furthermore, these effects are deemed cumulative and permanent, thus significantly affecting the therapist’s professional and personal life (Pearlman & Saakvitne, 1995a).

Exploring the concept of countertransference is also important for counselors who work with ASCSA. In general, countertransference is defined as the counselors’ affective responses to clients who are strongly influenced by prior personal experiences (Pearlman & Saakvitne, 1995a). Countertransference refers to counselors’ reactions to clients that are based on roots in their own histories, thus there is great value in counselors’ awareness to any unresolved issues from their past (Rothschild, 2006). Therefore, it is imperative that counselors monitor their own personal reactions and responses in relation to countertransference, since they may produce a deleterious clinical experience for the client and may create a disruption in the treatment process (Briere & Scott, 2006). In addition, countertransference responses can be heightened by the intensity of the feelings evoked by trauma survivor clients who describe childhood sexual abuse (Pearlman & Saakvitne, 1995a).

Counselors who are survivors of childhood sexual abuse face particular risks in working with other survivors (Benatar, 2000; Little & Hamby, 1996; Pearlman &
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Saakvitne, 1995a). The personal histories of counselors who are survivors contribute to positive professional attributes, which have the potential to enhance their success as a counselor. However, these same traits have the potential to increase the risk of vicarious traumatization and particular countertransference dilemmas (Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995a).

To reduce the effects of vicarious traumatization and countertransference, it is generally recognized that regular consultation with a seasoned clinician familiar with trauma issues is beneficial, as is individual, group, and peer supervision, trauma education and training, and the development of personal coping mechanisms (Briere & Scott, 2006; Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995a; Trippany, Kress, & Wilcoxon, 2004). Effective trauma treatment is predicated on the counselor’s ability to be empathic, offer hope, and provide objectivity. The effects of vicarious traumatization and issues around countertransference will work against these important therapeutic processes, if they are not adequately acknowledged (Rothschild, 2006; Way et al., 2007).

While the literature highlighted the potential for vicarious traumatization and countertransference in counselors, it also suggested that providing education and training to counselors in their work with sexual abuse survivors is critical (Pearlman & Saakvitne, 1995b), Importantly, there is no research that specifically addressed what counselors-in-training experience when working with ASCSA.

The literature addresses several areas of childhood sexual abuse, including the effects, treatment modalities, and impact on the therapist who works with this population of survivors. As previously noted, due to the high prevalence of childhood sexual abuse,
counselors-in-training will be faced with providing treatment for ASCSA and must, therefore, be prepared to work with this population at the time they begin working with their first clients. Understanding what issues counselors-in-training will potentially confront and what support they might need is necessary.

**Counselors-in-Training Working with Adult Survivors of Childhood Sexual Abuse**

This literature review explored research pertinent to counselors-in-training and novice counselors working with ASCSA. Literature was identified in the areas of research and recommendations related to childhood sexual abuse for training programs, recommendations, and issues for supervisors of therapists working with ASCSA. Additionally, general issues related to novice counselors and counselors-in-training, including counselor development was identified in the literature. No research on counselors-in-training working with ASCSA was found.

**Research and Recommendations Related to Childhood Sexual Abuse Training Programs**

Kitzrow (2002) conducted a survey of programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) to assess the current practices for training counselors to provide treatment for sexual abuse. The survey results indicated that the majority of faculty who responded reported that their counseling program did not offer a required or elective course on sexual abuse. However, the majority of respondents noted that the training of counselors to work with sexual abuse was important. The results indicated that there is a need to make sexual abuse training and treatment a priority for counselors-in-training. CACREP standards were amended in 2009 to include general trauma training, emphasizing the need for
counselors-in-training to understand the impact of trauma-causing events on people. Yet, the new standards do not include objectives specific to trauma resulting from childhood sexual abuse.

The literature highlights the ambiguous, uncomfortable, and seemingly unfamiliar issues that counselors-in-training are often engaged in with general trauma work (Eagle, Haynes, & Long, 2007; Levitt & Jacques, 2005). Eagle, Haynes, and Long (2007) observed that as counselors-in-training counseled clients who presented with a range of complex and traumatic issues, they exhibited high levels of anxiety with similar symptoms to those who presented with vicarious traumatization, as well as complex trauma-related countertransference issues. Their study concluded that instructing counselors-in-training how to manage these ambiguous and unfamiliar situations effectively is an important component in their development.

Another component of the ambiguity and work within unfamiliar issues surrounds the assessment of adults who may have experienced childhood sexual abuse and the timing of such questioning. Counselors need to be keenly aware that disclosure of childhood sexual abuse is very difficult, and frequently, clients will not report this trauma unless they are asked about those events specifically in a non-judgmental, supportive manner (Briere & Scott, 2006). Authors recommended that counselors take the initiative and inquire about a history of childhood sexual abuse, because clients are likely reticent to disclose this information freely. They also note that counselors who have not had specific training in this area are frequently reluctant to inquire about sexual abuse and,
therefore, recommend specific training that encompasses this information (Cavanagh et al., 2004).

In addition to specific training and education around mental health treatment of ASCSA, the use of supervision is a key component to the development of new counselors. Understanding how supervision impacts novice counselors’ preparation to treat ASCSA is another important step in the new counselor’s journey.

**Clinical Supervision to Prepare Counselors to Treat Adult Survivors**

The literature highlights the need for clinical supervision and the crucial role it plays in the development of counselors-in-training. Although the literature on training and supervision of therapists working with ASCSA does not specifically address the experiences of counselors-in-training working with this population, the literature on counselor development illuminates some potential issues. The literature supports the importance of developmental clinical supervision models that (a) pay attention to the supervisee’s growth and development and (b) attend to individual differences in counseling experience and therapeutic skill levels. These models ultimately allow the supervisor to meet the supervisee at the level at which they are functioning, incorporating supervisee growth over time (Bernard, 1997; Stoltenberg & McNeill, 1997). The literature highlights the particular need for supervisors to recognize the ever-changing and developmental needs of counselors-in-training (Thompson, 2004). The literature review conducted characterizes supervision in three areas: general supervision, trauma supervision that encompasses a broad range of trauma, and the supervision of childhood sexual abuse specifically (Briere & Scott, 2006; Etherington, 2000; Watkins, 1997).
General supervision seeks to monitor and professionally mentor supervisees in the application of mental health counseling and protect treatment-seeking clients from harm (Campbell, 2006; Kratochwill, Lepage, & McGivern, 1997). Trauma supervision typically includes the overseeing a wide variety of complex trauma, ranging from physical abuse and neglect to motor vehicle accidents and natural disasters, and does not address the specific needs of childhood sexual abuse exclusively (Briere & Scott, 2006; Sommer, 2008; Southern, 2007). While general supervision and general trauma supervision have many of the same characteristics as trauma-specific supervision for counselors who treat ASCSA, the latter specifically attends to the unique needs that trauma therapy generates when working with ASCSA (Etherington, 2000).

Literature highlighting supervision models that address supervising counselors who work with survivors of childhood sexual abuse outline a specific skill set that includes a solid grounding in trauma theory, an awareness of the long-term effects of childhood sexual abuse, and the potential impact of treating sexual abuse on counselors (Etherington, 2000; Sommer & Cox, 2005; Walker, 2004). These models also highlight the need for supervisors to provide an open forum to discuss the specifics of case material, develop the supervisory relationship, and explore strategies to help counselors manage the impact of working with this population (Etherington; Pearlman & Saakvitne, 1995a; Sommer, 2008; Walker). In addition, trauma-sensitive supervision pays particular attention to developmental factors in the childhood history of the sexual abuse survivor and current presentation and specific responses to trauma, as well as the restorative aspects of the trauma therapy process (Pearlman & Saakvitne, 1995a). The counselors-in-
training who are conducting therapy with ASCSA clients benefit greatly from supervision that addresses this trauma and focuses on the specific needs of trauma survivors and the therapists who counsel them.

Thus far, the literature has highlighted the need for counselors-in-training to be prepared to work with ASCSA by providing a background on the wide-spread prevalence of childhood sexual abuse (Briere & Elliot, 2003; Finkelhor, 1994; Pereda et al., 2009b), and the psychological sequelae (Feerick & Snow, 2005; Heim et al., 2000; Jovanovic et al., 2009; Neumann et al., 1996; Paolucci et al., 2001; Rodriguez et al., 1997). Due to this population’s significant and varied psychological distress, mental health treatment is frequently sought. Therefore, counselors must be aware of the best modes of treatment for ASCSA. The literature indicates that individual, group, or combination formats are effective in reducing symptoms and improving functioning for ASCSA, and there are a variety of evidence-based treatment approaches that address the long-term sequelae of childhood sexual abuse (Kessler et al., 2003; Martsolf & Draucker, 2005; Peleikis & Dahl, 2005; Taylor & Harvey, 2010). However, a limited number of therapeutic approaches have been developed specifically for ASCSA. The literature also indicates that counselors need to be aware of the impact working with this population may have on their personal and professional identities, including most importantly the risk of vicarious traumatization and countertransference (Jones et al., 1998; Pearlman & Saakvitne, 1995a). Due to the complexity of providing trauma treatment to ASCSA clients, counselors-in-training benefit from specific training in this area and supervision that addresses these special needs (Cavanagh et al., 2004; Etherington, 2000). A review of the
literature highlights the need to provide a new understanding of the experiences of counselors-in-training as they begin to work with ASCSA. In short, there is a surprising and disconcerting lack of literature in this area.

**Discussion and Implications**

The literature underscores several issues. First, the widespread prevalence of childhood sexual abuse is well-documented (Briere, 1992; Briere & Scott, 2006; Finkelhor, 1994). Briere and Elliot (2003) reported that retrospective child abuse reports in the United States suggested that approximately 25–35% of women and 10–20% of men described being sexually abused as children. These statistics strongly indicate that childhood sexual abuse is a widespread problem in society, and mental health professionals must be well-equipped to treat this type of trauma, which commonly produces a range of psychological distress. At the time this literature review was conducted, no research was found on the experience of counselors-in-training initially working with ASCSA. In other words, an important topic has been neglected in research.

A significant percentage of mental health-seeking clients are ASCSA. Therefore, counselors-in-training must be familiar with the complex and long-term symptomatology this population experiences, as these individuals frequently seek mental health treatment. In addition, counselors-in-training must be aware of the best treatment modalities for this population.

The literature clearly addressed the long-lasting effects of early life childhood sexual abuse, which results in the increased risk for adult psychological and emotional distress and psychopathology. The presentation of symptoms varies widely and ranges
from mild distress to severe symptomatology, including different forms of interpersonal
difficulties, depression, and anxiety, as well as Axis II personality disorders and
neurobiological and psychophysiological changes (Heim et al., 2000; Jovaniovic et al.,
2009; Neumann et al., 1996; Paolucci et al., 2001). The literature review also identified
resiliency factors and coping processes among ASCSA clients, which include disclosing
the abuse, developing supportive relationships, experiencing active healing, and
achieving closure (Anderson & Heirsteiner, 2008; Bogar & Hulse-Killacky, 2006;
Hyman et al., 2003; Johnson et al., 2003; Wilcox et al., 2004; Wright et al., 2007).

The literature indicated that individual, group, or combination formats of
therapeutic treatments for ASCSA reduce symptomatology and improve overall
functioning (Kessler et al., 2003; Lundqvist et al., 2006; Martsolf & Draucker, 2005;
Peleikis & Dahl, 2005; Taylor & Harvey, 2010). However, very few treatment modalities
have been developed to address the various complex and multi-faceted symptoms of
ASCSA specifically. The majority of treatment theories and intervention strategies
utilized with this population have been developed for general trauma (Briere, 1992;
Chaikin & Prout, 2004; Fisher, 2005; Fournier, 2002; Foy et al., 2001; Kessler et al.;
Martsolf & Draucker; Paivio & Nieuwenhuis, 2001; Pearson, 1994; Taylor & Harvey).
Specific treatment needs have been identified for this population, such as attending to
issues around recovered memories and examining the impact of culture and gender as
they relate to childhood sexual abuse. Therefore, it is crucial that treatment modalities
address sexual abuse trauma specifically due to the complex and distinctive nature of the
treatment (Briere & Scott, 2006; Enns, 1996; Mollica & Son, 1989; Pettifor et al., 2001;
Schefflin, 1998). While the research does reveal theories that provide a modality in which childhood sexual abuse for adult survivors are addressed, and they are generally beneficial in reducing psychological distress and trauma-specific symptoms, there remains an ongoing need for current empirically based treatments that delineate treatment for ASCSA.

The literature also outlined the personal impact and risks associated with counselors who work with survivors of childhood sexual abuse. Various personal reactions in response to clients’ general traumatic disclosures occur and often include distressing emotions and negative reactions, such as rage, avoidance, over-involvement, and feeling overwhelmed (Jones, 2002; Jones et al., 1998; Van der Kolk & McFarlane, 2007). These reactions are often categorized under umbrella labels, such as vicarious traumatization, compassion fatigue, secondary traumatization, or countertransference issues (Figley, 1995; Pearlman & Mac Ian, 1995, Pearlman & Saakvitne, 1995b; Rothschild, 2006).

Due to the risks to which new counselors working with ASCSA are exposed, specialized training, education, and supervision are required (Cavanagh et al., 2004; Etherington, 2000; Jones et al., 1998; Pearlman & Saakvitne, 1995a). Furthermore, the American Counseling Association (2005) Code of Ethics is clear: counselors must practice only within the boundaries of their competence, based on their education, training, and supervised experience. Serious ethical violations are possible when counselors who lack adequate training in sexual abuse counsel outside the limits of their competence. In addition, a survey of CACREP-accredited counseling graduate programs
reported that the majority of counseling programs do not offer any courses on sexual abuse treatment, even though the majority of respondents noted that training counselors to work with sexual abuse was important. The results indicated that there is a need to make sexual abuse training and treatment a priority for counselors-in-training (Kitzrow, 2002).

With these risks in mind, the need for education, training, and supervision of counselors-in-training who work with sexual abuse survivors cannot be overemphasized. Moreover, understanding this experience from the new counselor’s perspective will provide much needed information in this area. Possessing a greater understanding regarding the experiences of novice counselors as they initially counsel ASCSA will allow counselor educators, supervisors, and counselors-in-training to better anticipate, understand, and address the impact of working with this population.

The literature also emphasized the need for specific trauma supervision to assist in the development of counselors who work with ASCSA (Etherington, 2000; Sommer, 2008; Walker, 2004). This specific type of trauma supervision incorporates special skills that include a solid grounding in trauma theory and an awareness of the long-term effects of childhood sexual abuse and the potential impact treating sexual abuse may have on counselors (Etherington; Walker). However, only Pearlman and Saakvitne (1995a) and Etherington (2000) offered detailed guidelines for supervision related to counselors who treat ASCSA. The lack of theoretical literature that delineates trauma supervision relating specifically to ASCSA brings attention to the need for additional research and literature development in this area. This literature is needed to provide guidance for supervisors
overseeing counselors-in-training through the challenges of providing treatment to this complex population.

Although the literature highlights the risks faced by counselors who treat ASCSA, specific information is not available regarding counselor-in-training experiences when working with ASCSA, and no literature addresses this experience from the perspective of the counselor-in-training. University courses, professional sessions at conferences, academic literature, and textbooks devoted to educating counselors in the treatment of ASCSA attest to a growing recognition that the mental health profession (specifically counselors-in-training) will benefit from understanding initial experiences of novice counselors as they begin working with this population. In order to capture the complexity of this subject matter, the process and underlying multifaceted experiences of counselors-in-training must be explored, guided by the voices of the new counselors. Therefore, a nuanced understanding of novice counselors’ experiences working with ASCSA is a valuable addition to the academic literature.

The implications of research in this area extend beyond the realm of mental health counseling to counselor education and supervision, psychology, psychiatry, general medicine, and nursing, among other disciplines. Furthermore, there is a need to understand the experience of counselors-in-training as they begin to provide mental health care to ASCSA clients, because this research has the potential to influence positively the journey of a new counselor, to impact the work with treatment seeking clients, and to shape the way counselors-in-training are educated, trained, and supervised.
To the author’s knowledge, research on this experience has not been conducted. The goal of the literature review was to increase understanding of this process and provide information surrounding it, including a research framework and context in which this new information is applicable. Exploring the experience of counselors-in-training as they begin working with ASCSA adds valuable knowledge to the literature on counseling and to the processes of counselors-in-training while they are working with the range of complex and traumatic presenting problems of ASCSA.
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CHAPTER III
Experiencing Disruption: A Grounded Theory of Novice Counselors as They Work with Their First Clients Who Are Adult Survivors of Childhood Sexual Abuse

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Abstract

This article aims to increase our understanding of novice counselors as they initially treat adult survivors of childhood sexual abuse (ASCSA). Seven participants were interviewed on three separate occasions by the researcher; who were student counselors-in-training in graduate schools of counseling enrolled in their practicum or internship, or students who graduated in the previous year with a Master’s in Counseling. Participants were required either to be engaged in work, or to have been engaged in work, with an adult survivor of childhood sexual abuse, and to be able to recall in appropriate detail their initial experiences with this client population. Using the grounded theory approach, the researcher describes the experiences of novices in such demanding circumstances, discovering a phenomenon—experiencing disruption—that challenges the well-being and worldviews of counselors-in-training. The emergent theory furthermore suggests that disruptive experiences function as important catalysts, encouraging these novice counselors (a) to develop new in-session counseling skills, (b) to connect their own past understandings of ASCSA to the sessions in question, (c) to become more self-aware, and (d) to integrate new knowledge and awareness into their identities as emerging professional counselors. These findings could be incorporated into various models of counseling supervision, practice, and education.
**Introduction**

Novice counselors consistently encounter new client issues and concerns in the initial stages of their training, some more daunting than others (Eagle, Haynes, & Long, 2007). Practicum and internship hours allow counselors-in-training to begin working directly with different client populations, and such hours facilitate the development of their therapeutic skills, enabling competent, effective, and ethical behavior within the profession. One of the most prominent populations new counselors will work with is adult survivors of childhood sexual abuse (ASCSA) due to the high prevalence of childhood sexual abuse (Finkelhor, 1994; Pereda, Guilera, Forns, & Gomez-Benito, 2009a) and the long-term sequelae that results from this particular type of abuse (Neumann, Houskamp, Pollock, & Briere, 1996; Paolucci, Genius, & Violato, 2001).

Retrospective child abuse reports in the United States suggest that approximately 25–35% of women and 10–20% of men describe being sexually abused as children (Briere & Elliot, 2003). Many adult survivors address the impact of their own childhood sexual abuse by seeking mental health treatment. Astonishingly, up to 70% of all treatment-seeking women report to have experienced childhood sexual abuse (Briere, 1992). The deep and pervasive psychological wounds associated with this type of trauma are linked with a range of distressing symptoms and diagnoses: interpersonal difficulties, Axis I disorders and Axis II disorders, somatic complaints, and neurobiological and psychophysiological changes, to name a few (Classen, Field, Koopman, Nevill-Manning, & Spiegel, 2001; Einhorn; 2000; Feerick & Snow, 2005; Heim et al., 2000; Johnson, Sheahan, & Chard, 2003; Jovanovic et al., 2009; Messman-Moore, Long, & Siegfried,
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2000; Neumann et al., 1996; Paolucci et al., 2001; Rodriguez, Ryan, Vande Kemp, & Foy, 1997). The assessment, diagnosis, and treatment of this population is complex and requires a high level of knowledge around the sequelae of childhood sexual abuse and a lucid awareness of best practices in mental health treatment and client care. Indeed, therapists of all levels of experience, training, and education who serve this population are challenged by the wide array of capabilities they must possess to work effectively with adult survivors.

To complicate matters further, the methods for treating adult survivors of childhood sexual abuse are not standardized and, in fact, vary widely. General trauma treatment is well documented, and these models range from cognitive behavioral to existential (Fisher, 2005; Martsolf & Draucker, 2005; Peleikis & Dahl, 2005; Taylor & Harvey, 2010). However, empirically supported treatment models specifically designed for ASCSA are limited to constructivist self-development theory (Pearlman & Saakvitne, 1995a) and cognitive processing theory – sexual abuse (House, 2006). Therefore, counselors treating this population do not have a cohesive guide for providing evidence-based treatment, which often creates unseen barriers for novice counselors.

The emotionally demanding nature inherent in counseling survivors of childhood sexual abuse poses yet another challenge for counselors. As is widely acknowledged, counselors experience a variety of reactions and responses when treating adult survivors of childhood sexual abuse. These reactions include feelings of distress, rage, avoidance, over-involvement, over-identification, insomnia, restless sleep, guilt, shock, horror, and, more generally, feelings of being overwhelmed (Jones, 2002; Jones, Robinson, Minatrea,
& Hayes, 1998; Parisien & Long, 1994; Pearlman & Saakvitne, 1995a). These strong emotional and physical reactions may lead to the counselor’s own experiences of vicarious traumatization and trauma related countertransference issues (Cunningham, 1999; Figley, 1995; Pearlman & Saakvitne, 1995b). Thus, it is critical that counselors are aware of the personal impact and risks associated with working with survivors of childhood sexual abuse.

Therapists who work with this challenging population typically require higher levels of training and supervision (Cavanagh, Read, & New, 2004; Etherington, 2000; Walker, 2004) and typically experience higher levels of distress and traumatization (Jones, 2002; Jones et al., 1998; Parisien & Long, 1994; Pearlman & Saakvitne, 1995a). One can assume that these needs and experiences differ among counselors-in-training and between counselors-in-training and experienced counselors. However, due to the prevalence of childhood sexual abuse, the effects of such abuse on adult survivors, the complexity surrounding treatment, and the severity of the impact on clinicians who work with this population, it is imperative that the experiences of novice counselors be understood and well documented.

**Purpose of the Study**

The purpose of this study is to increase the understanding of novice counselors’ experiences as they begin to counsel ASCSA. The grand research question is: “What do counselors-in-training experience and perceive during the process of their first counseling sessions with adult survivors of childhood sexual abuse?” Existing studies provide only isolated and partial glimpses of this complex phenomenon and were not designed to
uncover the authentic experiences of novice counselors who work with this population. Additionally, as outlined in the literature, professionals have had only a limited understanding of the real-world challenges faced by counselors-in-training as they work with ASCSA. The current study was designed to address these limitations.

**Methodology**

This research used a qualitative method, the grounded theory approach (Corbin & Strauss, 2008), which was applied in order to comprehend the participants’ experiences. Grounded theory provides a systematic and progressive approach to gathering and analyzing qualitative data, which emerges from the perceptions and experiences of participants (Charmaz, 2006). This methodology allowed the researcher to determine how participants formed meanings, and more generally, it allowed the researcher to remain open to new discoveries around experiences.

**Constructivist-Interpretivist Paradigm**

The grounded theory approach adheres to relativism in that it assumes multiple, yet equally valid realities (Charmaz, 2006; Ponterotto, 2005). This complements the constructivist-interpretivist position, where reality is understood to be subjective and influenced by the situational context, namely the researcher’s and participants’ experiences and perceptions, the social environment, and the interaction between the individual and the researcher (Ponterotto). The constructivist-interpretivist paradigm maintains that reality is socially constructed, and, therefore, the dynamic, transactional, subjective interactions between researcher and participant are central to capturing and illustrating the experiences described by the participants (Ponterotto). That is, the
researcher and the participants jointly create and co-construct the findings from their interactive dialogue and interpretation (Ponterotto). Therefore, a governing assumption is that both data and analyses are socially constructed and reflect the time, place, culture, and situation of the research.

Researcher and participant constructions are drawn out and defined in the current study through multiple interviews, conversations, and interactions. The interpretation occurs via conventional hermeneutic techniques. The goal is not to establish an ultimate truth of the experiences, but instead to provide descriptions that are more informed and detailed. This is accomplished through open-ended questions that are exploratory in nature, rather than confirmatory. The data collection and analysis and credibility efforts include procedures to provide transparency and management of bias and values, including descriptions of the researcher’s lens, and the research relationships and interactions within which meaning was generated. Ultimately, the constructivist-interpretivist approach assumes an “obdurate, yet ever-changing world but [also] recognizes diverse local worlds and multiples realities, and addresses how people’s actions affect their local and larger worlds” (Charmaz, p. 132, 2006). Thus, the current study is embedded in the constructivist-interpretivists approach and is intended to reveal the complexities of the participants’ particular views, actions, and worlds in relation to the phenomenon of interest.

Participants and Setting

Participants were selected through purposeful sampling (Patton, 1990), that is, the selection of individuals who meet specific predefined qualities deemed useful to the aim
of the research. In this case, participants included student counselors-in-training in graduate schools of counseling enrolled in their practicum or internship, as well as students who graduated in the previous year with a Master’s in Counseling. Participants were required either to be engaged in work, or to have been engaged in work, with an adult survivor of childhood sexual abuse, to be able to recall in appropriate detail their initial experiences with this client population, and to have had the initial experience within the previous two years. Participants were selected based partly on their ability to reflect on and articulate their experiences.

To gain access to this population, the researcher contacted regional graduate departments of counseling and provided them with information about the study, which was then disseminated to the practicum students, interns, and recent graduates. The study guidelines included the participant description used above and asked those who met the criteria (and were interested in participating) to contact the student researcher. The student researcher gave potential participants an informed consent document, reviewed the document with them, and obtained their signed informed consent prior to data collection.

Seven female participants agreed to take part in the research study. They ranged in age from 25 to 51 years old. One student was in her practicum, three students were in their internship, and three novice counselors had graduated with their master’s in counseling within a year of participating in this study. The majority of students had no previous experience working with survivors of sexual abuse. Two participants had worked or volunteered in areas that regularly dealt with sexual trauma.
Data Collection

Data collection involved developing specific interview questions that allowed the researcher to collect information relevant to the research question. Intensive interviewing techniques were used to provide an open-ended, in-depth exploration of in-session counselor-in-training experiences during their first encounters with adult survivors of childhood sexual abuse (Charmaz, 2006). The initial interview questions reflected the counselor-in-training literature and the literature related to therapists working with ASCSA yet were sufficiently general to allow participants fully to express their experiences. The initial questions and prompts included: (a) Describe your experience as a counselor-in-training as you worked with your first client or clients that were adult survivors of childhood sexual abuse; (b) What thoughts and feelings did you experience during this session; (c) Describe the experience of other effects that occurred outside of the session; and (d) How did supervision or training affect your experience? Participants were encouraged to reflect upon their experiences and urged to focus those experiences that seemed most present for them during the interview.

Regional schools were contacted in order to allow the student researcher to conduct the interviews face-to-face due to the sensitive nature of the research questions. A study description, selection criteria, and researcher contact information were provided to practicum and internship instructors to distribute to students. Students were instructed to contact the researcher via phone or email if they believed they met the criteria and wished to participate. After determining initial participant eligibility, the researcher obtained informed consent, followed by a 45–60 minute initial interview conducted with
each participant, which were audiotaped and transcribed. The researcher met with participants in private, mutually agreed upon locations.

Additional rounds of interviews similar in length were conducted with the intention to promote theoretical sampling. This form of sampling relied on concepts derived from the data through the analysis of previous interviews and allowed the researcher to explore more fully concepts and relationships that emerged from earlier rounds of interviews. The researcher’s goal was to produce dense data and thick descriptions of emerging concepts that ultimately reached the point of saturation, where all concepts were well defined and explained (Corbin & Strauss, 2008). Three rounds of interviews were sufficient.

Data Analysis

Following procedures outlined by Corbin and Strauss (2008), the researcher conducted data analysis and, subsequently, further delineation of analysis (Charmaz, 2006). Analysis began with open coding, which involved examining transcript data to define what was occurring, determine meaningfulness, assign codes, and group similar concepts into thematic categories. The data was examined further in order to identify subcategories, properties, and dimensions that described the categories. Axial coding was concurrently employed in order to move beyond open coding by relating categories to subcategories and specifying the properties and dimensions of a category. Employing axial coding allowed for the data that had the potential of fracturing during initial coding to be reassembled, which gave coherence to the analysis (Charmaz).
Selective coding was employed during the final stages of coding. In the process of selective coding, one category was highlighted to be the core category and all other categories were related to it. Then, the researcher identified the central category, based upon its prevalence within the data and connections to all other categories enabling explanation of variation. The general principles identified previously within the categories, subcategories, properties, and dimensions were related to and integrated into this central category.

The researcher refined the theory, which involved reviewing the theoretical structure for internal consistency and identifying gaps in logic, filling in poorly developed categories, reducing excessive information, and validating the overall structure (Corbin & Strauss, 2008). This step was accomplished by restructuring areas that did not make sense and augmenting areas that had fewer details. This augmentation occurred via theoretical sampling and the development of questions that could be used to collect additional data during later interviews. For instance, during first round interviews participants mentioned that they experienced a change in their world view as a result of working with survivors of CSA. A general question was developed to explore this area further: “How did your early work with ASCSA challenge your view of the world, people, and yourself?” This question, as well as others derived in a similar way was presented during second round interviews, and data was collected, analyzed, and integrated into the theoretical structure.
Measures to Ensure Trustworthiness of Results

Lincoln and Guba (1985) identified criteria for trustworthiness as credibility, transferability, dependability, and confirmability. Importantly, researchers must make provisions to promote confidence that an accurate recording of the experiences of the participants occurred (Shenton, 2004). Credibility refers to the congruence of the researchers findings with the participant’s reality. To increase the likelihood that credible findings and interpretations would be produced, Lincoln and Guba (1985) suggested specific activities in which the researcher can actively engage. These include prolonged engagement, triangulation, and peer debriefing.

The first activity, prolonged engagement, required the investment of sufficient time to learn the context and establish trust with participants, which also had the added benefit of providing opportunities to check for misinformation (Lincoln & Guba, 1985). To assure quality, the researcher contacted and interviewed the participants repeatedly over the course of the study, which allowed the researcher to engage the participants in the process fully while reviewing and checking for any distortions in the data.

To continue to improve the probability that findings and interpretations were credible, the researcher also used the technique of triangulation (Lincoln & Guba, 1985). This technique relies on multiple sources to validate the theory generated during the study, which increases credibility. In this case, the triangulation method involved an ongoing review of the literature, whereby emerging concepts could be checked against existing literature.
The use of member checking also enhanced the credibility of the study. Lincoln and Guba (1985) considered member checks to be the single most important provision made to bolster a study’s credibility. These checks relate to the accuracy of the data and may take place immediately after data is collected or at the conclusion of data collection through dialogue with the participants. Research participants were asked to read transcripts of dialogues in which they took part and were encouraged to reflect on whether their words matched what they were actually intending to communicate. In addition, member checking was used to verify the researcher’s emerging theories and inferences, which were formed during the dialogues.

The last technique used to enhance credibility was peer debriefing, which allowed opportunities for scrutiny of the research data by colleagues, peers, and academics (Lincoln & Guba, 1985). That is, various individuals had the opportunity to review and challenge assumptions made by the researcher, whose closeness to the research could have inhibited the ability to view the data with proper detachment (Shenton, 2004).

Transferability speaks to the applicability of the research to other settings, while dependability refers to the ability to reproduce results. Confirmability addresses the objectivity of the study (Lincoln & Guba, 1985). To accomplish transferability, the researcher ensured sufficient contextual information about participants, events, and settings, which would enable others to make decisions about the applicability of findings to their settings. A confirmability audit addressed dependability and confirmability. Of course, all of this research material will be retained and made available for future examination.
Because researcher bias is a major threat to credibility, Creswell (2007) recommended that bias be identified and clarified in order to minimize any predispositions or assumptions during data analysis. Using this process, the researcher clarified her own experiences and the biases that may have arisen from these experiences. The following is a synopsis of the researcher’s own experiences regarding her first counselor-in-training sessions working with ASCSA.

- Felt overwhelmed and confused
- Did not have a clear treatment plan
- Experienced both supportive and non-supportive supervision
- Read appropriate literature to help guide the treatment process and identify various intervention strategies
- Welcomed client feedback, which played an important role in the process

Additionally, as a counselor-in-training, the researcher was vaguely aware of the potential impact that working with this population could have on a novice counselor; however, in retrospect, she realized that she was unaware of how profoundly affected she would be in both her personal and professional life. The researcher remained cognizant of these experiences in order to attenuate biases within this study.

**Results**

This manuscript provides an overview of the theory that emerged from the larger grounded theory study and includes a general description of major categories and their most significant interactions. From three rounds of data collection and analysis, five
major concepts emerged that described the experience of novice counselors as they initially counseled ASCSA clients.

The central category, *experiencing disruption*, expressed the pervasive influence of the participants’ accumulated experiences with ASCSA upon their work as novice counselors. *Experiencing disruption* served as the catalyst for the remaining four categories: (a) *growing self-awareness*, (b) *connecting personal and past experience with counseling ASCSA*, (c) *developing in-session counseling skills with ASCSA*, and (d) *integrating new knowledge and awareness*. *Experiencing disruptions* proved to be crucial to novice counselors, intersecting through and connecting with the other categories. Refer to Figure 1, which illustrates the main categories and their relationships to each other. Importantly, the diagram represents a non-linear dynamic in which the categories can be revisited and repeated and often experienced simultaneously.

For consistency in reporting the results, the phrase “novice counselors” is used to represent the participants in the study. The interviews focused on the novice counselors’ experiences as they initially counseled ASCSA, which will be referred to as “the phenomenon of interest.” The following sections will describe the central category of the experience, the categories that interact with it, and the nature of their relationships as described by the participants.
In response to the inquiry, “Please describe your experience as a counselor-in-training as you worked with your first client or clients that were adult survivors of childhood sexual abuse,” the novice counselors reported experiencing a major disruption in their belief systems. Additionally, the participants indentified this central category, *experiencing disruption*, as the catalyst by which they came to perceive subsequent feelings and thoughts. *Experiencing disruptions* is a category of particular conceptual interest because of its explanatory power. All of the participants recognized experiencing a disruption as giving rise to all of the other categories. Each of the categories interacts with one another and connects in significant ways to the new counselors’ experiences as
they initially counsel ASCSA clients. The categories will be defined and discussed below.

**Experiencing Disruptions**

Experiencing disruptions resulted from an event that disturbed and interrupted the counselor’s belief system, or worldview, in which the dynamic of working with ASCSA was contextualized. Such disturbances were a direct result of counseling ASCSA clients, as the evidence shows. “Belief systems” speaks to the complex expectations that the participants held concerning their roles as novice counselors vis-à-vis the phenomenon of interest. The novice counselors’ belief systems included the attributes they understood to define ASCSA and the frequency of the problem. Case in point, Ana’s remark perfectly illustrated how she experienced a “scary” disruption, precisely because her belief system was not sufficiently prepared for the complexity of counseling ASCSA: “I definitely can say it [the phenomenon of interest] has come up more than I ever imagined in the first year. I remember having that thought: Wow this is really scary that this is going on more than I realized.” Participant interviews also revealed that experiencing a disruption exposed the need for expanding, altering, or reshaping paradigms, in order to include new information garnered from working with ASCSA clients. Elaine, for example, expressed how her paradigm of the world changed, “I think I became more aware of how broken the world is. How broken people are and society is. Broken the human experience is. And maybe began to be a little bit darker in my thinking.” In short, experiencing disruptions helped Elaine and the participants to recognize their assumptions, which included preconceived notions about counseling ASCSA clients. These notions were destined to be
altered as participants acquired new awareness through in-session therapeutic work with the phenomenon of interest. The context of interacting in-session with ASCSA clients was crucial to the unfolding awareness of novices’ experiences counseling this unique population.

As the novice counselors began experiencing disruptions, they also reported that they became more aware of the influences affecting the disruptions, such as self-awareness, professional and personal histories, and development of counseling skills for this unique population. Participants reported that they actively sought ways to understand and address these influences. Interviews revealed that becoming more self-aware was a critical component in the experience of initially counseling ASCSA. This category was labeled *growing self-awareness*.

**Growing Self-Awareness**

The category of *growing self-awareness* was defined as participants’ becoming more conscious of their own emotional and cognitive processes as they began counseling ASCSA clients. Participant interviews revealed that working with ASCSA produced a range of emotions, which helped the novice counselors become more self-aware. Participants described distressing emotions that were uncomfortable and sometimes overwhelming for novice counselors, especially as they listened to stories that were sometimes graphic. Participants reported feeling intense emotions such as fear, shock, sadness, anger, and frustration, not to mention, distressing physical symptoms (nausea, stomach ache). Participant interviews revealed that they felt overwhelmed, which was compounded by feelings of unpreparedness to counsel ASCSA. As Sophia reflected,
working with this population was initially “Challenging. Very challenging. Because of the feelings of inadequacy.”

The novice counselors also worried that these emotions would make them more susceptible to clinical mistakes with ASCSA. Elaine was asked to describe how she felt during her initial counseling sessions with ASCSA. She responded, “In over my head. Swimming. Drowning. Confused. Wanting clarity…Losing myself as a clinician because the emotions are so strong.” Ana expressed a similar sentiment, as she reflected on her own almost unmanageable emotions, “I don’t like that feeling of fearing something and then having somebody sit in front of me and I am supposed to help you but I am really kind of scared.”

Participant interviews also revealed positive feelings as the novice counselors provided mental health treatment for ASCSA. These feelings of optimism were enhanced by witnessing healthy changes in the clients and sharing in sound interactions with ASCSA clients during the sessions. LeAnne reflected on her view of the positive outcomes ASCSA experience, “Those people have a strength, an awareness, such a beautiful quality emerge out of that horrible situation or event that may have happened to them in the past…there is huge potential for them, and that is exciting.”

Participants also highlighted the importance of understanding their own needs, especially in the realm of taking care of themselves throughout the challenging process of counseling ASCSA clients. They suggested that understanding their own needs was an integral part of their self awareness in dealing with the emotional stress associated with working with ASCSA. The participants also described finding ways to manage their
stress, including engaging in exercise, praying, spending time with pets, meditating, and, in general, being mindful. Susan, for example, discussed the importance of self-care as it related to counseling ASCSA: “I do my best to do self-care. This last week I didn’t have time to go to the gym or do a lot of self-care and I really noticed how that affects me…,” adding, “Because when I have a crisis with a client who is a survivor of CSA I know that it can take more energy or effort or I can get stressed.”

In addition, the participants described the importance of monitoring themselves, being aware of stress levels and overwhelming feelings and thoughts, even as they became more confident in their roles counseling ASCSA. The participants identified a variety of personal ways in which they understood their own needs and personal reactions—emotional, physical, and cognitive—during their experience of working with ASCSA. This piece was critical to novice counselors’ well-being and overall positive experiences and successful outcomes. When they were not able to understand clearly their needs, participants reported that they were affected both emotionally and physically in their roles as novice counselors working with the phenomenon of interest.

Participant descriptions suggested that their initial work with ASCSA caused them to question their own safety, their family’s safety, and the general safety within the community and the world, which affected their personal sense of boundaries. Participants reported feeling new internal conflicts about safety and ambivalence, at best, about the unquestioning trust of others. Ana illustrated this point by asking in general, “Are we safe?” This is not a question with an easy answer.
Connecting Personal & Professional Past Experience with Counseling ASCSA

The novice counselors made associations between their personal and professional histories and their initial counseling experiences with ASCSA. Participants expressed that their experiences of counseling ASCSA as novice counselors were heavily influenced by personal and professional past experiences, as well as culture more broadly.

Participants identified experiences in a variety of capacities as influencing the novice counselor’s role with this population. Interviews suggested that the ability to relate to other roles was helpful to their work, because it allowed them to connect with the phenomenon of interest in a personal and profound way. As Farah commented, “I have literally cried – broken down crying when they have left. Just to process, I think that could have been my son. I mean stories from when they were four.”

Participants connected other relevant roles to counseling ASCSA clients, which included professional roles that involved working with sexual abuse and sexual violence. Participants who had experience in areas that dealt with different forms of sexual abuse expressed an increased level of comfort when they heard ASCSA client stories and noted that they dealt effectively with the graphic details and disturbing events associated with CSA. They also reported that they were capable of better managing their own emotions related to CSA.

Jennifer, for example, reflected on counseling her first ASCSA client, “It wasn’t my first time hearing somebody’s story. Not even close. And so I think that was helpful for me to not be so overwhelmed…” She added that she was “less overwhelmed” because
she had “heard too many” stories of abuse already in her life, which has allowed her “[to] carry that pain without it taking over.”

As novice counselors working with this population, participants also related to their own history of CSA. These interviews suggested that the novice counselors’ initial experience with counseling ASCSA clients was heavily impacted by their own histories of abuse. This conclusion is not surprising, but it is a crucial part of the data that emerged. Participants recognized that their own CSA strongly influenced the way they initially counseled ASCSA. Elaine stated, “My own personal trauma, I am sure, is the number one impact.”

The participants also identified the strong impact of cultural influences on their initial work with ASCSA. Cultural impact refers to the societal and socialization influences on the novice counselors. These influences include the media (television, movies, and books), theoretical values of the time, stereotypes, and biases. The media had a powerful effect on novice counselors, who may have been especially vulnerable to this influence due to the fact that they frequently had no previous training, education, or experiences with the phenomenon of interest. The participants identified stereotypes and societal norms that strongly influenced initial counseling sessions with ASCSA clients. Ana, for example, recalled her telling assumption that ASCSA “must be the people that look different or live over in the ghetto.” And Susan emphasized her reliance on culture due to her lack of formal education on the phenomenon of interest, stating she related to ASCSA through “movies.”
Developing In-Session Counseling Skills with ASCSA

*Developing in-session skills* is defined as the participants’ desire to become more knowledgeable and effective in their role as mental health counselors for ASCSA. The novice counselors identified that they were able to conceptualize treatment plans for this unique population through the utilization of intervention strategies they sought out independently or with their clinical supervisor. Participants reported that they did not learn specific intervention strategies for this population in graduate school but would have benefited greatly from formally learning how most effectively to counsel ASCSA clients. Developing in-session skills was important to Ana, who reflected, “It wasn’t as easy as the books make it look like. Like if you pull out your treatment planner and you do this and this, A, B, C, and D, you will be fine. No.”

Participants also emphasized the need to acknowledge where the ASCSA clients were in their journeys. This acknowledgement required the novice counselor to pace with the client, accepting the client’s emotional capacity to participate in therapeutic trauma recovery. The participants also described the importance of assessing the readiness of the clients to address CSA. The metaphor of a dance was used to illustrate the how novice counselors adjusted to pace with the client, not imposing their own timing and treatment agenda on the ASCSA clients. Elaine stated she recognized a need for, “Accepting people where they are and not imposing my beliefs, opinions or values on their process…I guess it would be a dance in that way. Adjust and readjust.”

The participants also revealed that they relied upon feedback from ASCSA clients in order to assess their effectiveness in mental health treatment for this population.
Receiving ASCSA client feedback was described by the participants as getting either verbal confirmation or non-verbal cues regarding the therapeutic helpfulness and overall success of the session. This feedback was then used to inform the practice of future sessions. The majority of participants stated that they had little or no specific training on counseling ASCSA. This lack of training, in turn, made client feedback critical in the formation of effective treatments plans and intervention strategies.

The participants also described the need to integrate their newly acquired knowledge and awareness, which was realized through working with ASCSA. Participants expressed that this category was an essential part of their experience, one that continually evolved as they were met with the need to incorporate new experiences with the phenomenon of interest.

**Integrating New Knowledge and Awareness**

The category *integrating new knowledge and awareness* relates to the participants’ desire to connect previous thoughts and beliefs about working with ASCSA to their newly acquired knowledge and on-going practice with the phenomenon of interest. The interviews revealed that participants felt unprepared to work with ASCSA, because they received little or no formal training in counseling ASCSA. Participants suggested they sought, to varying degrees, to understand their experiences counseling ASCSA more thoroughly, with the specific intention of lowering their own senses of disruption and finding therapeutic ways to work with this population. Participants identified several ways in which they began integrating new knowledge and awareness. These included *engaging in personal reflection, developing professionally, re-*
establishing safety, and participating in personal counseling. Some participants reported extensive engagement with these integrating strategies, while others reported avoiding such strategies or having poor experiences with them, which directly impacted their ability to overcome experiencing disruption. This will be described in the section on category interactions.

The interviews suggested that one of the most prominent ways that novice counselors incorporated new knowledge and awareness was through engaging in personal reflection, that is, the capacity to exercise introspection and to make efforts towards the careful exploration and appraisal of experiences counseling ASCSA, thus gaining the ability to communicate clearly their thoughts, feelings, and behaviors in the interviews. Participants’ descriptions suggested that participating in self-reflection allowed them an opportunity to be in tune with their own intuition and connect with ASCSA clients in a more personal and in-depth manner. Participant interviews revealed that self-reflection was crucial to gaining clarity in their ever evolving and complex experiences of counseling this population.

Developing professionally also emerged as a component of the category integrating new knowledge and awareness. Developing professionally is the strategic advancement of skills or expertise in the area of counseling ASCSA as a novice counselor. Participants described that they began to enrich the therapeutic process by using specific counseling skills and interventions. Participants developed professionally by learning different ways to relate to ASCSA clients and by focusing on important healing factors that they deemed important in trauma recovery.
Participating in supervision was defined by the participants as learning from their clinical supervisors, both at their university and their internship or practicum sites. The participants expressed the value that they placed on the knowledge shared by their supervisors and by the supervisory process, and they repeatedly highlighted its crucial role in their experience as novice counselors working with the phenomenon of interest. Jennifer, for instance, recalled that she received valuable training during a supervision session.

[One of my supervisors and I] started talking about the trauma aspect of a client. She asked, what if this person was sitting this close to you and started talking about CSA and went into some graphic detail…It was more emotional for me in that moment than I expected it to be…I thought it was good practice. It showed me that [counseling ASCSA] was going to be harder than I thought.

In more general terms, the participants expressed the value that they placed on the knowledge shared by their supervisors and the supervisory process, and they repeatedly stressed its crucial role in their experience of being a new counselor working with ASCSA.

The novice counselors reported that they often felt unprepared for listening to stories of CSA, stating that oftentimes during meetings with ASCSA clients they were simultaneously making plans to research the topic after the counseling session. Ana stated that, as she worked in-session with ASCSA clients, she would think, “Learn later. Run home and learn.” Participants also reported that they found a combination of
learning was beneficial as they initially worked with ASCSA. As Susan noted, “A lot of it I have recently just acquired from supervision, gathering information from clients and then another model I have noticed is really helpful.”

Participants described that reestablishing their own safety was a key part of the process of integrating new knowledge and awareness while working with the phenomenon of interest. Reestablishing safety included acknowledging that their views of the world were altered; this then required finding ways to once again reestablish the feelings of safety with their new awareness gained by counseling ASCSA. Ana recounts:

…talking to my kids helped in that fear. I always felt a lot of fear of talking to my kids about sexuality and stuff. Now I don’t view it anymore as talking to them about sexuality, but I feel more comfortable talking to them about safety and appropriateness of it and keeping them safe and the reality of who is out there and what is out there and what people really do. This kind of reestablishing safety appeared as a crucial method for coping with new awareness.

The participants reported that taking part in personal counseling was also a component of integrating their new knowledge and awareness. Participating in personal counseling is defined as meeting individually with a personally selected mental health counselor in order to process the intense emotions experienced during the counseling process with ASCSA. Participant interviews illustrated the value of seeking out personal counseling for processing distressing feelings that resulted from counseling ASCSA. Susan expressed, “When I start to feel that I am overwhelmed or traumatized myself that
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is key or a red flag for myself and I say to myself okay I think it is time to go in to my personal counselor.” Participating in personal counseling enabled the participants to integrate their new knowledge and awareness gained by counseling ASCSA clients.

**Category Interaction**

*Experiencing disruption* gave rise to other key categories, as the prior results suggested. Refer to Figure 1. The spiral represents the dynamic simultaneity of the novice counselors’ experiences, which are recursive and ongoing, as are the novice counselors’ disruptions and recoveries from disruptions via the additional key categories. Each disruption is an opportunity for *growing self-awareness*, for example, fueling the professional development of novice counselors who work with this unique population. *Growing self-awareness* often relates to the category of *personal and professional past experiences with counseling ASCSA*. Novice counselors, becoming more self-aware, began to connect their own personal and professional past histories to the present exigency of counseling ASCSA. Elaine’s comments illustrated this connection: “My own personal trauma I am sure is the number one impact…I think that so much of what is intuitive work in the therapy room is shaped by what we ourselves have experienced and what we can imagine somebody else is experiencing.”

*Experiencing disruption* often triggered these connections to past experiences. Participants who had past experiences with the topic of sexual abuse reported that the previous experiences allowed them to move more comfortably into the topic of sexual abuse with their ASCSA clients, and that they were able to manage their own emotions during their initial experiences. Jennifer, for example, reflected on her previous work in
EXPERIENCES OF NOVICE COUNSELORS

the area of sexual violence: “I think I was less overwhelmed by the story itself only because I had heard too many. I have grown in my ability to carry that story and carry that pain without it taking over me.” Past experience also had the potential to intensify the disturbance felt by the novice counselor. Ana stated that in her religion, “…the whole topic of sexuality was very hush, hush…”; it was a topic that she feared. This created an additional barrier for Ana as she began counseling ASCSA.

Participants also consistently observed that experiencing disruption initiated awareness of the need for developing in-session counseling skills with ASCSA. For example, the data revealed that the novice counselors reported experiencing a disruption by not having a clear treatment plan, which inevitably stimulated efforts to develop counseling skills specific to ASCSA. Importantly, client feedback played a significant role in assessing the effectiveness of such treatment plans and intervention strategies. Jennifer, for instance, noted that ASCSA clients’ feedback not only provided her with indicators of how effective she was with these clients in-session, but it also affected her overall experience with the clients, giving her a sense of how successful she was going to be in subsequent sessions with these clients. She stated,

When I have had sessions that go well then I am usually feeling pretty good going into the next session. I feel like I have a path. When other things are happening for whatever reason that make it feel like it was less or not as smooth as it could have been or not as helpful as it could have been, then I feel more stress.
Participants reported that as they worked with ASCSA and gained new awareness and understanding about themselves and this population, they consistently were integrating new knowledge and awareness into their previously held beliefs. Recovery from experiencing disruptions was accomplished through engaging in processes that occurred through the connection with the other categories. For instance, participants related the level of the intensity of their disruption to personal experiences, such as processing the effects of providing mental health services to ASCSA in clinical supervision and personal counseling. Elaine was able to illustrate the relationship between participating in personal counseling and her own reactions as she began to counsel this population. Her counselor played an important role in helping her recover from experiencing a disruption:

He was able to remind me that I wasn’t the knowledge but that I could use the knowledge to help somebody else…So that was also really helpful to just remind myself to relax into the process and just offer little pieces here and there.

Personal reflection also played a key role in the recovery of experiencing disruption. Participant interviews suggested that novice counselors who were oriented towards personal reflection were engaged in the process of seeking to understand their experience of working with ASCSA. The participants reported that personal reflection allowed them consistently to examine and observe their experiences and their internal reactions. Furthermore, participants who communicated a high level of personal
reflection were connected to a deep self-awareness, which helped them to cope with the disruption.

Ultimately, however, no formula exists by which researchers might predict how these category interactions manifest themselves in particular circumstances. Depending on the background of the novice counselor, the nature of the trauma, the temperament of the client, and so forth, different categories in different combinations emerge around experiencing disruptions by novices who counsel ASCSA clients.

Discussion

This dissertation study explored the first experiences of novice counselors as they provided mental health counseling to adult survivors of childhood sexual abuse. The grounded theory developed during this investigation yielded a central category: experiencing disruption. Experiencing disruption acted as a catalyst for the novice counselors to acquire new insights and understandings about themselves and their roles as emerging mental health professionals. These new discoveries encouraged the novice counselors to find ways in which to recover from the disruption. Participants offered intriguing perspectives in how they worked toward recovery through increased self-awareness, connecting with past personal and professional history with counseling ASCSA, developing the necessary counseling skills to work effectively with ASCSA, and integrating new knowledge and awareness.

This study included specific procedures, such as member checks, to increase the trustworthiness of the findings. Lincoln and Guba (1985) highlighted a risk of member checks, commenting, “…member checks can be misleading if all of the members share
some common myth or front, or conspire to mislead or cover up” (p. 315). There is a possibility that participants shared common biases, perhaps related to expectations of proficiency as novice counselors initially working with a unique and challenging population. Such potential common biases may have skewed part of their responses. Thus, efforts were made to counteract biases by using individual interviews which were developed to encourage participants to engage and openly discuss these experiences as they recounted their initial work with ASCSA.

As with all research, interpretations may vary. This occurrence is a distinct possibility for qualitative research, because the themes that emerged from the interviews and the resulting proposed theory may be understood and interpreted in more than one way. To address this issue, existing biases and assumptions were acknowledged, and the researcher remained open to new discoveries in the data, but more importantly, triangulated the emerging results with current literature.

The findings from this study share similarities with existing research and theoretical literature, especially regarding the need for trauma specific supervision and the inadequate delineation of mental health treatment that pertains to ASCSA, yet add uniquely to the literature about the experiences of counselors-in-training and their initial work with ASCSA. Notably, no literature research specifically related to novice counselors working with ASCSA was found at the time this study was conducted. The emerging participant data revealed that novice counselors unanimously expressed experiencing a disruption. Such disruptions relate in part to Kolb’s (1984) experiential learning theory, which aids in understanding this phenomenon. The experiential learning
theory highlights a complex learning cycle that includes four elements: concrete experience, reflective observation, abstract conceptualization, and active experimentation (Kolb & Kolb, 2009). The findings from the current study align with Kolb’s theory. For instance, the participant interviews illustrated how they employed their reflective observation, through engaging in personal reflection, with their active experimentation, through the development of in-session counseling skills as they engaged with phenomenon of interest. The current study highlighted the importance of experiential learning and in-session work when novice counselors work with ASCSA clients initially; however, grounded theory methods allowed participants to reflect more fully upon—and to articulate more rigorously—their overall experiences while counseling this unique population. The grounded theory approach yielded a more detailed account of novice counselors engaging the phenomenon of interest.

There is a body of literature on the traumatic impact of counseling survivors of CSA, referred to frequently as vicarious traumatization (VT). VT is defined as the effect that repeated exposure to traumatic events—as described by clients—has on counselors, because of the empathetic connection inherent in the counseling relationship (Pearlman & Saakvitne, 1995a). Interestingly, however, participants in this study reported that understanding VT did not prepare them for in-session mental health therapy with ASCSA. On the contrary, participant interviews revealed that exposure to their clients’ descriptions of CSA unequivocally felt traumatic to them. Through the study, a deeper understanding of the traumatic feelings and lived experiences of novice counselors working with the phenomenon of interest was gained, and there is an obvious
correspondence with vicarious traumatization (VT). Much of the literature acknowledged the significance of VT and offered suggestions for reducing it, including trauma-sensitive supervision; however, the concepts were not based on an open exploration of the experiences of novice counselors who worked exclusively with ASCSA. This study, however, provided information regarding novice counselors’ experiencing disruption as well as how they were able to recover from the experience. Participants described varying levels of experiencing disruption and how they connected to the other categories to reestablish equilibrium. Elaine’s comments illustrated how she was experiencing disruption as she initially began counseling ASCSA, “Definitely interrupting my thoughts. I would wake up in the middle of the night. It was almost like I was dreaming of the client because I would wake up thinking about them.” Elaine acknowledged that experiencing disruption led her to reach out and engage in supervision and participate in personal counseling. Engaging in these activities assisted her in recovering from the disruption.

Participants consistently described feelings of uncertainty, which are an inherent part of the counselor development process. Novice counselors may find it especially helpful to acknowledge feelings of uncertainty in the initial sessions with ASCSA. Novice counselors are learning how to orchestrate and improvise multiple counseling skills continuously in order to manage the ever-changing circumstances in sessions with adult survivors. Learning within this context is extremely complex and entails coping with unfamiliar and ambiguous situations, a process that can be challenging for novice counselors at best, and, at worst, overwhelming. The literature highlights the ambiguous,
uncomfortable, and seemingly unfamiliar issues in which counselors-in-training are often engaged, particularly with general trauma work (Eagle, Haynes, & Long, 2007; Levitt & Jacques, 2005). Eagle, Haynes, and Long (2007) observed that counselors-in-training who worked in trauma therapy exhibited unusually high levels of anxiety with symptoms that point to VT. Their study concluded that instructing counselors-in-training how to manage these unfamiliar situations effectively is an important component in their development. The present research concurs — tolerance for intense feelings must be developed in order for students to become professional counselors who are not only competent at practicing the discipline but also capable of articulating their unique methods of counseling ASCSA. Additionally, clinical supervisors and counselor educators must be prepared to guide novice counselors through these difficult, multifaceted issues where their knowledge and training is likely limited. This study illuminated the complexity of working with ASCSA as a novice counselor and provided new understanding that has the potential to help novice counselors and counselor supervisors navigate the identified complexity.

Implications

This study provides expansive and detailed descriptions of novice counselors’ experiences as they initially worked with ASCSA. Multiple possibilities exist for incorporating these findings into models of supervision, theories of counselor education, and the clinical practices of novice counselors themselves. Clearly, novice counselors working with ASCSA have specific needs that can be met with appropriate supervision, starting with acknowledging the experience of disruptions. Supervisors have a potential
role to play in this regard by helping novice counselors to manage and learn from experiencing disruptions, which is much healthier than simply trying to tolerate them. With the help of sensitive and trauma specific supervision, the process of counseling ASCSA may become less threatening and the experiences of novice counselors have the potential to become less traumatic. All the research in the world, however, will not prepare novice counselors for the existential realities of counseling ASCSA. It is something that must be experienced firsthand, which is precisely why sound supervision must be in place, supervision informed by the challenges and complexities inevitably present when novices experience disruptions, which come in an almost infinite variety of combinations—the unique characteristics of which are impossible to predict until they happen.

Counselor educators will also benefit from this study. Opening more dialogues about how to counsel survivors of CSA in practicum and internship courses might be one place to introduce novice counselors to the anticipated experiences associated with counseling ASCSA clients. This introduction might include, for example, how to recognize VT, how to manage overwhelming and distressing feelings, and how to talk about the impact of listening to stories of CSA in constructive and honest ways.

Counselor education programs could also help prepare novice counselors by providing training and support for the practice of self-care, which participant interviews overwhelmingly confirmed as very important when working with the phenomenon of interest.
Incorporating ideas based on the findings from this study, in both counselor education and supervision, may diminish novice counselors’ feelings of disruptions and increase the competency and confidence of the novice counselors working with ASCSA. The current research could provide counseling students with important information related to providing mental health services to ASCSA. The participants in this study provided a rich description of their experiences and processes in working with ASCSA. The unique and complex experiences shared by participants, in regards to working with this population, may be informative to counselor education students as they develop understanding and skills in working with a variety of client populations.

**Conclusion**

Continued research is needed on the experience of novice counselors as they provide mental health treatment for ASCSA clients. Put simply, there is a lack of available research examining the phenomenon of interest. This research begins to fill that void by seeking valuable information from novice counselors who can lend their voices and experiences to the development of the discipline. If novice counselors are better able to articulate and define experiencing disruptions, which are inherent in working with ASCSA—and, therefore, better able to become more self-aware and capable—then new and healthier possibilities arise. Not only will the findings from this study help to fill the gap in the literature by offering rich and detailed descriptions of the experiences of novice counselors as the initially worked with ASCSA, but the findings will also help to inform counselor educators and supervisors, providing information in an area where there is currently no literature from which to draw. In its entirety, this study will enrich various
realms of counseling and, ideally, communities at large, which have been broken by the prevalence of childhood sexual abuse.
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CHAPTER IV

General Conclusions

This dissertation created two manuscripts, which are thematically linked together. Both examined the experiences of novice counselors as they initially worked with their first clients who were adult survivors of childhood sexual abuse (ASCSA). For consistency in reporting the results, the phrase “novice counselors” is used to represent the participants in the study. The interviews focused on the novice counselors’ experiences as they initially counseled ASCSA, which will also be referred to as “the phenomenon of interest.” The most important elements of this dissertation research are the review of the literature and the investigation of novice counselors’ perceptions as they worked with the phenomenon of interest initially. The review of the literature provides a rationale for the research, which focuses specifically on understanding the experiences of novice counselors who work with the phenomenon of interest. Additionally, no research was found through the literature review that addressed what counselors-in-training experience when working with ASCSA. Professional literature, university courses, professional sessions at conferences, and textbooks devoted to educating counselors in the treatment of ASCSA attest to a growing recognition that mental health professionals will benefit from understanding initial experiences of novice counselors as they begin working with this unique population.

In order to capture the complexity of the phenomenon of interest, this qualitative study was exploratory and descriptive in nature, guided by the notion that understanding both the process and the underlying multifaceted experiences of counselors-in-training
will be a valuable addition to the academic literature. This study posed the question: “What do counselors-in-training experience and perceive during the process of their first counseling sessions with ASCSA?” Existing studies surrounding the issues of providing mental health counseling to ASCSA offer only isolated and partial glimpses of this complex phenomenon. Furthermore, they were not designed to uncover the authentic experiences of novice counselors who work with this population. One can conclude, then, that professionals in the mental health field have had only a limited understanding via the research of the real-world challenges faced by novice counselors as they begin to work with ASCSA. This study responds to the void in the literature by adding valuable information where currently there is nothing.

As novice counselors begin their practicum and internships, they will almost certainly encounter clients who have a history of childhood sexual abuse (CSA), because of prevalence (Finkelhor, 1994; Pereda, Guilera, Forns, & Gomez-Benito, 2009a) and long-term sequelae of this trauma (Neumann, Houskamp, Pollock, & Briere, 1996; Paolucci, Genius, & Violato, 2001). Novice counselors are expected to have an understanding of this population’s issues, to provide accurate assessment, diagnosis, and treatment, and to manage their own reactions and feelings around providing trauma treatment to this population. In this regard, researchers recognize that novice counselors are learning how to orchestrate and continuously improvise multiple counseling skills to handle the ever-changing circumstances in sessions with ASCSA (Eagle, Haynes, & Long, 2007). Learning within this context is extremely complex and entails interacting
with unfamiliar and potentially distressing issues, which is a process that can quickly overwhelm novice counselors.

Unanimously, research confirms that novice counselors will likely encounter early in their professional careers clients who are ASCSA. However, there is no literature that describes what novice counselors experience during their first sessions working with this population. This research provides valuable insight in this area, illuminating the views of novice counselors who gave powerful accounts of their experiences concerning the phenomenon of interest. This study provides a detailed understanding of the complexity inherent in working with ASCSA as novice counselors.

Investigating the experiences of novice counselors as they begin counseling ASCSA clients was chosen as the focal point of research, not only in response to the absence of literature in this area, but also because of the researcher’s professional experience, specifically as a novice counselor working with this topic. Early in her mental health counseling career, she knew that understanding the many facets of this complex population was imperative. The researcher concluded that it is important to produce literature that will describe the experiences, promote optimal awareness of the developmental needs, and provide overall support for counselors-in-training who are providing mental health treatment for ASCSA.

In order fully to explore the research question, the researcher investigated specific literature on the background, definition, and theoretical underpinnings of the mental health sequelae of childhood sexual abuse. The researcher also investigated literature on the treatment of adult survivors, the impact on counselors working with this population,
and the role of supervision in counselor development. The literature confirmed that adult survivors of childhood sexual abuse frequently seek out mental health counseling, yet interestingly there is not a common treatment modality, nor are there clear and distinct clinical supervisory models that address this issue. The literature highlighted the need to provide a new understanding of the experiences of counselors-in-training as they begin to work with ASCSA.

Both manuscripts point to the complexity faced by the novice counselors, as they begin working with survivors of childhood sexual abuse (CSA). The first manuscript explored the literature relevant to the training, supervision, and experiences of counselors-in-training working with ASCSA. This article reviewed the literature on the prevalence of childhood sexual abuse, the effects of such abuse on adult survivors, the treatment of adult survivors, the needs and experiences of clinicians who work with this population, the developmental needs and experiences of counselors-in-training, and the function of clinical mental health supervision. Finally, the article synthesized this information and identified implications for counselors-in-training working with adult survivors, counselor educators and supervisors, and future researchers. No research specifically related to novice counselors working with ASCSA was found. This current research begins to uncover the dynamic of novice counselors who work with ASCSA, giving clarity and substance to their experiences.

The second manuscript presented more detailed information about the experiences of novice counselors as they initially worked with this unique population. This research used a qualitative method, the grounded theory approach (Corbin & Strauss, 2008),
which was applied in order to understand the participants’ experiences. Grounded theory provides a systematic and progressive approach to gathering and analyzing qualitative data, which emerges from the perceptions and experiences of participants (Charmaz, 2006). This methodology allowed the researcher to determine how participants formed meanings, and more generally, it allowed the researcher to remain open to new discoveries around experiences.

Data was gathered from participants through three rounds of face-to-face interviews. The researcher asked the participants open-ended questions intended to encourage detailed and in-depth responses. As the multiple interviews proceeded, the participants were encouraged to expand upon previous comments about and descriptions of their experiences as novice counselors in their initial sessions with ASCSA clients. The interviews were recorded, transcribed, and analyzed using open, axial, and selective coding procedures. Coding for process was also conducted. Through this analysis, meaningful information about the experiences of the participants began to surface. These emerging concepts were further analyzed, and subsequently, they generated a tentative structure through which a summative diagram was created.

The analysis of the participant interviews led to the conceptualization of categories that described the phenomenon of interest. Through selective coding, the central category of experiencing disruption was identified. Experiencing disruptions proved to be a crucial experience for novice counselors. In addition, this research process led to the emergence of four other categories:

(a) growing self-awareness
(b) connecting personal and past experience with counseling ASCSA

(c) developing in-session counseling skills with ASCSA

(d) integrating new knowledge and awareness

Because of its importance, experiencing disruption became the central category to which four other categories were linked. Each of the categories interacts with one another and connects in significant ways to the new counselors’ experiences as they initially counsel ASCSA clients.

This study provided detailed descriptions of novice counselors’ experiences as they initially worked with ASCSA. Multiple possibilities exist for incorporating these findings into models of supervision, theories of counselor education, and the clinical practices of novice counselors themselves.

**Recommendation for Future Research**

The findings of this current work lend themselves to multiple ongoing research opportunities. This grounded theory study was exploratory in nature and examined the experiences of novice counselors in their initial work with their first clients who were ASCSA. The qualitative design encouraged rich description of the participants’ experiences and will add to the literature in an area that has been severely neglected. The potential for incorporating these findings into future research is feasible, due to the in-depth descriptions that offer knowledge applicable to many areas of counselor training as it relates to the mental health treatment of ASCSA, including trauma supervision and counselor education.
Clearly, novice counselors working with ASCSA have specific needs that can be met with appropriate supervision. Based on this research, it would be important for the clinical supervisor to acknowledge *experiencing disruptions*. Supervisors, by identifying healthy ways in which to cope, play an important role in helping counselors-in-training to recover from disruptions. Indeed, specific trauma supervision is critical to assist the development of counselors who are working with ASCSA (Etherington, 2000; Sommer & Cox, 2005). Additional literature on the use of trauma supervision may also be beneficial. Also, specific research that focuses on how trauma supervision plays a role in the development of new counselors may be beneficial. Perhaps also of use would be a study further examining the supervisor relationships and how it relates to novice counselors experiences of disruptions while treating ASCSA.

Further research is also needed about educating and training counselors on the aspects of trauma recovery, with emphasis on treating ASCSA. Training and education around trauma treatment, especially the risks associated with this treatment, are vital to the efficacious treatment of sexual abuse survivors, as well as to the well being of the counselors. The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) standards were amended in 2009 to include general trauma training, emphasizing the need for counselors-in-training to understand the impact of trauma-causing events on people. These new standards did not include objectives specific to trauma resulting from childhood sexual abuse; however, this knowledge is clearly important within the mental health field. For example, Kitzrow (2002) surveyed CACREP-accredited programs to assess counselor educators’ practices for training
counselors to provide treatment for sexual abuse. The majority of faculty who responded reported that their counseling program offered neither a required nor an elective course on sexual abuse. At the same time, the majority of respondents noted that the training of counselors to work with sexual abuse was important. Further research might include a qualitative study exploring counselors-in-training experiences of graduate courses on the treatment of CSA.

The participants reported that they would have benefited from learning about multifaceted aspects of counseling ASCSA, including assessment, treatment, intervention strategies, and potential impact on the counselor while providing mental health treatment to ASCSA. Deeper research into how counselor education programs prepare novice counselors for the practice of self-care would also be valuable.

**Conclusion**

The findings from this current study lend themselves to possible future research opportunities. There is obviously a need to continue exploring the experiences of novice counselors as they begin to work with ASCSA, and the author hopes that this study will provide a foundation upon which others will generate future research.


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Appendix A

Email to Clinical Supervisors

My name is Michele Eave and I am a Licensed Professional Counselor and a Ph.D. Candidate at Oregon State University in Corvallis, Oregon. I am in the process of recruiting participants for my dissertation research, which has been approved by the Human Subjects Board of Oregon State University and is study number 4855. This research is an exploratory study investigating the experiences of counselors-in-training as they work with their first clients who are survivors of childhood sexual abuse.

Due to your role in clinical supervision with practicum and/or internship students, I am asking for your help in the recruitment of participants for my study by forwarding practicum and internship and recent graduates (who have graduated within the last year) the information I have attached regarding this study. I have included an email introducing the study for your use, and the consent form, participant information and initial interview questions. You do not need to pre-screen individuals beyond identifying potential participants who are counselors-in-training in graduate schools of counseling and enrolled in their practicum or internship, or students who have graduated in the previous year with a Master’s in Counseling. So you are aware of participation requirements, following are the stipulations:

- Participants must be student counselors-in-training in graduate schools of counseling and enrolled in their practicum or internship, or students who have graduated in the previous year with a Master’s in Counseling.
- Participants must currently be working with or have worked with an adult survivor of childhood sexual abuse within the last two years. Adult survivors of childhood sexual abuse are identified as individuals who are at least 18-years old who were exploited sexually as children by an adult or person with a large age or maturational difference over the child and may have been in a position of authority or in a caretaking relationship with the child.
- Participants must be able to recall their initial experiences with this client/client population and be able to reflect on and articulate their experience.

Please indicate to the prospective participant that participation is strictly voluntary and if he or she is interested he or she may contact me directly. My email address is eavem@onid.orst.edu and my direct phone number is 503-708-6503.

The study will include three, 60-minute and one 30-minute audiotaped, face-to-face interviews with participants, approximately one per month over three months. Total time commitment for participants will be approximately three and a half hours. The interviews will take place in a private location mutually agreed upon by the researcher and participant.
I appreciate your help alerting potential participants of this research project which will contribute to the literature on counselors-in-training and their initial work with adult survivors of childhood sexual abuse. The implications of this research has the potential to extend beyond the realm of counselors-in-training to include counselor education, counseling and psychotherapy, and supervision and will also be relevant for those whose professional degrees relate to counselor education, psychology, psychiatry, general medicine, and nursing among others.

Thank you in advance for your support and assistance.
APPENDIX B

Letter for Clinical Supervisor to Send to Potential Study Participants

To Practicum and Internship Students,

Michele Eave is a Ph.D. Candidate at Oregon State University and she is conducting a study titled “The Experiences of Counselors-in-Training as They Work with Their First Clients Who are Adult Survivors of Childhood Sexual Abuse”, which you may be eligible to participate in, if you choose. The principle researcher is Dr. Deborah Rubel. This study has been approved by the Human Subjects Board of Oregon State University and is study number 4855. This research project is strictly voluntary and is in no way related to the student’s coursework. If you qualify, it is up to you to decide if you would like to participate. If you believe you qualify and desire to be a part of this study, please contact Michele Eave directly.

Participants in this study will be asked questions regarding their experiences as counselors-in-training as they worked with their first clients who were adult survivors of childhood sexual abuse. Participants will take part in three 60-minute and one 30-minute, audio-taped face-to-face interviews over three months. The interviews will take place in a private location mutually agreed upon by the researcher and participant. The total time commitment to this investigation would be approximately three and a half hours.

Documents are attached that explain participation requirements, as well as a consent form for your review, the participant information form and the questions to be asked during the initial interview.

Briefly, to be eligible for this study you:

- Must be a student counselor-in-training in a graduate school of counseling and enrolled in your practicum or internship, or have graduated in the previous year with a Master’s in Counseling.
- Must currently be working with or have worked with an adult survivor of childhood sexual abuse within the last two years. Adult survivors of childhood sexual abuse are identified as individuals who are at least 18-years old who were exploited sexually as children by an adult or person with a large age or maturational difference over the child and may have been in a position of authority or in a caretaking relationship with the child.
- Must be able to recall their initial experiences with this client/client population and be able to reflect on and articulate their experience.

If you are interested, please review the attached documents carefully. As stated previously, participation is strictly voluntary and if you are interested you may contact the student researcher, Michele Eave, M.A., L.P.C, directly via email at eavem@onid.orst.edu or by calling her at her direct phone number: 503-708-6503.
APPENDIX C

Initial Questions

Research Title: The Experience of Counselors-In-Training As They Work With Their First Clients Who Are Adult Survivors of Childhood Sexual Abuse

Principal Investigator: Deborah J. Rubel, Ph.D.

Student Researcher: Michele L. Eave, M.A., LPC

Questions to be asked during the initial interview

The initial questions are:

- Describe your experience as a counselor-in-training as you worked with your first client or clients that were adult survivors of childhood sexual abuse.
- What thoughts and feelings did you experience during this session?
- Describe the experience of other effects that occurred outside of the session
- How did supervision or training affect your experience?
APPENDIX D

Informed Consent

473 Waldo Hall, Corvallis, Oregon 97331-6403
T 541-737-4661 | F 541-737-8971 | http://oregonstate.edu/education

**Project Title:** The Experience of Counselors-In-Training As They Work With Their First Clients Who Are Adult Survivors of Childhood Sexual Abuse

**Principal Investigator:** Deborah Rubel, Ph.D., Department of Teacher and Counselor Education – Oregon State University

**Co-Investigator:** Michele L. Eave, MA, LPC, Department of Teacher and Counselor Education – Oregon State University

**WHAT IS THE PURPOSE OF THIS FORM?**
This consent form gives you the information you will need to help you decide whether you qualify as a participant for this study and will help you determine if you would like to participate in this study or not. Please read the form carefully. You may ask any questions about the research, the possible risks and benefits, your rights as a volunteer, and anything else that is not clear. When all of your questions have been answered, you can then decide whether you will participate.

**WHY IS THIS STUDY BEING DONE?**
You are being invited to take part in a research study designed to explore the first experiences of counselors-in-training as they work with their first clients who are adult survivors of childhood sexual abuse. The information will be used for a student dissertation and for future publication. We are studying this because there is no literature that provides an understanding of the experiences of counselors-in-training as they work with adult survivors of childhood sexual abuse. Up to 8 participants will be invited to take part in this study.

**WHY AM I BEING INVITED TO TAKE PART IN THIS STUDY?**
You are being invited to take part in this study because you have been identified as a counselors-in-training in a graduate school of counseling and are either currently enrolled in practicum or internship, or you have graduated in the previous year with a Master’s in Counseling.

Oregon State University IRB Study #4855 Expiration Date 02/02/2012
WHAT ARE THE REQUIREMENTS TO BE A PARTICIPANT?
To qualify as a participant in this study, you must currently be working with or have worked with an adult survivor of childhood sexual abuse within the last two years. Adult survivors of childhood sexual abuse are identified as individuals who are at least 18-years old who were exploited sexually as children by an adult or person with a large age or maturational difference over the child and may have been in a position of authority or in a caretaking relationship with the child.

You must be able to recall your initial experiences with this client or client population, have had the initial experience within the previous two years, and be able to reflect on and articulate this experience.

WHAT WILL HAPPEN DURING THIS STUDY AND HOW LONG WILL IT TAKE?
As a participant in this study you will be asked to participate in four face-to-face interviews. The first three interviews will last 60 minutes per interview. The fourth will last approximately 30-minutes. The interviews will take place over a three month period. If you agree to take part in this study, your total involvement will consist of approximately three and a half hours, over the span of three months.
The interviews will take place in a private location mutually agreed upon by the researcher and the participant. An audio recorder will be used during the interviews to record the verbal data shared by you. For researcher accuracy, each interview will be audio recorded. If you do not wish to be audio recorded, you are not eligible for participation.
You will be asked questions surrounding your experience as you worked with your first clients who are adult survivors of childhood sexual abuse. You will be asked to reflect on your experience as a counselor-in-training in each interview. Each interview will build upon previous information shared.

WHAT ARE THE RISKS OF THIS STUDY?
The interviews associated with this investigation pose minimal risk both economically and physically to you as a participant. The interviews are confidential and the data generated from the interviews will be reported in such a way as to avoid your identification, posing minimal professional or social risk. The greatest potential risk will be psychological. As a participant you will be asked to discuss your experiences during the process of your first counseling sessions with adult survivors of childhood sexual abuse. The interview questions are designed to be broad and general, and as such are not likely to cause distress. While the interview questions are not intended to evoke intense emotions, they do require a level of introspection and reflection. Such reflection may evoke emotional reactions for you.

Should you feel uncomfortable in any interview you are encouraged to alert the researcher and the interview will be paused to allow you to decide if you want to continue. During this pause, the tape recorder will be turned off and no data will be collected. If you choose to continue and give consent for the taping and data collection to resume, we will do so at that point.

Oregon State University IRB Study #4855 Expiration Date 02/02/2012
The use of the internet poses potential risks in that email transmissions cannot be guaranteed to be secured or error-free. The researcher maintains anti-virus and other security software on her computer and will include a message of confidentiality on all electronic correspondence. All data associated with this study will be labeled only with a participant number. No other individuals besides the principle investigator, Dr. Deborah Rubel and the student researcher, Michele Eave, will have access to participant names and corresponding participant numbers.

There is the risk of accidental disclosure of information that could identify you as a participant, however the student researcher will read over transcripts and analysis of the data and delete any information that may identify you. Due to the small subject size (8) there is an increased risk of breach of confidentiality. Again, precautions to minimize this risk will be taken, which include reviewing all study information and deleting any information that may identify you.

**WHAT ARE THE BENEFITS OF THIS STUDY?**
There are no known direct benefits to participating in this investigation. The indirect benefits to participation include contributing to the understanding regarding the experience of counselors-in-training as they work with their first clients who are adult survivors of childhood sexual abuse, as well as contributing to the professions of counseling, counselor education and supervision.

**WILL I BE PAID FOR PARTICIPATING?**
You will not be paid for participating in this research study.

**WHO WILL SEE THE INFORMATION I GIVE?**
The information you provide during this research study will be kept confidential to the extent permitted by law. Research records will be stored securely and only researchers, Dr. Deborah Rubel, Principal Investigator and Michele Eave, Student Researcher, will have access to the records. Federal regulatory agencies and the Oregon State University Institutional Review Board (a committee that reviews and approves research studies) may inspect and copy records pertaining to this research. Some of these records could contain information that personally identifies you. If the results of this project are published your identity will not be made public.

The confidentiality of participants will be protected throughout the study. You will be asked not to reveal any identifying information, or identifying information of anyone else you mention, including patients, during the interviews. Once the interviews are transcribed and checked for accuracy, the tapes will be destroyed. All other data, such as the transcription of tapes will be labeled only with the participant’s assigned number. Only the researchers, Dr. Deborah Rubel, Principal Investigator and Michele Eave, Student Researcher, will have access to participant names or corresponding numbers. All forms and data will be stored separately in a locked file cabinet in the offices of the Department of Teacher and Counselor Education at Oregon State University for a minimum of six years. Data stored on a computer will be password protected and only accessible to the researchers, Dr. Deborah Rubel, Principal Investigator and Michele Eave, Student Researcher.
The researcher will utilize a technique call “peer debriefing”, where the research data will be reviewed by academic colleagues. The student researcher will invite the perspective of such individuals, providing an opportunity for them to challenge assumptions made by the researcher, as closeness to the research may inhibit the ability to view the data with real detachment. This means that the researcher will periodically discuss data, analysis, and conclusions with academic colleagues, which in this case includes other doctoral students who are not otherwise involved in the study.

This discussion will revolve around concepts that are emerging through data analysis and will not reveal any identifiable participant information. At no point will your identity be shared during this process. The questions asked and observations made by this group will enable the researcher to refine analysis and strengthen arguments in light of the comments made.

**DO I HAVE A CHOICE TO BE IN THE STUDY?**

If you decide to take part in the study, it should be because you truly want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

You will not be treated differently if you decide to stop taking part in the study. If at any time you do not wish to answer a question or if you want to stop an interview, you are free to do so. If you choose to withdraw from this project before it ends, the researchers may keep information collected about you and this information may be included in study reports.

**WHAT IF I HAVE QUESTIONS?**

If you have any questions about this research project, please contact:
Deborah J. Rubel, Ph.D. at: 541-737-5973. Email: Deborah.rubel@oregonstate.edu
Michele L. Eave, MA, LPC at: 503-708-6503. Email: eavem@onid.orst.edu
If you have questions about your rights as a participant, please contact the Oregon State University Institutional Review Board (IRB) Office, at (541) 737-8008 or by email at IRB@oregonstate.edu

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Participant's Name (printed):

__________________________________________ ______________________________________

(Signature of Participant) (Date)
APPENDIX E

First Round Interviews

Introduction

The data was gathered from face-to-face interviews with seven Master’s level counselors. One student was in her first term of practicum, three students were in their internship, and three counselors had graduated with their Master’s in counseling within the last year. The students selected pseudonyms in order to maintain confidentiality. The transcripts of the interviews were analyzed using the grounded theory methodology of open coding procedures to construct conceptual categories. In addition, axial coding procedures were employed to explore connections between categories and ensure complete analysis. The four questions that were asked in the first round interviews were:

1. Describe your experience as a counselor-in-training as you worked with your first client or clients that were adult survivors of childhood sexual abuse.

2. What thoughts and feelings did you experience during this session?

3. Describe the experience of other effects that occurred outside of the session.

4. How did supervision or training affect your experience?

The data suggested that there was a reliance on internal and external frameworks as novice counselors began working with clients that were identified as ASCSA. These frameworks begin to morph and evolve as the novice counselors continued their initial work with ASCSA. This process included particular instances that allowed new counselors to work directly with these clients, assess their comfort level, feelings, and
clinical knowledge in treating this population and move forward by integrating new knowledge based on these initial experiences.

There are three major themes that emerged from the open and axial coding of the participants experiences as they described initially counseling ASCSA. These categories were conceptualized as the new counselor’s *internal framework* and *external framework*. *Internal framework* and *external framework* each contained properties and dimensions that further described the categories. Participants’ responses suggested relationships between categories, via their properties and dimensions, through the process of axial coding.

**Internal Framework**

*Internal framework* emerged as a category from the analysis of data generated by the initial interview questions. As participants described their experience of working with their first clients who were ASCSA, they provided insight into relying on a unique and complex framework that continued to develop, change, and adapt throughout the process of being a new counselor working with this population. Participants identified relying on an *internal framework* as the foundation from which they began counseling ASCSA clients. The data suggested that there was a broad range in the development of the *internal framework* as it was applied to working with ASCSA from relatively no informative pre-existing knowledge or suppositions held by the new counselor to a significant level of knowledge and awareness relating to ASCSA.

Several properties within the category of *internal framework* emerged. The properties further described the *internal framework* relied upon by the new counselors as
they met with their first client or clients who were ASCSA. The internal framework
during the new counselors’ initial experiences working with ASCSA included: (a) using
*past experience*, (b) relying on an existing framework, and (c) experiencing emotions.

**Using Past Experience**

*Using past experience* is a property of *internal framework* that participants
defined as a necessary resource to help identify ways by which to manage the counseling
session as a novice counselor as they initially counseled clients who were identified as
ASCSA. The participants defined *using past experience* as a characteristic that connected
their professional and educational backgrounds and impactful experiences from their
personal history that actively influenced their attitudes and ability to meet the demands of
counseling ASCSA as a novice counselor. *Using past experience* influenced how they
approached the topic of ASCSA as well as how they interacted with the ASCSA clients.

Elaine facilitated support groups that could be identified under the “umbrella of
love addiction” for 10 years in a church setting that often included ASCSA. She
acknowledged that her past experience increased her comfort level when working with
the topic of sexual abuse.

Elaine

We called it the umbrella of love addiction, so doing anything for
love was the definition we gave it at that time in the small group
and I did that for ten years. During that time I became really
familiar with talking with people about sexuality. Of course when
talking about sexuality, sexual abuse comes up. We also asked
women at that time to talk about their sexual abuse histories and
their sexual histories, which often times included abuse. So by the
time I got to my internship, I was comfortable I guess already with
talking with people about their sexual histories and already
comfortable with the idea that people might come to me to talk
about sexual abuse.
Jennifer also identified how she first used her past experience to help her begin working with ASCA.

Jennifer... I teach a class for undergraduate students. It is like an outreach. The topics we discuss include sexual assault, relationship violence, stalking. It is really focused on the college age group, so I am not so focused on childhood sexual trauma, but I think it is perfectly applicable. I have learned a lot about the dynamics.

So it wasn’t my first time hearing somebody’s story. Not even close. And so I think that was helpful for me to not be so overwhelmed... But I think I was less overwhelmed by the story itself only because I had heard too many. I have grown in my ability to carry that story and carry that pain without it taking over me.

Participants, who had past experiences with the topic of sexual abuse, reported that the previous experiences allowed them to transition comfortably into the topic of sexual abuse with their ASCSA clients more easily.

**Relying on Existing Framework**

The participants entered their educational experience in graduate level counseling programs with previous life experiences, values, and beliefs that informed their world view and proved to be instrumental in creating their own existing framework that they referred to and relied on as they began working with clients who were ASCSA. *Relying on existing framework* is defined as having a cognitive organizational structure and emotional awareness, which participants relied upon as they began working with ASCSA. Elaine described her work prior to attending graduate school as a support group facilitator at a church and how she was able to grow in her comfort with hearing about others’ pain.
Elaine  …I cried through the whole first year because I really felt what the people were sharing. It was really almost like I dived into a pool and I was all wet with them and didn’t know how to get out. And then over time, of course I did that for ten years, and over time I was able to separate more and more and more and I didn’t feel detached necessarily, I just felt like I carried it differently.  … I often have thought I wonder what it is like for new clinicians who haven’t had that kind of experience before to come into a clinical setting like that and have something that is so traumatic as sexual abuse. Bringing that into the session – what it is must be like for a brand new clinician maybe who never thought about it or ever talked about it or ever experienced it. I am basically saying doesn’t have the framework for it.

LeAnn and Ana relied on an existing framework that was described as being developed through life experiences and personal challenges.

LeAnn  I think age works in our favor in this profession. I think the fact that I have had to live my life, not that I don’t have any issues now, but the fact that I had so much in my life, to work through things and find out who I am and it is like when I turned 40 there was this freedom that I felt…It is great. I think coming into this I would never, I couldn’t have been good at this and been able to take care of myself in my 20s or 30s because there was so much of the world that I hadn’t worked through.

Ana  …being a mom with kids. You learn when you need your time. I don’t think that was a big piece for me. I knew what I needed to do, my autopilot went on and said, time to put it away, don’t own it, leave it here, this isn’t mine, this isn’t my family. I care but it is my job, it is not my family. That felt really cold.

Jennifer, who has been teaching undergraduate courses aimed at educating college students about sexual violence, feels that this experience has helped her develop awareness around the importance of supporting and believing the story of an ASCSA client.

Jennifer  I think some of my background knowledge has been helpful. That wasn’t necessarily through my training program, but knowing and believing, knowing and believing I think are sometimes two
different things, but really knowing and believing that it is never the fault of the survivor. That to believe that people don’t lie about this, especially not in this setting and things like that, that kind of background I think really prepared me to be in the space I needed to be.

The participants brought with them their own existing framework that was built on past personal and professional experiences. They incorporated their existing framework into their first sessions counseling ASCSA clients. This framework provided part of the foundation from which they worked as novice counselors with clients who were identified as ASCSA. In addition, participants recognized that experiencing emotions helped them further develop their internal framework as they transitioned to working directly with ASCSA.

**Experiencing Emotions**

The participants defined *experiencing emotions* as their experience of different emotions that surfaced during their therapeutic work with ASCSA. Participants described the importance of recognizing their emotions as they counseled ASCSA initially. Participant interviews suggested that their emotional experiences helped to inform their knowledge of themselves as they initially counseled this population. The participants described these emotions as intense and often overwhelming. The range of emotions included sadness, anger, and distress, as well as physiological symptoms, such as feeling sick to their stomachs. The participants’ descriptions of emotions were used to develop properties within the category of *internal framework* during their initial experiences working with ASCSA. Participants recalled these emotions with clarity and reported that
they recognized that their strong emotions surfaced quickly in their first sessions working with ASCSA. Participant interviews highlight the emotional intensity.

Elaine
Definitely interrupting my thoughts. Like I said, I would wake up in the middle of the night. It was almost like I was dreaming of the person or the client because I would wake up thinking about it. First thing when I woke up in the morning I would think about it. I would stress about it all the way to my internship site which was an hour and a half drive. All the way home and I mean it was a way.

Ana
I felt like I had a rock in my stomach. Just a rock. Just a pit. Just had a desperate need to just – I just felt their pain. Just asking okay now what do you do with this? All the theories in the world don’t take this pain away. Almost a desperation, how can I help? My immediate reaction was how can I fix this? How can I take it away?

Sophia
It was really scary actually. A lot of it is, am I competent enough to deal with this horrific trauma? Is there something that I need to know? Is there something I am missing? Basically how can I help this person? There is this huge significant event in their life that has basically laid a pathway for the rest of their existence…

Susan
It is really sad and at the same time it makes me angry to know that …it could have been prevented. Especially as a child. As a young child. Kids who are vulnerable and who didn’t have parents or guardians who [protected] them. So I think just seeing that is heartbreaking and knowing that is …a big reason they are struggling….

Jennifer
We talked a lot about the ways her abuser kept her silent and some of those, that manipulation really kind of made me, like I felt it in my stomach, just kind of sickening. And imagining her as a child and seeing her as an adult and imagining her as a younger person being hurt in this way. So I felt it in my stomach, my breath changing and I think it just kind of hurts your heart too. I think, I didn’t, I never cried, but I think there were times when I had tears in my eyes.

I think there are other fleeting thoughts along the way of course. I think one that came up a lot was thoughts about the injustice of it. That her abuser had had multiple reports against him and nothing
ever happened….Kind of frustration at the system that allowed this to happen many times, with many different survivors.

Farah I wondered often if I am judging them…and at that point I have no empathy.

Farah also explained how one of her first ASCSA clients described graphically being abused with a metal object. This story of CSA disturbed her on many different levels. She questioned herself as she began to visualize the abuse and asked herself questions surrounding this specific incident.

Farah …the content - I really try to keep it at the office and when I can’t keep it there like the lady with the [object], I often wonder, why her, why that story in particular…I suppose I was just being a pervert. You just wonder if something is wrong with you and you are attaching to this weird story because you’re weird. Like am I a voyeur in my mind? Not that I would want to see it. I can visualize it.

Participants described a range of emotions as they met with their first clients who were ASCSA. They connected with the vulnerability of their adult clients and imagined them when they were children. This produced strong emotions within them. Some participants expressed that they doubted their competence and one new counselor began asking if she was a “voyeur” or “weird” when she was unable to stop her own visual images of the abuse.

Their emotions ranged from self-doubt and fear of not being competent to treat this population to sadness and anger about CSA. Connecting with their empathic feelings left them feeling sad, angry, and frustrated at the injustice of CSA. Physical sensations were also noted, which the participants described feeling nausea in their stomach or as a change in their breathing. These feelings were brought on as they began to interact
therapeutically with their ASCSA clients. Interacting therapeutically with ASCSA clients is a property identified in the next category external framework.

**External Framework**

*External framework* emerged as a concept from the analysis of data generated by the initial interview questions. As participants described their initial experiences counseling ASCSA clients, they provided insight into their need for an external framework. *External framework* is defined as the organization and structure that the participants relied upon that exists outside of them as they transitioned to working directly with ASCSA. This structure was deemed critical by the participants as they developed as new counselors in their initial therapeutic work with clients who are ASCSA. The properties that emerged within the category of external framework as the new counselor first experienced working with ASCSA include: (a) interacting therapeutically, (b) developing support, and (c) receiving instruction.

**Interacting Therapeutically**

*Interacting therapeutically* described how the participants gained practical knowledge regarding counseling ASCSA clients through the experience of communicating with the clients. The interaction occurred through the process of counselor training during the counselor’s initial practicum or internship. The participants considered in-session counseling work with ASCSA clients as a property. The first in-session counseling work with ASCSA that the participants experienced provided them with a critical opportunity to interact with this population. As a result of this experience,
the participants identified a new awareness about being in the role of a beginning
counselor and the thoughts and emotions that surfaced during this interaction.

LeAnn describes her experience of an ASCSA client “pulling” from her.

LeAnn I look at it like her level of desperation is such, it is like throwing
her out and I am a student, so it is a big responsibility. I started to
get a sense of what a big responsibility our jobs are. It was like
throwing out the life line to her and she is hanging on to me…She
was just so afraid…I think it is the first time that we realize, at
least for me, how important our jobs are.

Sophia describes a male ASCSA client who came into the first session and
“unfolds one of the most horrific and intimate details” of his life and then quickly moves
on to another part of his life as she is trying to empathize with him.

Sophia I felt stranded. To tell you the truth I was a little bit lost. I am
sitting in session. I am contemplating this huge traumatic even that
I have just been told and yet he is moving on to another pasture. It
is like, wait a minute, do I draw him back to revisit this or do I just
allow him to go forward?

…There is a lot of pain there. How do you draw that pain out?

…It is like okay I have this information, now seriously what do I
do with it? It was probably easier for me to allow him to bypass it
and not go deeper into it.

Jennifer I think probably one of the most prominent things was actually
self-doubt and wondering if I have the ability to help this person.
So questioning, I think a lot of my thought went into questioning
whether I knew what to do, whether I could do this, and trying to
figure out what was going to be most helpful. I think those
thoughts were always in the background in the beginning. I think
that the other thoughts included trying to remind myself to be in
this moment. It was kind of this conflict between my self-doubts
creeping up and, another part of myself, telling myself that I
needed to push that aside and just be there. I didn’t need to have
the answers right then. I could just be in that moment and get
supervision and figure all that later. So just trying to tell myself
also to just attend to what is happening right now because that is all I could do.

**Developing Support**

Participants described the importance of *developing support* as they began working with the ASCSA population. *Developing support* was identified as they described their *external framework*. Participants defined *developing support* as a necessary step in conducting initial counseling work with ASCSA. The participants relied on their identified support to assist them through the difficulty of working with this population. The participants’ descriptions of their experiences were used to develop a property of *external framework* called *developing support*. *Developing support* included two dimensions: *reaching out* and *self-care*. *Reaching out* is defined as the participants’ efforts to reach out and communicate with their clinical site and university supervisors, graduate school professors, peers, colleagues, friends, and family. The participants defined *self-care* as ways to care for self, including exercise, quiet time, spirituality, and others. The novice counselor relied on these activities to help manage difficult and intense emotions.

Some participants recognized that they were carrying a heavy burden as they began to counsel ASCSA clients and began *reaching out* by seeking personal counseling.

Elaine

I was first concerned about harming somebody. That was a major concern of mine at the very beginning. And in fact I myself only talked about it in therapy, but I went back to counseling myself and said to that psychologist I was seeing – I need help separating this because I am not sleeping at night and I am not – I am carrying this home with me. I am thinking about it all of the time. I wake up thinking about these clients and for about two months it was really getting to be, it was really starting to be that my ability to be effective as a student and as a human being and as a therapist I
think. So, that was really, really challenging. So the psychologist said to me you are not the information, you deliver the information. But you yourself are not the information. So, that helped me externalize. Here I am imparting this gift. It is almost like I can hold it in my hand and they can do with it whatever they want to do. But it was none-the-less outside of me. And that was really all it took for me. Once I had that visual it switched for me and I was able to move it to a place where I wasn’t carrying it all inside.

Susan …if I am feeling overwhelmed than it is important to do my own therapy and talk about how it affects me because I noticed that it can be stressful working with clients and talking with clients on a daily basis you know about trauma. And be concerned about their safety. It is important to do self-care and as part of self care go to my own therapy.

Spirituality was identified by some of the participants as part of reaching out.

Susan Going to church.

Ana I remember having that client at the end of the day and my drive from internship to home I knew I had to do this – turn the music off, quiet and just unwind, let it go, let it get out and just pray. Pray for help, words and guidance and some things that felt bigger than me, like ok I need words, I need guidance spiritually.

Ana also began reaching out when she was unsure about counseling an ASCSA client by researching the literature on the topic of ASCSA and talking to her site supervisor. She felt that she needed the combination of information found researching the topic and consulting with her supervisor to gain the information she needed to feel confident in working with ASCSA clients.

Ana I read more on the topic. I Googled and researched the topic so that I could understand more of how the abuse affects the client. So that I could just get a better reading for it. I talked to my supervisor about it.

I had a very, very spiritual based supervisor. So it was really good in that aspect to grab that spiritual piece of it. Then I felt like there
was also a reality side that was missing and I couldn’t get that piece from the supervisor. So I just did reading as much as I could to understand where they were coming from, but also in just talking and being relational with them, things just started unfolding. I realized a lot of the work was just getting the information out, the secrets out and then building the person back up and helping them realize they weren’t responsible for it. So they didn’t have to own it anymore. It wasn’t a secret. It was an amazing learning experience.

Several participants reported that clinical supervision was an incredibly valuable part of reaching out.

LeAnn  Because she notices things I wouldn’t notice - that I don’t know to notice. When I have gotten stuck, she has taught me techniques along the way. One I just love is, may I make an observation? When you say that to the client they are looking at you waiting. I mean they can’t wait. It is very powerful and I have used that to point out their strengths or I have used it to challenge them. It is just wonderful. The one client in particular, not the one we were talking about earlier, but a different one, it was a great way to penetrate. I was just so thrilled. Wow it worked. So those types of things I can’t do on my own.

She asks a lot of questions. I have learned to use her. I try to sponge off her. It is very valuable for a student to ask their supervisor direct questions. Do you have any ideas how, where to go with this and get clients to talk to you too.

Susan  …it helps to talk about in supervision as a reminder how it might be challenging to work with some clients and acknowledging that is a reason why it might be difficult. But yeah it is important to bring that up in supervision…

Jennifer  I think my supervisors have been really helpful in that too. In just normalizing the heaviness of it…

Elaine  I felt very, very burdened by it the first two months or so and that is something I have talked about a lot in supervision and it took me a while to be able to separate, I guess, differentiate between what my role is and what my level of concern is. Maybe splicing that out.
Participants suggested that reaching out to supervision was an important part of managing their own emotions and normalizing some of their feelings around working with ASCSA. Participants’ interviews also revealed that supervision was a critical component of helping them learn new ways to engage therapeutically with this population, provide appropriate clinical treatment planning, and develop applicable skills. The identification of effective self-care techniques is another important aspect of developing support.

Developing support included ways in which participants cared for themselves in ways that supported their work with ASCSA. The participants reflected that this awareness arose out of the stress they experienced in counseling ASCSA clients. The participants expressed the need for self-care, enabling them to minimize distress and manage difficult emotions as they worked with ASCSA. Participants defined self-care as being able to process and let go of the stress of dealing with intense clinical situations pertaining to ASCSA. These self-care techniques ranged from intentionally getting out and exercising to spending quiet time to rejuvenate, talking with supportive people or spending time with their pets.

Sophia  I do run. I do a lot of that. I work a lot of that through as I am running…I pop in my headphones and in fact I talk to myself when I run. I tell people, I am processing. I am okay, I am processing. I am a therapist, I am good.

Susan  It is really important for me to exercise…I am more aware of or I guess I am more disciplined about working out. I realized that going to hot yoga is really helpful for me. I have tried a lot of different kinds of exercise…but I realized that for me and my personality and doing therapy that it is most helpful for me to do hot yoga.
…I am a pretty intense person and pretty opinionated and I think part of it is I have some anxiety at times myself with environment and so part of my family of origin, my own family of origin issues, realizing that stretching and doing deep breathing really helps because you are in a hot room from 90 minutes at 40% humidity and so it just forces me to be able to focus on stretching and breathing and not I guess not thinking about clients or thinking about work and thinking about other things other than just focusing on each posture. So afterwards, even after the first day, it was so relaxing. It was the most calm I felt in a long time. Not only was it a good work out but I just felt so calm and relaxed and euphoric. In the room it can be really hard because it is really hot and there are days when you don’t feel good you realize you didn’t eat enough and didn’t have enough water to drink. So but I really see the benefits for myself. It really helps me be my best. I want to be at my best when I am going to therapy and working with people.

Jennifer

It is like the weight of people in my life with trauma history, clients with trauma history, my own history all of that together. I have the most amazing, well obviously I think that, partner in the world. He is just, I get emotional, he is just a huge support. It is pretty amazing to me. Yeah he is just one of the most supportive, non-judgmental people I have ever met and so he is pretty amazing. I can just go home and say I had a hard day and leave it at that. He is just so supportive. So he is a huge, huge person that I go to if I am starting to feel some of those things. I have a really good friend, my best friend, who doesn’t live locally, but we talk on a regular basis and she has always been a support for me along the way too. Talking with people who are supportive is always really helpful.

I have a puppy. Actually it is the first pet I have ever had. I didn’t have pets growing up. So I never really bought into like how powerful that can be. Like I always kind of wondered like okay yeah it’s a dog. Like come on, until I had my own. And now my puppy is just nice to have. I think my puppy helps me stay in healthier habits and like she needs walks and so that is another way. Not just being there like a little cuddle bug, but also getting me to take a walk and not have to talk.

Elaine

I called a friend and down time is very, very important for me. Down time….Quiet. By myself….By myself, reading, watching TV. I spend a lot of time with my dog. Going to the dog park every
single day, which is part of my self-care and his care. And then I have a therapist friend that I, a couple therapist friends that I call and talk to from time to time about whatever I am experiencing.

The participants suggested that developing support through reaching out and incorporating self-care was an important part of their external framework. As the participants described beginning to understand their need for actively and intentionally seeking out self-care, they identified a variety of means by which they were able to care for themselves physically, spiritually, and emotionally during the process of developing as a new counselor. The participants also identified receiving instruction as another important part of external framework.

Receiving Instruction

Receiving instruction refers to how the participants gained the necessary knowledge to begin counseling clients. In general, participants reported that they did not receive specific training to work with ASCSA. The participants’ description of gaining knowledge to work therapeutically with clients was used to develop a property called receiving instruction. Receiving instruction is a property of the category external framework. The participants defined receiving instruction as the effort of the professors of the graduate school of counseling to disseminate information to the new counselors in order to help prepare them build counseling skills. These skills were deemed important as a part of providing generalized counseling to individuals seeking treatment. Two dimensions of receiving instruction included: graduate coursework instruction and practicum and internship classroom participation.
Graduate coursework instruction is a dimension of the property receiving instruction. Graduate coursework instruction is defined as classes that are offered by the participants’ college or university. LeAnn identified that graduate coursework instruction strongly influenced her preparation to work with clients therapeutically. Part of this preparation included an ethics course. She stated that this might seem like a simple concept, yet it informed the way that she conceptualized working with clients and specifically ASCSA.

LeAnn Another thing I really like is we had to take an ethics class before we started our practicum and this is so simple, but in the code of ethics it says that our focus is on our client only and that client’s well-being.

Participants reflected that there were courses that they relied on to support their work with ASCSA. These courses included childhood development and human sexuality.

Susan Let’s see thinking back I mean part of it is even childhood development and developmental stages, that plays a role. Life Span and looking at developmental marks in a person’s life and have they completed those tasks and meeting the client where they are.

Elaine The human sexuality class was phenomenal in helping me and other students become more comfortable with various facets of the sexual experience, the sexual path.

Elaine relied more heavily on her previous experience facilitating support groups as she began working with ASCSA as a novice counselor.

Elaine I wish I could say it was the education, but it really wasn’t. It was the experiences at church that set the foundation and really helped change me in that way. The educational experiences added a great deal, but it wasn’t foundational.
In addition, theory informed ways in which the new counselors sat in session with their first clients who were adult survivors of childhood sexual abuse. As Sophia listened to her client’s statement of CSA, she wondered how she should respond. Not being sure of what to do in session she decided to turn to theory.

Sophia I take a Rogerian approach and so my idea was to empathize with him. I said, wow what a horrific thing and he said yeah. He talked about it for a little bit, be he didn’t dwell on it. I am not sure why.

Sophia was able to reach out to her ASCSA client and connect, even when she felt overwhelmed and somewhat unsure with how to deal with the issue of CSA through the reliance on her theoretical orientation. Along with coursework, practicum and internship classroom participation was crucial in receiving instruction.

Practicum and internship classroom participation is a dimension of receiving instruction. Practicum and internship classroom participation is defined as learning practical skills as a new counselor during practicum and internship coursework through videotape review, group discussions, or counselor instruction. As LeAnn began practicum, she recognized that keeping the basic counseling skills in mind was crucial as well as examining her counseling videotapes critically.

LeAnn As a beginning counselor I have to keep some of that basic training in my mind. First of all I don’t want to rush.

I think the hardest thing for me watching the supervisory tapes of myself and noticing how much I struggled with questions or reframing.

Additional experiences that were reported by participants ranged from participating in group supervision, developing clinical knowledge, focusing on the therapeutic relationship, and being aware of the risk of retraumatization.
Ana  Listening in group supervision. Other clients. Other cases and learning how that was affecting them.

Elaine  For me, the relational aspect of it felt very natural so I don’t remember seeking supervision about that, but I am still learning about various categories of the DSM, which is basically a bunch of categories of disorders. I could describe to you what is happening in session, but I didn’t have a name for it or a category for it. So that was really helpful for me to have somebody that would say, oh that is what PTSD looks like. I was like, oh that is what PTSD looks like and then suddenly I was like relieved that the two came together, the training with the experience. It made sense for me in terms of not just the relational talking to somebody in the room and having a therapeutic experience with them, but having the more clinical part began to develop.

Jennifer  I think because I have these ideas and thoughts that there is a lot of potential about retraumatizing and I think that things can go more wrong in trauma treatment than in other things I guess if that makes sense. I don’t know how accurate that is but that’s sort my belief that I was operating under. That there was more risk in that situation. More potential for me to do damage and yeah so. …And actually in group supervision a classmate was sharing about one of her clients that had a childhood history of sexual abuse and a book was recommended. I immediately went home and ordered it because I need something more concrete to walk me through counseling ASCSA.

Participant information suggested that the category of external framework was built upon the initial internal framework and helped to expand and strengthen the novice counselors’ overall framework that is needed to work with ASCSA clients. The category of external framework is continually influenced by the category of internal framework. Participants reported that while they were interacting therapeutically, developing support, and receiving instruction, they were also connecting to their own personally developed internal structures, which included using past experience, relying on existing framework, and experiencing emotions. This interaction is a complex process where the
participant moved back and forth between the categories, each influencing the other, creating fluctuation and growth as they transitioned to on-going counseling with ASCSA.

**Integrating New Knowledge and Awareness**

Participants described an adjustment that began to take place after their initial counseling sessions with ASCSA during their sessions with these clients. Participants identified a shift that began to occur as they recognized incongruence between the initial internal and external frameworks they had relied upon during their first counseling sessions with this population. Participants suggested that this incongruence created a need to integrate their new experiences with their existing internal and external frameworks. These new experiences included new knowledge and awareness as a new counselor. Participants described two properties as they adjusted to their role as novice counselors working with ASCSA and began *integrating new knowledge and awareness*. These properties include: (a) *incorporating new experiences* and (b) *developing professionally*.

**Incorporating New Experiences**

*Incorporating new experiences* was described as a property of the category *integrating new knowledge and awareness*. As participants began to counsel ASCSA clients in an on-going basis, they described recognizing the need to integrate these new experiences with their existing internal and external frameworks. The incorporation of new experiences included a range of personal and professional interactions and learning, which ultimately resulted in expanded awareness. Participants described expanded personal feelings about working with ASCSA and intense changes in their worldview.
These new experiences also led to a new awareness about their need to develop beyond their academic education and gain experiences as practicing counselors with ASCSA.

Elaine, who had experience facilitating support groups, felt she had a solid framework and reported a high level of comfort talking with individuals about sexuality prior to counseling ASCSA clients; however, in counseling ASCSA clients, she recognized that the framework she was relying on would not be sufficient to support her efforts in counseling ASCSA.

Elaine That was a big change. That was a big shift for me because first of all I felt more responsible and this is different than leading a support group in the church. This is somebody who is entrusting themselves to me. And I recall very clearly that I felt that a lot in my internship. Not only around the subject of sexual abuse, but around many topics. They’re entrusting their soul to me. They’re entrusting their heart with me. Their care with me. I felt very, very burdened by it the first two months or so and that is something I have talked about a lot in supervision and it took me a while to be able to separate, I guess, differentiate between what my role is and what my level of concern is. Maybe splicing that out.

Through new experiences, participants also described a change in their worldview.

Sophia I think when you grow up you develop stereotypes, but then you have to come to that realization that it can be anybody and you just have to be very careful. I have a teenage daughter and I’ve tried to talk to her about, you have to have your standards and your values and if anybody crosses that line you talk to me, or you talk to somebody trust. You just have to do that.

Elaine I think I became more aware of how broken the world is. How broken people are and society is. Broken the human experience is. And maybe began to be a little bit darker in my thinking, like my goodness is everybody messed up? Is everybody experiencing this? Globalizing my experience. It was an adjustment too I would say.
Ana described recognizing personal stereotypes around ASCSA. After working with ASCSA, she acknowledged that her stereotypical beliefs were not representative of this client population as a whole.

Ana: I definitely can say it has come up more than I ever imagined in the first year. I remember having that thought, wow this is really scary that this is going on more than I realized. It is not in my mind, it is very easy to be stereotypical. Well this happens to this people or in this environment. That is not the truth. That was an eye opener for me…

Having clients that didn’t fit that image, wherever I got it from, TV or the media, coming in and sharing information. They would be very intelligent, professional clients, families and then this information would come out and I would not have put the two together…

I am thinking of another client particularly that masks it very well with a perfectionism and over-achieving, the world is perfect and pretty, that was their coping mechanism for it. I don’t think we were trained that it will be hard to recognize that, that if they had not shared it could easily written right over the top.

As the participants transitioned into the role of an active novice counselor, they recognized that the foundation of their graduate school education had a limited impact in the real-life sessions.

LeAnn: It is very complex. I think there is, I think the school can only teach you so much.

Jennifer: …I think it is confusing a little bit because I wonder how do you get that knowledge until you have a client with that and yet I feel like I should have this knowledge in order to work with this client. So I don’t know how to make sense of that.

Ana: I think to read about anything or to talk about it in a class does not compare to having it sit in the office and just come out when it is just you. So, no, I wasn’t prepared.
In addition, none of the participants reported direct training or classes offered for the treatment and counseling of ASCSA. They reported relying on basic counseling skills and reaching out to others both personally and professionally as they encountered their first clients who were ASCSA. Susan reflected that she would have benefited from specific training around treating sexual abuse.

Susan I was thinking back to training in my classes I wish we had spent more time, not just with abuse, but sexual abuse…

Through the interviews, participants reported that their initial internal and external frameworks were not expansive enough to support being a new counselor of ASCSA clients adequately. Therefore, they began integrating new knowledge and awareness that was garnered from the practice of counseling. These new experiences affected the participants’ worldviews, stereotypes, and reliance on education as a new practicing counselor. Participants also reported that by integrating new knowledge and awareness around counseling ASCSA they began a journey of developing professionally.

Developing Professionally

Developing professionally is a property of integrating new knowledge and awareness. Participant interviews suggested that developing professionally is a sustained and comprehensive approach to improving their counseling skills with ASCSA. Participant interviews revealed that the novice counselors discovered incongruities between studying how to be a counselor and acting as a practicing counselor working with ASCSA clients. Some participants reported feeling impatient with their learning curve. They also expressed feeling uncomfortable with the difficult and painful emotions that were an on-going part of ASCSA counseling.
Jennifer

I know we’re learning and I know I am an intern and I am not expected to know it all, but my clients have real life problems that and they really need someone know right now I guess. So I feel a sense of urgency and I think that is the hard thing about internship. These aren’t internship level problems or there are no internship level problems.

Sophia

Therapy isn’t supposed to be comfortable. So I have to keep reminding myself that it is okay to put these people through pain. That is a hard one for me. I think, I am a therapist and I have got to let people go through pain? No. I am suppose help them out of pain. That is the conundrum because they are in pain; they just don’t know why they are in pain.

Ana

I hope it is not on my face what I am feeling right now. I remember having that thought going through my head, I hope that I am handling this okay because I don’t want this client to feel worse now that they have shared with me because I am not prepared to handle, but I definitely had those thoughts going on of how do I hide this. What do I do with all this stuff now? I remember sitting there thinking that when a client left. What do I do with all of this? I have all of this information and it is all mine right now. Wow.

…But emotionally, the jabs in my stomach, but I don’t know what I could have done to better prepare for that. I don’t know if there is more training, videotaping, learning that I could have done to expose me to that sooner. I definitely was ok after that initial reaction and getting through that client. The next two clients I am thinking of I don’t remember feeling that intensity there. Like okay here we go, I can help. I felt like I had direction a little bit more. But then I also in the back of my mind was thinking, don’t desensitize anything, don’t minimize anything just because you have heard it once doesn’t mean you should care any less about it. So that went through my head too. There was a range of things. I definitely know, that I was not exposed to enough of it or the reality of it before I was presented with it.

LeAnn

I want to put more of myself into it so I am not robotic. You know when you first start out using the skills we’ve learned to draw out the client’s story and I think we are expected to show proficiency with that from what I understand. Then there comes a time when it doesn’t feel right. I am like okay, I can to that. Not perfectly, but I can do that and now in order for this to work I am going to have to put some of myself into it which is a risk.
Farah  Did my poker face not present itself as my poker face? That is my client who told me I know the look. I was thinking in my head, what was the look? What did I do? Did I open my eyes wider? Did I anything? I thought oh gosh this is crazy.

In addition, the participants reported that they experienced successful therapeutic outcomes during their initial work with ASCSA clients. Successful outcomes positively influenced their counseling experience. They described a new awareness as a novice counselor that resulted from feedback they received from clients, as well as feeling more collaborative with their supervisors.

Ana  I remember she was the first client that I had the hardest case with. I saw her progress as she kept coming back. I thought, well she doesn’t have to be here first of all, and she rides a bus to get here, so it must have been valuable for her to be in counseling. That was special to know that she was making that effort to be there. I was like here we go, here we go and I learned to follow her lead and it worked really well.

I think I did fine. I am excited about keeping that client all year and we made great progress…

LeAnn  I was starting to see some results…It just makes you smile. One time I just walked out of there and I felt like I was walking on air. I told [my supervisor] that I didn’t know counselors felt that way. I was all giddy that it works…it was exciting.

Farah  …my university supervisor right now, he is great. We bounce things off of each other all of the time. We process things.

*Developing professionally, a property of integrating new knowledge and awareness,* is defined as participating in the on-going counseling process with ASCSA clients as a new counselor and gaining new awareness that can be incorporated back into direct client work. Participants suggested that direct client work is an important aspect of
integrating new knowledge and awareness that allowed for development that could not be cultivated through any other means.

As participants began to integrate their new knowledge and awareness, it was noted tentatively that the two separate frameworks began to collapse into one framework. This merger suggested that part of the integration was witnessed in the external framework being subsumed by the internal framework. The external framework seemingly became part of the participants’ internal framework. They carried the cognitive organizational structure from which to work with ASCSA within them, incorporating the external experiences. This integration suggested that the participants incorporated the new knowledge and developed support within themselves, knowing when they needed to reach out during this process.

**Discussion**

The first round of interviews provided information that began to explain the transition to working directly with ASCSA and the participants’ connection to their internal framework and external framework. The properties identified by the participants relating to the suggested internal framework include: (a) using past experience, (b) relying on existing framework, and (c) experiencing emotions. The properties identified by the participants as contributing to the developing external framework include, (a) interacting therapeutically, (b) developing support, and (c) receiving instruction. Participants suggested that both of the categories – internal framework and external framework – were connected to developing the third category integrating new knowledge
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and awareness. This category included properties that were described by participants as
(a) incorporating new experiences and (b) developing professionally.

The information garnered from the participants’ first round of interviews suggested that the first experiences of novice counselors counseling clients who are ASCSA contributed to a complex process. It involved continuous fluctuation between the three categories and eight properties. The properties were interrelated and linked together to form a tentative structure that described the participants’ initial experiences counseling ASCSA clients. (See Appendix E, Figure 1.) From this tentative structure, the second round of interview questions were formulated with the intention of further defining and describing these rich and complex experiences. The second round of interview questions that were developed included:

1. How did your life and professional experiences affect your early work with ASCA?
2. How did your early work with ASCA challenge your view of the world, people, and yourself?
3. As you recollect your early experiences counseling ASCA, what led you to reach out professionally?
4. In your early experiences counseling ASCA, what led you to reach out personally?
5. Describe your experience as you adjusted to working with ASCA?
Appendix E, Figure 1. Experience of New Counselors Working with ASCSA
APPENDIX F

Second Round Interviews

Introduction

The categories and properties that were derived from the first round of data began to describe the experience of novice counselors as they worked with their first clients who were identified as ASCSA. Through the analysis of first round interviews, relevant concepts were defined and the categories were tentatively conceptualized. The first round categories were defined as follows: developing internal framework, developing external framework, and integrating new knowledge and awareness. The second round interviews sought to provide depth and focus to the participants’ descriptions of the emerging categories, further developing and refining them. Open and axial coding methods were employed to analyze the data for the purposes of forming a grounded theory. This analysis allowed the researcher to identify round two questions, as well as determine where additional information through interviewing would be helpful. Data from the second round of interviews were gathered through face-to-face sessions with seven Master’s level counselors or Master’s level counseling students who were in their practicum or internship. The interviews were recorded and transcribed, and then analyzed using the grounded theory methodology of open coding procedures to describe further and narrow the focus on the tentatively constructed conceptual categories. This permitted the researcher to discover variation within them. The second round interview questions were:
1. How did your life and professional experiences affect your early work with ASCSA?

2. How did your early work with ASCSA challenge your view of the world, people, and yourself?

3. As you recollect your early experiences counseling ASCSA, what led you to reach out professionally?

4. In your early experiences counseling ASCSA, what led you to reach out personally?

5. Describe your experience as you adjusted to working with ASCSA?

The analysis of the second round of interviews resulted in the reconceptualization of the first round categories – and properties associated with these categories – that emerged from the initial data: developing internal framework, developing external framework, and integrating new knowledge and awareness. The initial first round data analysis supported the connections among the categories. Further analysis following second round interview data resulted in the conclusion that these initial categories did not provide a comprehensive view of the experience of novice counselors as they first counseled ASCSA. The analysis revealed that the most important part of the experience for new counselors was a disrupting event during the initial direct counseling of ASCSA. The disrupting event proved to be quite important in the experience of the novice counselors and subsequently was connected to all of the other emerging categories, properties, and dimensions in the round two interviews. Because of its importance, the disrupting event became the central category. The central category of disrupting event
was recognized by the participants as having an influence on all of the categories. Through the second round of interviews, the reconceptualized categories included: (a) _developing in-session counseling skills with ASCSA_, (b) _growing self-awareness_, (c) _connecting personal and past experience with counseling ASCSA_, and (d) _integrating new knowledge and awareness_. Each of the categories interacts with the others and connects in significant ways to the new counselors’ experiences with their initial work with ASCSA clients. The second round interviews provided information for the reconceptualization of the categories and properties.

**Reconceptualization of Categories**

Participant interviews suggested that the central category of disrupting event was connected with three of the other categories and their corresponding properties and dimensions. This category was identified by participants as the catalyst to experiencing occurrences that were crucial to the overall unfolding experiences of the novice counselors. This category is one of particular conceptual interest because of the essential aspects of the category that were highly influential on the other incidences described by the participants.

**Disrupting Events**

_Disrupting events_ are defined as occurrences that disturbed and interrupted the counselor’s belief system, or worldview, in which the framework for working with ASCSA was held. These disturbances were a direct result of counseling ASCSA clients. The participants’ belief system referred in part to the expectations they held about their roles as novice counselors and were organized in accordance with their perceptions of
counseling ASCSA. The novice counselors’ belief system also included the attributes they believed defined ASCSA. Each of these new counseling experiences as novice counselors with ASCSA were filtered through existing belief systems, expanding, altering, or reshaping their paradigms to include new information garnered from their experiences of working with ASCSA clients.

Ana, for example, expressed her experience with her initial work with ASCSA and the complexity of the occurrence, which ultimately resulted in a disrupting event.

Ana I think the biggest thing I first think of is okay so this is what I have read. This is what I understand. This is how I could help them to move through, but then I hit resistance on their side. I heard CSA survivors say things like, “It is not a big deal. It is over. It is in the past. I am worried about coming in for different issues.” I realized that their hang up really is the abuse and having to figure out how to help them. I remember having to be very creative with pulling it into play and helping them to look at it and how it might affect what they are dealing with them now in life. How it might still be affecting them. And I remember that feeling wondering if I was opening up the wound somewhere that I didn’t need to open even though they presented the information. The client I am thinking of came in for a different reason, presented information about their own childhood sexual abuse and to me it totally made sense as to how it was still affecting them. I had to back them up a bit. Incorporate it. So I felt like all of the sudden it was a little confusing. It wasn’t as easy as the books make it look like. Like if you pull out your treatment planner and you do this and this, A, B, C, and D you will be fine. No.

In this situation, the client began counseling under the assumption of working on different issues, yet the novice counselor was seeing the connection between CSA and the client’s current functioning. In addition, as Ana referred to what she had learned in her graduate school of counseling and began to put that learning into action, she realized that there were other issues precluding her intervention strategies, making treatment planning
far more complex than she had considered originally. More specifically, the treatment plan was far less linear and concrete than she had initially assumed.

The disrupting events provided the catalyst for the participants to recognize that their assumed experience, which included preconceived impressions and overall perceptions about counseling ASCSA, was destined to be altered and contained unexpected and impressively diverse experiences. This new awareness was garnered through in-session therapeutic work with ASCSA. The context of interacting in-session with ASCSA clients was crucial to the unfolding awareness of novice counselors’ experiences counseling ASCSA.

**Interacting In-Session with ASCSA Clients**

First round interviews provided information that pointed to the importance of interacting *in-session with ASCSA clients* for the new counselor. This concept was reinforced as participants took part in the second round of interviews. *Interacting in-session with ASCSA clients* is defined as counseling provided by novice counselors in a clinical mental health setting to clients who are ASCSA. These counseling sessions were the first opportunities for the new counselors to apply past experiences and academic learning and preparation in a practicum or internship setting working directly with ASCSA clients.

Elaine described how her experience with ASCSA was developed through in-session work with the clients. During her interview, she reported that she used her intuition and experience to hone these skills. She also acknowledged that her education in
the graduate school of counseling provided a structure and vocabulary from which she was able to work with this population.

Elaine I would say the direction I would go in therapy, it was intuitive, but the very first thing was to listen and validate. Listen and validate. Listen and validate. And I am not sure that I learned that in a book. I think that that was probably experiential. Secondly, knowing that the person needed to create their own context or their own meaning surrounding their own abuse that was completely outside of my experience, but just my experience helped me to know that. I didn’t have those words though until I went to school. So maybe some of the terminology and framework was provided in school.

Jennifer reflected on reading a book that addressed treatment for the ASCSA population and, moreover, how putting this knowledge into practice in-session was fundamental to increasing her counseling skills in this area as well as building her confidence.

Jennifer In session, putting those skills to practice and having that be successful. Finding success and putting those skills and learning on the outside into practice I think are what are coming together…. I think I could read that book frontwards and backwards and not having ever used it, I wouldn’t have the confidence.

Ana described how her perspective was challenged; in particular, she noticed how certain symptoms of CSA were difficult for her to recognize.

Ana Symptoms of sex abuse, some cases are easy to see, but I think the ones that are tricky are the ones that really hide it out of shame. There is a whole other set of symptoms with that that I don’t think are the ones that we all read about in the book in school.

These therapeutic sessions provided the new counselor with unique opportunities to work with ASCSA and practice clinically. These interactions strongly influenced the properties and dimensions that participants identified in the round two interviews.
Throughout round two interviews, participants suggested that it was the interaction with ASCSA clients in session that the category of disrupting events emerged as the central category.

**Associated Categories and Properties with Reconceptualized Categories Resulting from Round Two Interviews**

**Developing In-Session Counseling Skills with ASCSA**

*Developing in-session counseling skills with ASCSA* is defined as the participants’ experience of learning to provide mental health treatment during counseling sessions with ASCSA. The new counselors identified that they were able to conceptualize the ASCSA treatment plan through the utilization of individualized treatment techniques that may or may not have been learned in school. Participants reported that they did not learn specific intervention strategies for this population in school, but would have welcomed it. The participants highlighted developing in-session counseling skills, due primarily to the lack of training and education they received on this population while in graduate school. The properties identified in this category were: (a) *accepting and adjusting*, (b) *supporting and listening*, (c) *assessing readiness for ASCSA client to address childhood sexual abuse (CSA)*, and (d) *receiving client feedback*.

**Accepting/Adjusting**

Participants described the property *accepting/adjusting* in the category of *developing in-session counseling skills with ASCSA*. *Accepting* was described by participants as acknowledging the needs of ASCSA clients and their emotional ability to participate in therapeutic trauma recovery. *Accepting* led the novice counselors to *adjusting* their goals within the counseling session and also within short- and long-term
treatment plans, given the particular needs of the client. In many instances, the participants described slowing down the process and matching the pace of the ASCSA client.

Sophia  
My response is to take it more slow. A more Rogerian approach because that is my base. To support that client and there’s somebody there that is going to help them and be there for them and help them through. I think that is probably the best way. I don’t think you can rush this process. The pain has been there for some of them for years and years and years. It didn’t happen yesterday. You are not going to get over it tomorrow. And even if it did happen yesterday, you are not going to get over it tomorrow because it is a huge violation of your identity and of who you are. That person takes that piece of your soul and tosses it out the window.

Elaine  
I think I have slowed down the process because I had been leading groups that took a certain number of weeks and then voila, we are done, I had an expectation about pace. So I have slowed down the pace.

…something else I thought of is how differently people respond to trauma. I have adjusted my thoughts about that and my expectations. I really do not believe anymore that everybody needs or wants deep healing, rototilling kind of work. That some people really just need to be able to express it. Be validated. Tell what it means to them and move on. I think that there are a lot of factors for that and I have adjusted my thinking to realize that in three months or three years or thirty years they may want to come back around to that subject and want to do more but for now it has served the purpose that they had, which maybe was even just to be able function on a job or something like that. Much more practical than some deep work in therapy.

So accepting. That is really that acceptance. Accepting people where they are and not imposing my beliefs, opinions or values on their process. Just letting it be what it is for them.

I guess it would be a dance in that way. Adjust and readjust. What pace are we going at?
Jennifer I think one thing is that it is slow work. I just, for me, am very aware that I am in it for the long haul. That we are not going to jump into session one, two, three, four or five really. We are establishing that safety and taking it slow. I just don’t think you can rush it. I think there are a lot of other presenting concerns that you can just dive into and this is just not one of them. I don’t have a clear reason for why that is, but it is just a sense. That is one major difference, that it is slower, slower pace. Maybe because of that risk of retraumatizing.

I think that maybe this goes back to pace, but I think that maybe I figured a bigger role in guiding and moving forward the healing process. Maybe that is true to some extent, but it is at a much slower pace so it doesn’t feel like that. It feels like supporting much more than guiding or healing.

I think it is both pace within one session and pace over the whole stretch of the counseling relationship. I think I will speak of the one session first. I think there is just a lot more silence. That has been my experience. There is this one particular client where there is a lot more silence and a lot more long, long pauses. They are full pauses. They are not empty silences by any means, but they are full of emotion and you can just tell that the client is really, really working hard in that silence. So I think even within a session, obviously I don’t track this in any way, but if I were to count the words being said in any session it would probably be really different. There would be a lot less words somehow. So within session I think it is slower in that way too in that the giving space for silence is even more important than with other clients. Over the course the counseling, it took a number of sessions just to establish that sense of safety within session. Building rapport takes longer, which makes sense, somebody’s trust has been severely violated. So building rapport takes longer. The ability to develop that anchor. That place to return to...I think it is slower both in one session and over the course.

LeAnne And it is a dance...I think it is one of those things where I can see where the program has us all jump in the pool.

Ana And I know those are the ones that it almost felt because we connected emotionally and a lot of it was more relational, I would question myself, am I following a plan? Am I helping? Am I on track? Because it didn’t feel as structured. So that is where I would go back and okay. It almost felt too easy because I am naturally
relational to them. So having to just keep checking it, am I still moving or am I just sitting here listening. It definitely felt different.

Sophia discussed working with an ASCSA client whose treatment plan addressed mandated counseling issues and did not include dealing with his CSA. She describes feeling conflicted, knowing that at her agency she is required to follow the set treatment plan, yet she felt the CSA needed to be addressed.

Sophia In reality, we were dealing with his treatment plan, that wasn’t even a part of it. But as a part of him, how can I support him even though this is not part of his treatment plan. It is not part of what I am supposed to be focusing on, but it is a part of him. It is a part of who he is. It is a part of his psyche.

The participants described the property of accepting/adjusting during their initial work with ASCSA clients as a necessary part of developing in-session counseling skills with ASCSA. Many of the participants expressed the need to slow down and pace with the client. The metaphor of a dance was used to illustrate the concept of adjusting to pace with the client, not imposing the new counselor’s timing and treatment agenda on the ASCSA clients.

**Supporting and Listening**

*Supporting and listening* are properties of developing in-session counseling skills with ASCSA. Participants suggested that supporting and listening emerged as an important part of the therapeutic relationship, and through their in-session experiences, it became more important than developing a time-constricted treatment plan as they worked with ASCSA. *Supporting and listening* was defined as providing an environment that was empathic and open, which included hearing the stories of ASCSA, validating their
experiences and being available as the survivors moved through their own process of healing. Through *supporting and listening*, the novice counselor sought to develop trust with an ASCSA client whose trust was violated as a child. Participants described this process as a necessary and healing part of interacting with ASCSA clients therapeutically as novice counselors.

**Elaine**

I would say the direction I would go in therapy, it was intuitive, but the very first thing was to listen and validate. Listen and validate. Listen and validate. And I am not sure that I learned that in a book. I think that was probably experiential.

I have a tendency to take, I wouldn’t say a parental role, I would say a nurturing role. I think that I use a nurturing tone slash role for the therapy as a whole if the person has experienced that. Just rebuilding that piece and having them experience what it means to be heard and trusted and validated and understood. It seems to me that that would just be a really healing part of therapy if they have had that experience.

**Ana**

I can remember that feeling almost like oh my word I have no idea how to help this client and something in my mind was saying, just sit with your client this first time. Be relational. Sit with them. Nurture where they are at. Learn later. Run home and learn. So I remember just sitting with them and kind of just reaching out to them and really encouraging them that they are not at fault. They are not to be blamed… but just kind of trying to offer some encouragement and hope to them. Just spent my time being relational with them…I don’t need to fix anything yet. I am not ready to fix anything yet. Connect and offer hope right now that we can together move through this and now my job is to go find out how I am going to do this.

I have felt like it wasn’t as much a treatment plan anymore. It was very relational. I just needed to be there and listen and let, they actually were guiding it. And just help, take their words but, I guess I was guiding it, but just listening. And not trying to create my own ideas and my agenda and my own end result in my own time frame.
The shame that they still hold on themselves, which me on the outside looking going, you didn’t ask for that, you didn’t create that. You are not at fault. Realizing how much they own the situation and blame themselves for it. That hurt me inside. And I think it made me almost desperate to help them know, no you are not to blame yourself. You did not cause it. But just wanting to help that piece so badly so that they could move on. There was just a lot of listening. A lot of listening. And I think almost, like I think of doing couples counseling or with kids things are a little more structured. A little more with an agenda or a plan. I think with victims of abuse or survivors of abuse it definitely feels much more relational and very nurturing.

I guess the bottom line was it really proved to me how important it is sometimes just to sit and listen. That all of this school, all of this reading, all of the treatment planning for some people, that is secondary to just being present and listening to them. That is really what this person needed.

Sophia  Slow it way down. That way you do no harm.

It is almost, not that you have to treat them with kid gloves but I think you have to have a velvet touch. They have been damaged and hurt and you don’t want to do that to them anymore.

Susan  I think it just goes back to that learning curve of I guess it is kind of winging it too and finding out what is most helpful, what is supportive.

Assessing Readiness for the Client to Address CSA

Participants described the property of assessing readiness for the client to address CSA, which falls in the category of developing in-session counseling skills with ASCSA. Assessing readiness for the client to address CSA was described by the participants as evaluating the ASCSA clients’ willingness and preparedness to focus on their own CSA. Participants reported that they wanted their clients to be ready and prepared to discuss the intensity of CSA. This desire included assisting in the development of their clients’ coping skills. They also made efforts to establish a trusting,
strong therapeutic relationship with these clients. These efforts were made to increase the
probability that the ASCSA clients had the ability effectively deal with their trauma and
reduce the potential for harm and retraumatization. At times, the novice counselors would
receive information through the initial assessment, which was often conducted through
the intake coordinator and confirmed that the client experienced CSA, yet the client did
not appear to be ready to discuss this trauma. In these cases, the new counselors
described their efforts to respect the ASCSA client and not bring up the trauma prior to
securing a firm foundation from which to work with the client.

Elaine It seems like there are times when either a client will say I have
never told anybody this even to their counselor or it just seems to
be screaming in the room but nobody is saying it. Or I will ask if
there was abuse and there will be a hesitation or a look to the side
or something that indicates that something happened but they
aren’t saying. It is almost that hiding from self.

It feels trickier from my perspective because if somebody is not
ready or willing or able to share that or to make that real, it makes
me wonder if it would be more traumatic to say the words or more
traumatic for them to say the words themselves. So really being
ready seems to be a really safe way to go.

Farah So there are things that they won’t bring up until they are ready.

Sophia I think there is less chance of doing harm, than if you push it. That
is why I never brought up to this client that was suffering, this
female client, I never asked her directly about that. I didn’t want to
violate that relationship. That therapeutic alliance that we had
built. I just felt that if I did, she would shut down and I did not
want to risk that. Whether she would have or not, I don’t know
because I never brought it up. Whether she would have dealt with
it I don’t know. But I just didn’t want to risk that piece. Losing that
piece of alliance because if I did that all trust would have gone out
the window and I didn’t want to do that to her. I wanted to be more
of a support system for her.
Jennifer  The risk for retraumatizing...giving survivors as much control as possible. I had a lot of experiences with classmates who would say, well why doesn’t that person just report or in supervision talk about how we could try to make somebody make a report. I was like whoa, whoa, whoa. Why do we assume that is the best option for this person? Knowing that it isn’t always the best option. That is could be retraumatizing.

Receiving ASCSA Client Feedback

The participants suggested that through the property of receiving ASCSA client feedback they were able to continue developing in-session counseling skills with ASCSA. Receiving ASCSA client feedback was described by the participants as getting either verbal confirmation or non-verbal cues from the ASCSA client and integrating this feedback into the in-session counseling’s structure. The majority of participants stated that they had little or no specific training in counseling ASCSA. This lack of training made client feedback for this population crucial in forming ideas on how to provide effective counseling.

Susan  I like to ask feedback from clients and ask them was it helpful, did you get your needs met today? I use my notes to review any themes or challenges and then we will talk about and then if they completed it we will talk about what worked, what didn’t work…

Definitely case by case and learning what works for what person.

Ana  And then watching this person progress was amazing. It just took them longer. They were on their own time. Where I had to, I can remember having some ideas written, because it was in, this is what I am talking about, it was during internship. Ideas that this is how I could move forward. I will see which way they go. Because I am a little structured. But getting done being like well they are still sitting back here…And this person was just so happy to see me every week and I thought well they must be getting something out of this or they wouldn’t be excited to be coming back.
Jennifer noted that ASCSA clients’ feedback not only provided her with indicators of how effective she was with these clients in-session, but it also affected her overall experience with the clients and gave her a sense of how successful she was going to be in subsequent sessions with these clients. She also discerned the importance of being able to identify individualized treatment interventions that are successful with ASCSA clients.

Jennifer The feeling of wanting to be helpful to this person and not feeling like I am quite there yet is more of an indicator or predictor of the stress that I am feeling. When I have had sessions that go well then I am usually feeling pretty good going into the next session. I feel like I have a path. When other things are happening for whatever reason that make it feel like it was less or not as smooth as it could have been or not as helpful as it could have been, then I feel more stress.

It effects how up to the challenge I am feeling that day or that week. Lately it has been good. I think going really well. I think that helps.

… this client has really connected to a safe space imagery. For some reason that has really worked for her. So I feel much more in control during the session so that when it gets overwhelming in session I have a tool that consistently brings her back. I can see and I can sense when it is becoming overwhelming and I can use that and I can see her calm down and I can feel her calm down and she reports that she is calming down. Whereas before it was hard to predict. Am I going to be able to wrap this up in 50 minutes and have her leave in a reasonable space moving forward? Now we have found something that really seems to work. Even though there is still certainly questions in me about where that therapeutic process is going I have much more confidence in being able to at the very least bring in a sense of safety.

Growing Self-Awareness

The category of growing self-awareness emerged through the second round of interviews. This category was defined as the participants’ developing awareness of their
own processes as they began counseling ASCSA clients. The properties associated with developing self awareness included: (a) experiencing emotions, (b) managing own feelings and behaviors, (c) connecting personal and professional experiences with counseling ASCSA, and (d) understanding needs.

**Experiencing Emotions**

*Experiencing emotions* was a property that participants identified in the first round of interviews as part of their internal framework. The information the participants gave in the first interview suggested a range of emotions, including sadness, anger, and distress, as well as physiological symptoms. Data from the first round of interviews indicated that these emotions could be intense and might cause lingering distress. In the second round of interviews, the participants again described a range of emotions, although this time *experiencing emotions* was defined as a property of the category of *growing self-awareness*. New dimensions of experiencing emotions emerged through the data analysis of round two participant interviews, which included (a) distressing emotions, (b) positive feelings, and (c) questioning safety.

**Distressing Emotions.**

Participants described a range of distressing emotions, defined as emotions and thoughts that are uncomfortable and sometimes overwhelming for novice counselors as they counsel ASCSA clients. These emotions included intense feelings such as shock, sadness, anger, and frustration, as well as physical discomfort that they feared would overwhelm them, thus making them more susceptible to making clinical mistakes with ASCSA clients.
Elaine  
In over my head. Swimming. Drowning. Swimming slash drowning. Confused. Wanting clarity. Help me understand what it is I am experiencing. …I was afraid of losing important information in the swimming feelings I was having. Losing myself as a clinician because the emotions are so strong. So I would forget to check all of the boxes.

Ana  
I would get sick to my stomach and just get that shaky internal almost PTSD type behaviors just from things I had to face in my own life, it kicked in and I would have to remind myself, okay, this is not me, I am safe. I am okay. It is not coming into my life and I would have to remind myself that I don’t have to own this. Because I would almost feel it attack me. But I remember feeling just sick to my stomach and just kind of weak feeling and just very much don’t want to hear it. Don’t want to go there. Had to really fight that for a while.

The uneasiness physically. The kind of a weak pit in my stomach. Sorrow almost for the person, the situation. And feeling that it was overriding I think my ability to go to the place of okay now I can help this person move forward and help them. So it was almost being stuck in that emotion. Emotions got to me really quickly. And it was really hard, it almost felt fake to say okay let’s help, start working with them yet looking at the good and moving forward, that didn’t feel real when I myself was sitting there with them and not knowing how to get out of that feeling physically. That pit in my stomach and just kind of that weak, shaky feeling. So I thought if I need to be a leader and help move them then I need to figure out how to move myself out of that.

Farah  
…it just stays in my head and it doesn’t go anyway.

Participants also described fear of retraumatizing an ASCSA client who was already dealing with horrific trauma.

Jennifer  
I think fear definitely. That is the last thing that I would want to do, retraumatize. Somebody has already been through the worst and I at least want to help, but not damaging would be the minimum that I would expect of myself. Just the risk and the thought of oh, what if I make this worse in some way or make the healing process harder in some way is really scary. I think feeling overwhelmed, like am I really ready for this? What can I really do? Somewhat different emotion is somewhat energized. Feeling motivated to do
that extra reading and get extra help in a way that is different than with other problems. Maybe a sense of urgency is a better description.

I feel there is more potential for harm. With another client I can keep building rapport and take it a little slower and maybe find out a little more next week and that is okay. With this population I felt more like I need to know yesterday.

Participants described being fearful of doing harm, because they had minimal training that addressed counseling ASCSA specifically. This lack of training, in turn, produced feelings of unpreparedness in the novice counselors.

Susan
I don’t know if I had a lot of preconceived ideas of how someone can act or behave or how that impacts a person’s life. The only thing that comes from movies or things that you hear, but I think with my education, we didn’t really spend a lot of time on what that means for people in trauma.

Susan
It is definitely a steep learning curve. You do have basic counseling skills and your theoretical orientation. A lot of people start out with CBT and how that could be helpful. A lot of it I have recently just acquired from supervision, gathering information from clients and then the model I have noticed is really helpful.

Sophia
Fearful that I didn’t have the tools that I needed to help this person through this situation.

Challenging. Very challenging. Because of the feelings of inadequacy. Those feelings that you don’t know where to go. What to do. Am I perpetuating pain? You don’t want to do any harm, so it is a do no harm factor.

LeAnne
First semester is spent learning, studying theory and counseling skills, interviewing skills and comments are made about transference and countertransference, but until you are faced with a live human client you are not prepared I don’t feel. We are not prepared for that emotion.

Ana
Fear of the issue. I don’t even know how to explain it. Almost a fear that if I don’t understand this, it is going to get me. If I acknowledge its power, I don’t have to fear something
understand. I wasn’t familiar with the topic and knowing that I feared it I didn’t want to offend anybody. And I didn’t feel like I could help if I didn’t understand it. I don’t like that feeling of fearing something and then having somebody sit in front of me and I am supposed to help you but I am really kind of scared of your topic, so that definitely limits my reach out to them personally as a client. So just that almost a desperate feeling of when I get in a water and I can’t swim and I better learn how to swim first. Like go get in the boat.

Participants also identified feelings of sadness for the survivor, not to mention a high level of empathy and sympathy for what the ASCSA client experienced as a child. These feelings were intense and unique to this population.

Susan …feeling angry and sad to hear that that is what they have experienced as a child and how that affects their level functioning, their ability to feel like they can be in control.

Farah I have literally cried, and broken down crying when they have left. Just to process I think, that could have been my son. I mean stories from when they were four. And when they are a boy, it is the worst for me.

Sophia Sad for the victim, which I hate to use that word victim. Anger at the people who perpetuate. I mean serious anger. Like string you up by your balls anger. No mercy.

It is sadness and I don’t want to say pity, but maybe empathy, sympathy for the victims. Just anger for the people that do it because it is like, no, you are supposed to be the adult. You are supposed to be the person that this child looks to protect.

Experiencing new emotions in working with ASCSA also involved the participants’ perceived injustice in the legal system, specifically the lack of consequences that reported perpetrators experience. Jennifer expressed struggling with a chasm between what she felt was just for ASCSA client and the seeming powerlessness to make changes to the way the legal system deals with reported perpetrators.
Jennifer

I think where it affects my thoughts about the world the most, this current work, is the injustice of it in getting consequences. My client herself didn’t see consequences, but her siblings did. They did for her daughter and this was the same man every time with many, many victims. On multiple occasions he has been brought forth on charges and nothing has ever come of it and it is so frustrating. I am obviously not involved in the process so I don’t know what is happening, but how can it be that this person can continue to get away with it. That is really, really frustrating. I don’t think my perspective on how safe the world is has changed, but my perspective on how just the legal system response is has changed.

Participants described the feelings that overwhelmed them, which suggested a variety of complex emotions that the novice counselors had to deal with as they counseled ASCSA clients initially.

**Positive Feelings.**

Participants identified another dimension in the category of experiencing emotions through round two interviews that was the positive feelings that surfaced through their counseling work with ASCSA clients. Participants described these positive feelings as excitement, encouragement, and validation.

Elaine

I am having this experience that is so cool and it is a brand new experience. I can’t believe I am finally doing this and it is so exciting.

Susan also expressed her awareness that counseling ASCSA clients can be stressful and arduous at times, yet this is not always the case. As she continues to incorporate new experiences, she recognizes the rewards that come with working with this population.

Susan

I am like, yeah, it can be stressful, but there is times when I leave session and I think okay this is why I do therapy. There are times it
Experiences of Novice Counselors

can be really encouraging and very validating. So it is not always stressful and arduous and tiring.

The participants also reported incorporating new experiences that were positive, rewarding, and hopeful in ASCSA client’s healing and trauma recovery.

Elaine  I have heard several people recently that they have felt really heard and I am wondering if that is partly it. One person even yesterday said to me I feel like you soaked up some of the pain. I thought that was such a gorgeous image, it makes me want to cry because isn’t that what we are there for. By me soaking up their pain it is not toxic to me, but by them holding it, it is toxic to them. When she said that, I told her I was going to hold that image in my mind and use that again and again because I thought that was just so powerful. It was really cool.

Ana   …but I think more so I needed more than anything to provide hope, encouragement and helping them move forward and not be stuck in those places. And then I kind of like to take a spin anyway by nature, what have you learned from your life. Life is not bad, let’s move forward and not be stuck in those negative places. What positives can you take with you? How is life better now? Just kind of keep moving them through that.

Sophia  So personally and professionally, I feel that there is a way out. There is some hope.

Participants also identified rewarding experiences or positive views that emerged as a result of their initial counseling efforts with ASCSA clients.

Elaine  One person even yesterday said to me I feel like you soaked up some of the pain. I thought that was such a gorgeous image, it makes me want to cry because isn’t that what we are there for.

LeAnne  But what I see in these people and even myself is that people who, I mean there is some horrible things that go on in this world, but many of those people have a strength, an awareness, such a beautiful quality emerge out of that horrible situation or event that may have happened to them in the past. It is almost as if I think, you know how in the bible it is really tough to put your head around but we are to rejoice in our suffering or something like that or be glad for it, I am not glad that it happens to anybody. I am
really not. On the other hand, I see these people as having almost an advantage over the population that does not experience that. That victim or that survivor is they are going to have to reestablish their identity because it is so traumatic for many to go through such a violation, but there is huge potential for them and that is exciting. They are going to be almost gifted in certain ways that others won’t be able to identify with. I can’t help but be somewhat excited for that. Unfortunately there is no other way to get some of those gifts unless they had that come into their lives. I don’t want that for people. Don’t get me wrong. I think they are going to have something to give the world. To give back that is really huge. If they are able to identify where they are hurting and accept the pain of the change and I would like to convey that when I am with a survivor. I am almost wowed by them. And the strength just to come into counseling is a very big deal to me.

**Questioning Safety.**

Through round two participant interviews, *questioning safety* emerged as a dimension of the property of *experiencing emotions*. Participants’ descriptions suggested that through their initial work with ASCSA as novice counselors, they began to question their own safety, their family’s safety, and the safety within the community and the world in general. This questioning affected their personal boundaries and perceptions of personal safety. This process may have included re-evaluating certainties that were not previously questioned and acknowledging shifts in worldview, as a consequence of their new knowledge and awareness acquired through working with ASCSA.

**Jennifer**

I think one thing that is really hard about this, about CSA, the abusers are people that the survivors knew, loved, trusted. That is the case in pretty much every situation that I am working with right now. That is really hard. It almost necessitates evaluating your own life and your own relationships. I think what is really scary is that at certain times it can make me really scared. Like okay well I have a partner that I really love and trust with absolutely every part of me and what if all of my clients felt that way at some point about this person that hurt them. It makes me feel conflicted at times. I do love and trust completely my partner and it also makes me think
what makes me think that I have such better judgment than other people. It hasn’t made me question or change my beliefs about my relationship, but I think it does require that I look at myself. So I don’t know how to explain it.

Ana

View of the world - definitely rocked my security. My feeling of safety. I think being a mom, especially with a daughter, it definitely heightened that feeling of uneasiness and I often have to remind myself okay I am a counselor I have been exposed to more, don’t be overprotective. Don’t let it go too far, but yet be very safe. So definitely my view of the world, the safety of it just, it didn’t feel safe anymore. I think I second guess a lot of things and kind of over think a lot of scenarios and people and situations and I feel like I am always now looking at the why. Are we safe?

Experiencing emotions was identified as a powerful property of the category growing self-awareness in counseling ASCSA clients. These emotions ranged from feelings of deep distress and fear of being inadequate to rewarding feelings of confidence as they began to develop relationships and see successes with their clients. These emotions also included excitement and encouragement. Because of the intensity and range of the participants’ emotions, they also described another property of growing self-awareness, which is managing their own thoughts and feelings.

Managing Own Thoughts and Feelings

As part of the category growing self-awareness, participants identified the property managing their own thoughts and feelings through the interviews. Participants described managing their own thoughts and feelings as ways that they regulated their emotion as hearing the stories of ASCSA clients consistently impacted them. Data from the first round of interviews revealed that it was difficult to manage successfully at times their own thoughts and feelings, both inside and outside of the session. The participants
declared that being able to manage their thoughts and feelings was important for the sake of positive or successful counseling sessions with ASCSA clients.

Jennifer had given some thought as to how she was going to manage her behaviors in session prior to counseling ASCSA clients.

Jennifer As far as my personal reactions, I also had some kind of expectations or ideas about how those should be for myself during the counseling. And what I mean by that is that I know it could be really emotional, but for example, me breaking down and crying in the session wasn’t going to be helpful for my client. That being there with them and feeling that emotion, that is okay, but if I were to break down, then what? If I am breaking down, then that person has to make a choice, is this not the person that I should talk to? Is this too much for them? And they have to start thinking about me and taking care of me. That obviously is not the role that I want to be playing at that point. I did some thinking about that too and processing about how I am going to hold it together. Be there with this person and hold it together in that moment.

Ana recognized that managing her own thoughts and behaviors in session may have been challenging for her, due to her history with a conservative religion where she reported that she was raised to fear the topic of sexuality.

Ana I was raised in a Lutheran church and the whole topic of sexuality was very hush, hush and something that I think I was raised to kind of fear. So, having to be very comfortable with that topic felt very awkward and I had to really spend a lot of time just being okay with that and not fearing it and looking at more of a norm I guess. So that was interesting if I look back on that. I think on a little bit of a personal level too, I had not had experience on a professional level of any adult sexual survivors and don’t think I knew anybody and had never had conversation about that. So it was new to me. I didn’t have any background to draw on in that way.

Farah questioned herself in-session as she tried to manage her thoughts and feelings. She questioned why she was drawn to the details of the ASCSA client’s story.

In addition, she described judging a client in the moment and explained how she utilized
self-talk to regain a sense of presence as a novice counselor with her ASCSA client. Yet, she still found that she felt dismissive of her ASCSA client’s experience.

Farah

I feel like a voyeur. I shouldn’t care about often they did it or how many, I mean you were raped. I am sorry. That is kind of like why do I need to know more detail. I don’t know.

I thinking why didn’t you say anything? Like you were old enough. You knew better. You could have. All these things. I just kept thinking that in my head when I saw her, like you’re not being helpful at this moment. You are not even listening. You just lost the complete three minutes that she shared because you are just condemning her. Like you need to stop that. So I caught that about myself and then came back and heard what she was saying. And then I was dismissive about what she was saying.

Farah reported becoming more aware of her critical in-session emotions and learning to manage them within the session and outside of the session.

Farah

I kept thinking why didn’t you say anything? Like you were old enough. You knew better. You could have. All these things. I just kept thinking that in my head when I saw her, like you’re not being helpful at this moment. You are not even listening. You just lost the complete 3 minutes that she shared because you are just condemning her. Like you need to stop that. So I caught that about myself and then came back and heard what she was saying. And then I was dismissive about what she was saying.

I am feeling different now because I think as clinicians we are supposed to continue to grow and be better at our craft and learn techniques to help us stay sane. Because you don’t want to take work home with you. How do you not take home with you? Well I just don’t. I am learning not to do that. There is a story or two where I think wow think about as I am washing dishes, well that was weird. I have my own counselor who I pour all of this stuff on her...

The participants’ interviews depicted the complexity of managing their own feelings and thoughts as they began counseling ASCSA. They also expressed the importance in understanding needs.
Understanding Needs

The property conceptualized as understanding needs falls under the category of growing self-awareness. Understanding needs speaks to the participants’ need to know how to care for themselves. Participants suggested that understanding needs is an integral part of their self-awareness in dealing with the emotional stress associated with working with ASCSA clients. The participants described understanding their own stress and finding ways to manage it, including exercise, prayer, spending time with pets, and general mindfulness and meditation.

Jennifer

Now that I have more confidence in that I have less of a need but I am still trying as always to keep up with the self care stuff. So reaching out personally has more to do with doing things and reaching out so that I can maintain that balance and feel rested and all of those basic healthy things. Less to do with talking with someone and more to do with, I had a hard day can we just stay in. Things like that and trying to do other things.

Sophia

In a way, but other fears of what can I do, or how can I address this. When I try to logically think about ways to support my clients. Often that day if I have clients that day when I was exercising or running I would think about them and I would put them in my brain as I went out. I would think okay what can I do for this client? What is my agenda for this client? So for me that running piece was real critical. Very critical. I also have a cat. It was nice to feel comfort from my cat.

Susan

I think I do get stressed out especially when there is a crisis and it is hard to leave work at work. I do my best to do self care. This last week I didn’t have time to go to the gym or do a lot of self care and I really noticed how that affects me and not being able to really be as well prepared or have enough energy to really not feel exhausted. I get exhausted. I think my brain gets overwhelmed with information. Because when I have a crisis with a client who is an ASCSA I know that it can take more energy or effort or I can get stressed.
LeAnne  
I have had that happen where I felt this person’s pain. I brought it home and I talked to my husband about it and upon further reflection, I have discussed her since with my supervisor, as counselors we need to know how to put it away and go home. That is something I am going to be working on. Like I said that compassion is both a strength and a weakness and when I go out and be a counselor someday, I don’t want it to negatively affect my quality of life, who I am, my family. So it is really important that I am able separate that a little bit more. So when I ruminate about that person’s pain and she is out there hurting and that is okay to feel for her. Then you have got to get to a point where you have given that up to the Lord, you are not God. I think it is important to maintain that hope.

Ana  
…recognizing that I don’t like what I am feeling right now. What do I need to do to fix it for me? Just recognizing that something did not feel right inside. I think that has been my biggest key. Maybe I am very connected with myself emotionally but I recognize that pit in my stomach and I don’t like it there. I recognize that pain in my heart and I don’t like it there. So recognizing okay what do I need to do to feel better right now.

The big one was to sit and pray and I remember sitting and I still do this with clients that I know are going to be coming in with something heavy emotionally or even, kind of laugh, even this morning I had a rough morning. Just a busy morning. Not bad, but just busy and felt very stressed when I got here, so I sat in the car for a few minutes doing my breathing. Deep breathing. I prayed and reminded myself, I have never done yoga or meditation and I would like to venture into those places someday, but just breathing and just kind of getting my mind set. Getting my mind here, so that I could be present with my clients. Not wanting to enter any session feeling rattled inside. I just needed to be ready to handle it and preparing myself for that. So breathing in through my nose, out through my mouth. Just closing my eyes and relaxing. And then I always put into perspective too, and reminding myself I am here to help this client and their issue. This is not mine to own. And so that kind of helps me to keep that, this is theirs. I don’t have to own this. The thing whenever, I think by nature a lot of us when something feels kind of fearful it feels like I have got to protect those I love and I don’t want it to get me or change anything. So just reminding myself that this is the client’s issue. I am here to help them through this.
The participants described the importance of monitoring themselves and being aware of stress levels and overwhelming feelings and thoughts, for example, even as they became more confident in their roles counseling ASCSA clients. The participants identified a variety of personal ways in which they understood their own needs and personal reactions—emotional, physical, and cognitive—during their experience of working with ASCSA. To manage these feelings and thoughts, the participants identified various ways to foster understanding needs. This piece was critical to new counselors’ well-being and overall positive experiences and successful outcomes. Participants reported that when they were not able to understand clearly their needs they were affected both emotionally and physically in their roles as novice counselors.

**Connecting Personal and Professional Past Experience with Counseling ASCSA**

The first round of interviews suggested that the participants incorporated their own existing internal framework into their counseling work with ASCSA. This framework provided a crucial part of the foundation from which they began working with ASCSA. The category of developing internal framework was expanded upon and further defined in round two interviews. The reconceptualization of this category was a result of participant interviews and was renamed connecting personal and professional past experiences with counseling ASCSA. The participants described the properties that influenced how they related connecting personal and professional past experiences with counseling ASCSA. The properties included: (a) personal history of childhood sexual abuse (CSA), (b) relating other roles, (c) vicarious experiences, and (d) cultural impact.
Personal History of Childhood Sexual Abuse (CSA)

The property of personal history of CSA was defined by the participants as having personally experienced sexual abuse as a child. These participants acknowledged that it was part of their history and influenced their experience as they initially counseled ASCSA clients.

Elaine

My own personal trauma I am sure is the number one impact...I think that so much of what is intuitive work in the therapy room is shaped by what we ourselves have experienced and what we can imagine somebody else is experiencing. So it seems to me that it would really make sense that it would enable me to be more intuitive. Maybe more hindered in some ways too. My own personal stuff getting in the way, but definitely more intuitive about, I am thinking specifically about what the client needs to hear, what the client wants to hear, what would be healing for the client to hear, what would promote growth and change in the client in the client. All of that. Being able to intuit all of that would be something that has been shaped by my own experience.

Farah

I think I already have a bias because I was molested growing, but not molested like touching skin. It was always over the clothes. So I have caught myself asking my clients when they say, I was molested, I ask them to specify and not because I think one is less than the other but it puts things into perspective because I can only tell from the experience touched over my clothes and then obviously being sexual and having intimacy, it is a very different feeling.

It has made me have to deal or not deal with my own experiences.

So I don’t know if I am already desensitized when somebody says they are molested like over their clothes. I don’t know if I dismiss it. Because I hear that it was over my clothes and I really have to say that I don’t take it, not serious that is not what I am trying to say, but it is not as dramatic, at least for me.
Ana is not an ASCSA; however, she is a survivor of domestic violence, which she connected to sexuality, giving her a unique personal experience that she believed helped her to understand the trauma of CSA more clearly.

Ana

Experiencing some domestic violence myself that pertained around areas of sexuality definitely I think would give me a clear picture of. I think it brought it home more for me. So that experience of like wow I guess there was a purpose in my life for experiencing and opening my eyes up to some things that were very foreign to me.

These interviews suggested that the new counselors’ experience with counseling ASCSA clients is related to their own histories of abuse. The personal history of CSA influenced the participants in different ways. Elaine described being able to empathize with the client, using intuition as part of her in-session toolkit as she related to other ASCSA. Elaine also wondered if her own personal issues became a barrier in the process. Farah stated that she felt her own CSA has made her biased to certain forms of CSA and wondered if she was desensitized to the issue. She relied on her role as a mother to bring it back into focus. Ana was able to relate her history of domestic violence to counseling ASCSA clients. The next property that participants identified is relating other roles to their current work with ASCSA.

Relating Other Roles

In the category of connecting personal and professional past experience with counseling ASCSA, the property of relating other roles was defined by the participants as connecting current or past positions and responsibilities to current counseling of ASCSA clients. Participants identified experiences in a variety of roles as influential on the novice
counselor’s role with this population, which was also identified as playing a part in informing perceptions and therapeutic interactions.

Participants described their personal experiences as mothers and how this role influenced their initial work with ASCSA clients.

Ana And another thing that might have helped that, having three ADHD children at home. Knowing that I have always known that my patience, they need me fully to be patient because their behaviors are not always in control but I need to be in control for them and I think that made sense here with my clients that they need me to be here and ready for them because when they come in here and they are emotionally not in control they are looking for somebody to help pull them back into control before they leave. So those two scenarios have really helped me to realize that I am like a conductor sometimes. People need me to be the conductor to help them sometimes. So I have got to be ready to do that. So if I am just living moment to moment, I won’t be. I need to be organized emotionally. Kind of structured internally.

Sophia As a mom, you are a protector…That role of protector. The role of somebody just to keep an eye out. I think it extends even beyond my daughter because of the different roles I have had in church and in life. Watching over when I worked in the schools and volunteered in the schools. You had to watch out for stuff like that. Even in the school I was a school based health assistant. You are a mandatory reporter and even now being who I am I am a mandatory reporter. If I get information I am obligated to do that. So that piece also plays into it. But even being a volunteer in the school, it was something I just kind of looked out for.

Farah And then what brings it back home I have to think of my own children. You have kids and what if someone was touching them over their clothes, like would you be dismissive? Absolutely not.

Both Jennifer and Elaine had previous experience working with survivors of sexual violence and sexual abuse. These experiences impacted their early work with ASCSA. They both acknowledged that they were more aware of the prevalence of treatment seeking clients who experienced CSA, due to their previous roles working with
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sexual abuse survivors. Because they were aware of the prevalence, they were also more aware of the likelihood novice counselors would work with clients who identified themselves as ASCSA. Due to this awareness, these novice counselors put additional effort towards being prepared to deal with CSA and be open to the possibility that any client could be an ASCSA client.

Jennifer
Well I think one thing that really impacted my early work with ASCSA was my professional work with sexual violence prevention education and I think a big way that that really made an impact for me is that I was really aware of the prevalence. I went into counseling absolutely knowing that I would see this. That I would see this soon. That it is just so common. I think maybe in contrast to some of my classmates, I paid extra close attention to that kind of information and reading and just knowing that no matter where I was going to be placed at a site, no matter where I was going to end up that this was something I would see. So I think being aware of that prevalence made a big difference, which is a pretty small thing but I think it did have an impact.

Elaine
With the groups the prevalence. I would say of all of the kinds of abuse, about 95% of the people that went through the groups had experienced some kind of abuse, sexual abuse, I am just estimating, we are looking at maybe 200 – 250 people and I bet 200 of them had experienced sexual abuse. And so the prevalence was just really impacting for me. I think that not ruling that out for anybody then becomes a way that my thinking is shaped clinically. Even in my early experiences.

Jennifer became aware of the risk of retraumatization that can occur with ASCSA through her previous role. This experience gave her awareness of the need to be cautious in moving forward with an ASCSA client.

Jennifer
I have had a lot of survivors tell me about bad experiences they had had in counseling. It also raised my awareness that there is a lot of risk for retraumatizing in these types of situations that I don’t know if other grad students had as much caution around it as I feel that I have had going into it. So maybe that is part of the
expectation too. Not only will I see it but it is a really sensitive thing to be working with.

Susan was not aware of the risk of retraumatization until she began working with ASCSA in a community agency. She felt that this lack of awareness put her in an awkward position. Understanding the potential for retraumatization prior to working with ASCSA would have been helpful for her as a new counselor.

Susan Whereas with trauma and CSA we didn’t go in depth or talk about the feelings that might come up or how to have good internal boundaries or talking about safety and talking about how past trauma can be retraumatizing and not helpful for therapy. I wish I knew those things to begin with as opposed to figuring it out and winging it as I go and then realizing that this is what I want to do.

Participants naturally described relating other roles as they began connecting personal and professional past experience with counseling ASCSA. Participants who did not connect previous roles to working with ASCSA identified that the learning curve was steep and cumbersome as they began working with this specific population. Susan related learning about other specific populations as being helpful, but confirmed that she did not have any formal training on counseling survivors of CSA. She described why she believes her learning curve was so steep with ASCSA.

Susan I think it is because I didn’t feel as prepared as I wanted to with my graduate work and taking classes or this is what to expect or are the feelings that you might experience. I took an elective on domestic violence. I took an elective on Axis II and suicide prevention where I feel like I know what tools I have to use to talk about. I think I remember what it was like asking and doing a practice suicide risk assessment with someone in class and how scared and nervous I was and trying to overcome that even though I felt scared and nervous and then feeling comfortable being able to do that in session with clients because I have been able to practice and talk about it.
Vicarious Experiences

*Vicarious experiences* were conceptualized in the second round of interviews through participant descriptions, coding, and data analysis. *Vicarious experiences* were defined as those in which the participants were able to understand further the experience of being an ASCSA by being sympathetic, knowing someone who experienced CSA or sexual violence, or hearing stories of CSA through an acquaintance, friend, or family member. Some participants described having known an ASCSA prior to counseling this population.

LeAnne  
Before I started this program, I met a young woman who had been raped. Actually two of them. Well, one of them in particular, I noticed, that she developed a very tough exterior, but I saw a sweet girl in there. I was able to handle the rough exterior because I saw that in there.

Sophia  
I do have a friend who was an adult survivor and she has actually written a book which is amazing. It is called *Not in Room 204* and her name is Shannon Riggs. She works with Liberty House and I have also helped there, so my professional life I have kind of, well professional slash personal life, I just really feel that there needs to be a lot of empathy toward people who survived this.

Susan described the impact of knowing a sexual abuse survivor as being different and related it only marginally to counseling ASCSA.

Susan  
I remember a friend once in high school told me she was raped but we weren’t very close. So I don’t think I really knew what to do with that information. I had another friend from college, she told me she was raped as well, but even then I think it was in the middle of my training and I think with friends it is different. How you want to respond to them because I am not doing therapy with friends. Thinking about how that manifests in people and clients I see is different because they are coming in for services, I think it is not more of an isolated case always, but more it has to do with as a child more so it affecting them and their level of functioning as an adult. The cases I am thinking about with friends, it was an isolated
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incident. Not that it is not traumatic. I think it is different if you were abused as a child. Not just once, but with somebody within your family or an uncle, neighbor and then being very vulnerable to that. Not being protected again. Not getting the right care growing up I think affects people as an adult differently than maybe once, I guess once you’ve, I guess the age it happens to you changes the impact it has on your life.

The *vicarious experiences* described by the participants ranged from being impactful to having little influence on their initial work with ASCSA. Participants also identified cultural impact as another influential property.

**Cultural Impact**

*Cultural impact* refers to the societal and socialization influences on the new counselors who work with ASCSA. These influences include the media (television, movies, and books), theoretical values of the time, stereotypes, and biases. The participants described the impact of current culture. Their statements suggested that cultural impact cannot be underestimated. The media has a powerful effect on novice counselors, who may be especially vulnerable to its influence if they have had no previous training, education, or experiences with ASCSA. Through the novice counselors’ experiences of counseling ASCSA clients, they reported recognizing that CSA did not impact a certain group of children exclusively. They also reported that the survivors were not easily identifiable.

Ana …and that is it real. Whereas before, I think it was stuff you hear about on TV, read in books, doesn’t happen to people and if it does they are not people that I associate within my friends circle or my church circle. They must be the people that look different or live over in the ghetto. Not these very profession, very smart, wonderful, caring people. That is really hits everybody.
I almost felt guilty realizing how much we stereotype people and realizing that wow I was still, not meaning to, but it is easy to go there and to not have even asked. If I hadn’t known that person or they had not shared that information I probably wouldn’t have never even gone there with them originally. Now it is kind of a question I have in the back of my mind. It can hit anybody. Because I don’t like to think that I am a judgmental person, but it definitely made me realize how judgmental I still can be by nature.

LeAnne

It is challenging in that you can see horrible things on television or read it in the newspaper and although we care we are somewhat desensitized to some of it to some extent. Most of us not all. And I am. I am speaking for myself. When it comes into my world, it is a big deal... especially in the presence of someone who has been affected.

Susan

I don’t know if I had a lot of preconceived ideas of how someone can act or behave or how that impacts a person’s life. The only thing that comes from movies or things that you hear, but I think with my education, we didn’t really spend a lot of time on what that means for people in trauma.

As a survivor of CSA, Farah described a different relationship with movies that involved the topic of sexual abuse. She explained that she did not watch these movies because she felt that they were uncomfortably close to representing the truth.

Farah

…like I don’t watch any of those movies…It is not fake. This is real. Where do you think these demented sick people get these facts from?

Participants expressed that their experiences of counseling ASCSA clients as novice counselors were impacted by personal and professional past experiences. Through the interviews, they were able to connect to their counseling experiences the experiences of a personal history of CSA, relating other roles, vicarious experiences, and cultural impact. The categories that have been discussed thus far include the central category of experiencing disrupting events and the connected categories of (a) developing in-session
counseling skills with ASCSA, (b) growing self-awareness, and (c) connecting personal and professional past experiences with counseling ASCSA.

**Relationships Among Categories**

Through the acquisition of participant data during the second round of interviews, categorical relationships began to emerge. Relationships within the data generated an additional layer of depth and a more thorough understanding of the experience of novice counselors working with ASCSA. Connections between the categories were identified.

The category of *disrupting events* was central to the experiences of novice counselors as they initially worked with ASCSA and was related to the other three categories. Participant interviews suggested that *disrupting events* while counseling ASCSA provided the impetus to identify the three other categories: *developing in-session counseling skills with ASCSA, growing self-awareness, and connecting personal and professional past experience with counseling ASCSA.*

Participants described *disrupting events* as experiences within the session with ASCSA clients that disturb and interrupt the new counselors’ working knowledge of ASCSA and their current counseling experiences. The participant interviews illustrated how these disrupting events began to alter and reshape their working belief systems to include new information garnered from counseling ASCSA clients. In the following discussion, the connections that relate the categories will be reviewed.

**Disrupting Events and Developing In-Session Counseling Skills with ASCSA**

Participants consistently related the *disrupting events* to the category of *developing in-session counseling skills with ASCSA.* The data revealed that participants
experienced a disruption as they began develop and enhance counseling skills specific to ASCSA. The properties identified in the category of developing in-session counseling skills with ASCSA are accepting/adjusting, supporting and listening, assessing readiness for client to address CSA, and receiving ASCSA client feedback. These properties were related to disrupting events, which ranged from changing the pace of the counseling sessions and changing intervention strategies to recognizing the power of listening to the ASCSA client and determining whether or not the client was emotionally ready to address personal CSA.

Jennifer: I think one thing is that it is slow work. I just, for me, am very aware that I am in it for the long haul. That we are not going to jump into session one, two, three, four or five really. We are establishing that safety and taking it slow. I just don’t think you can rush it. I think there is a lot of other presenting concerns that you can just dive into and this is just not one of them. I don’t have a clear reason for why that is, but it is just a sense. That is one major difference, that it is slower, slower pace. Maybe because of that risk of retraumatizing.

Susan: In the beginning I felt unprepared because I think initially for some clients they just want to talk about the trauma. It actually caused more anxiety for most people. It caused clients to spill over and not be able to use coping skills. So learning that it is not okay to talk about it and it is not that I don’t want to revisit past trauma, but focusing on the present and developing coping skills for when they get anxious or when they have triggers or when they have flashbacks so that when we do talk about past trauma that it is not going to retraumatize clients.

Elaine: It feels trickier from my perspective because if somebody is not ready or willing or able to share that or to make that real, it makes me wonder if it would be more traumatic to say the words or more traumatic for them to say the words themselves. So really being ready seems to be a really safe way to go.

Elaine: I think a couple of times I remember overwhelming clients. For example, giving an assignment of writing a trauma timeline and so
then the client would go home and put on one piece of paper all of the trauma that they experienced over their life. Well not all of it, but you get the idea. Maybe taking it in slower chunks is something that I do now or I co-construct in therapy with them.

Ana  I can remember that feeling almost like oh my word I have no idea how to help this client and something in my mind was saying, just sit with your client this first time. Be relational. Sit with them. Nurture where they are at. Learn later. Run home and learn. So I remember just sitting with them and kind of just reaching out to them and really encouraging them that they are not at fault. They are not to be blamed.

Sophia  It felt like a hole in your heart because you wanted to help this person and you do something, especially with the one who wouldn’t disclose to me. You wanted to help. You wanted to be a support, but there wasn’t any foundation for you to do that.

Disrupting Events and Growing Self-Awareness

The participant interviews also suggested a relationship between the category of disrupting events and growing self-awareness. Participants described experiencing disrupting events as they related to the properties of growing self-awareness, which included experiencing emotions, managing own thoughts and feelings, and understanding needs. Participant interviews illustrated their challenges related to these categories and the properties associated with them.

LeAnne  First semester is spent learning, studying theory and counseling skills, interviewing skills and comments are made about transference and countertransference, but until you are faced with a live human client you are not prepared I don’t feel. We are not prepared for that emotion.

Susan  I definitely have to give more effort into not thinking about clients or crisis after I leave work and try to enjoy my time off and be in the moment myself. So it is more of an effort to not have automatically go back to work.
Elaine Part of it was carrying the weight, carrying the responsibility of that person’s well-being. I just kept thinking over and over their well-being is in my hands. They are depending on me for their well-being and I have been doing this two months. It is really scary.

Ana …recognizing that I don’t like what I am feeling right now. What do I need to do to fix it for me? Just recognizing that something did not feel right inside. I think that has been my biggest key. Maybe I am very connected with myself emotionally but I recognize that pit in my stomach and I don’t like it there. I recognize that pain in my heart and I don’t like it there. So recognizing okay what do I need to do to feel better right now.

Sophia Fearful that I didn’t have the tools that I needed to help this person through this situation.

Jennifer I think even more than the fact that I am working with trauma survivors is the accompanying feeling of being unprepared. I think that causes more stress in me.

Disrupting Events and Connecting Personal and Professional Past Experience with Counseling ASCSA

Disrupting events is also related to the category of personal and professional past experiences with counseling ASCSA. The properties of the category personal and professional past experiences with counseling ASCSA identified through participant interviews were personal history of CSA, relating other roles, vicarious experiences, and cultural impact. Two participants related their disrupting events to their own personal CSA trauma.

Elaine My own personal trauma I am sure is the number one impact.

I think that so much of what is intuitive work in the therapy room is shaped by what we ourselves have experienced and what we can imagine somebody else is experiencing. So it seems to me that it would really make sense that it would enable me to be more intuitive. Maybe more hindered in some ways too. My own personal stuff getting in the way, but definitely more intuitive
about, I am thinking specifically about what the client needs to hear, what the client wants to hear, what would be healing for the client to hear, what would promote growth and change in the client in the client. All of that. Being able to intuit all of that would be something that has been shaped by my own experience.

Farah I think I already have a bias because I was molested growing up but not molested like touching skin. It was always over the clothes. So I don’t know if I am already desensitized when somebody says they are molested like over their clothes. I don’t know if I dismiss it.

Ana felt that the cultural impact of being raised in a conservative church where the topic of sexuality was strongly discouraged created a disrupting event for her as she counseled her ASCSA clients initially.

Ana I was raised in a Lutheran church and the whole topic of sexuality was very hush, hush and something that I think I was raised to kind of fear. I would get sick to my stomach and just get that shaky internal almost PTSD type behaviors just from things I had to face in my own life, it kicked in and I would have to remind myself, okay, this is not me, I am safe. I am okay. It is not coming into my life and I would have to remind myself that I don’t have to own this. Because I would almost feel it attack me. But I remember feeling just sick to my stomach and just kind of weak feeling and just very much don’t want to hear it. Don’t want to go there. Had to really fight that for a while.

Sophia identified with a friend who was an ASCSA.

Sophia Now I do have a friend who was an adult survivor and she has actually written a book which is amazing. It is called *Not in Room* 204 and her name is Shannon Riggs. She works with Liberty House and I have also helped there, so my professional life I have kind of, well professional slash personal life, I just really feel that there needs to be a lot of empathy toward people who survived this.
Developing In-Session Counseling Skills with ASCSA and Growing Self-Awareness

Round two participant interviews revealed a relationship between the categories developing in-session counseling skills with ASCSA and growing self-awareness. Participants expressed that client feedback, a property of developing in-session counseling skills with ASCSA, related to managing own thoughts and feelings.

Jennifer I get feedback from within session that tells me whether or not I am prepared and that will affect how my week goes. I will think about it throughout the week between sessions.

Elaine ... something else I thought of is how differently people respond to trauma. I have adjusted my thoughts about that and my expectations. I really do not believe anymore that everybody needs or wants deep healing, rototilling kind of work. That some people really just need to be able to express it. Be validated. Tell what it means to them and move on. I think that there are a lot of factors for that and I have adjusted my thinking to realize that in three months or three years or thirty years they may want to come back around to that subject and want to do more but for now it has served the purpose that they had, which maybe was even just to be able function on a job or something like that. Much more practical than some deep work in therapy.

So accepting. That is really that acceptance. Accepting people where they are and not imposing my beliefs, opinions or values on their process. Just letting it be what it is for them.

Participants also related experiencing emotions, a property of the category growing self-awareness, to the properties of accepting/adjusting, supporting and listening, and assessing readiness for client to address CSA, which fall under the category of developing in-session counseling skills with ASCSA.

Ana Realizing how much they own the situation and blame themselves for it. That hurt me inside. And I think it made me almost desperate to help them know, no you are not to blame yourself. You did not cause it. But just wanting to help that piece so badly so that they could move on. There was just a lot of listening. A lot
of listening. And I think almost, like I think of doing couples counseling or with kids things are a little more structured. A little more with an agenda or a plan. I think with victims of abuse or survivors of abuse it definitely feels much more relational and very nurturing.

I guess, the bottom line was it really proved to me how important it is sometimes just to sit and listen. That all of this school, all of this reading, all of the treatment planning for some people, that is secondary to just being present and listening to them. That is really what this person needed. And then watching this person progress was amazing. It just took them longer. They were on their own time.

It was sitting and being there. Which was also an interesting piece too when you don’t have a lot of confidence as an intern, to realize, feeling like okay I am just and intern I really have no clue what I am doing and realize that this person, I had meant the world to that person that day. And be like wow this totally contradicts what I am feeling about myself right now. So I need to trust the situation. So it was neat but it was hard. But it was really neat to see.

LeAnne

I am feeling what they are feeling and I hurt for them. As you can hear in my voice now, that is how I am normally. You can hear it in my voice, but I can’t let that out. I has got to stay. I have to put it in a compartment. I have to listen to it because that helps me go, those intuitions or the source of that pain really helps me work with the client. It helps me relate to them. To gauge them to where I know okay we can go there. We can go there now or it is not time to go there. I mean this is such extreme pain, just not ready. Learn to use more patience when people need more time. So I think the barometer is a great thing.

Sophia

Challenging. Very challenging. Because of the feelings of inadequacy. Those feelings that you don’t know where to go. What to do. Am I perpetuating pain? You don’t want to do any harm, so it is a do no harm factor.

My response is to take it more slow. A more Rogerian approach because that is my base. To support that client and there’s somebody there that is going to help them and be there for them and help them through. I think that is probably the best way. I don’t think you can rush this process. The pain has been there for some of them for years and years and years. It didn’t happen
yesterday. You are not going to get over it tomorrow. And even if it did happen yesterday, you are not going to get over it tomorrow because it is a huge violation of your identity. Of who you are. That person takes that piece of your soul and tosses it out the window. How do you compensate for that?

Slow it way down. That way you do no harm. I think there is less chance of doing harm, than if you push it. That is why I never brought up to this client that was suffering, this female client, I never asked her directly about that. I didn’t want to violate that relationship. That therapeutic alliance that we had built. I just felt that if I did, she would shut down and I did not want to risk that. Whether she would have or not, I don’t know because I never brought it up. Whether she would have dealt with it I don’t know. But I just didn’t want to risk that piece. Losing that piece of alliance because if I did that all trust would have gone out the window and I didn’t want to do that to her. I wanted to be more of a support system for her.

**Growing Self-Awareness and Connecting Personal and Professional Past Experience with Counseling ASCSA**

The relationship between the categories of *growing self-awareness* and *connecting personal and professional past experience with counseling ASCSA* was evident in how participants related the properties of *growing self-awareness*, including *experiencing emotions, managing own thoughts and feelings, and understanding needs*, with the properties of the category *connecting personal and professional past experience with counseling ASCSA*, which are *personal history of CSA, relating other roles, vicarious experiences, and cultural impact*.

Elaine connected her own survival of CSA with the experience of counseling ASCSA clients as a novice counselor.

**Elaine**

My own personal trauma I am sure is the number one impact. I think that so much of what is intuitive work in the therapy room is shaped by what we ourselves have experienced and what we can imagine somebody else is experiencing. So it seems to me that it
would really make sense that it would enable me to be more intuitive. Maybe more hindered in some ways too. My own personal stuff getting in the way, but definitely more intuitive about, I am thinking specifically about what the client needs to hear, what the client wants to hear, what would be healing for the client to hear, what would promote growth and change in the client in the client. All of that. Being able to intuit all of that would be something that has been shaped by my own experience.

Susan reflected on her lack of training in the area of CSA and how she related the experience to what she viewed in movies or what she had heard in informal, non-educational settings.

Susan

Well I don’t know that, I can’t remember anything from my formal education or in my undergrad or my life having very much knowledge or education.

I don’t know if I had a lot of preconceived ideas of how someone can act or behave or how that impacts a person’s life. The only thing that comes from movies or things that you hear, but I think with my education, we didn’t really spend a lot of time on what that means for people in trauma. I was talking to another colleague of mine about how we wished there was a class, at least an elective, that was available for us to take or maybe even someone who is currently working in the mental health community to come and speak to that and why that would be important if you do decide to start your career there working in community health and why that is such a big piece of therapy.

Participant interviews also revealed that past experiences, both personal and professional, influenced the effectiveness they felt in managing their own thoughts and feelings.

Jennifer

Well, I think one thing that really impacted my early work with ASCSA was my professional work with sexual violence prevention education and I think a big way that that really made an impact for me is that I was really aware of the prevalence and I think I went into counseling absolutely knowing that I would see this. That I would see this soon. That it is just so common. I think maybe in contrast to some of my classmates that I paid extra close attention
to that kind of information and reading and just knowing that no matter where I was going to be placed at a site, no matter where I was going to end up that this was something I would see. So I think being aware of that prevalence made a big difference, which is a pretty small thing but I think it did have an impact.

Ana

I think on a little bit of a personal level too, I had not had experience on a professional level of any adult sexual survivors and don’t think I knew anybody and had never had conversation about that. So it was new to me. I didn’t have any background to draw on in that way. Experiencing some domestic violence myself that pertained around areas of sexuality definitely I think would give me a clear picture of. I think it brought it home more for me. So that experience of like wow I guess there was a purpose in my life for experiencing and opening my eyes up to some things that were very foreign to me. Not that I personally was experienced, but had an ex-husband who had some sexual bizarre behaviors, so it made me have to look at things from a world I had never viewed things from. So I think that helped, I would say, now though in bringing out, just I guess expanding my horizons. It definitely drew me out of my safety net. So the shock factor was gone. It took away my shock factor. Absolutely I think it really did because I had to deal with the shock factor of a lot of that myself in my own life. So now hearing about it in different ways outside of my life is like okay I have heard this, I have been there, I have seen that. I was like okay, I can relate maybe a little bit. In an odd way. I mean I personally was not sexually abused, but having a spouse in a way I could sense some of that. I could connect a little bit.

Farah

So I don’t know if I am already desensitized when somebody says they are molested like over their clothes. I don’t know if I dismiss it. Because I hear that it was over my clothes and I really have to say that I don’t take it, not serious that is not what I am trying to say, but it is not as dramatic, at least for me.

Connecting Personal and Professional Past Experience with Counseling ASCSA and In-Session Interaction with ASCSA Clients

In round two interviews, participants illustrated how connecting personal and profession past experiences influenced in-session interaction with ASCSA clients.

Jennifer

That expectation also came with some cautionary tales that I received during my work in awareness and education. I have had a
lot of survivors tell me about bad experiences they had had in counseling. It also raised my awareness that there is a lot of risk for retraumatizing in these types of situations that I don’t know if other grad students had as much caution around it as I feel that I have had going into it. So maybe that is part of the expectation too. Not only will I see it but it is a really sensitive thing to be working with.

The experience of working with survivors in a different capacity prepared me to know that I might want something different for the survivor than what they would want and know that the survivor probably has a lot of expertise on their situation.

Elaine
I think I have slowed down the process because I had been leading groups that took a certain number of weeks and then voila, we are done, I had an expectation about pace. So I have slowed down the pace.

Ana
Not that I had personally experienced, but had an ex-husband who had some sexual bizarre behaviors, so it made me have to look at things from a world I had never viewed things from. So I think that helped, I would say, now though in bringing out, just I guess expanding my horizons. It definitely drew me out of my safety net. So the shock factor was gone. It took away my shock factor. Absolutely I think it really did because I had to deal with the shock factor of a lot of that myself in my own life. So now hearing about it in different ways outside of my life is like okay I have heard this, I have been there, I have seen that. I was like okay, I can relate maybe a little bit. In an odd way. I mean I personally was not sexually abused, but having a spouse in a way I could sense some of that. I could connect a little bit.

Summary

Each of the categories and the corresponding properties played an integral role in the participants’ experiences of counseling ASCSA clients initially as new counselors or counselors-in-training. The participants described the importance of in-session interaction with ASCSA and, furthermore, identified the expansion of counseling skills within these sessions as a critical part of their overall developmental experiences. (See Appendix F,
The novice counselors repeatedly experienced disrupting events throughout their counseling experiences with ASCSA. This type of experience forced them to reorganize their own belief systems, which they relied upon initially for working with ASCSA. Furthermore, participants expressed their changing awareness of self and new sensitivity toward connections with personal and professional past experiences as they provided counseling to this unique population.

Finally, participants described the imperative need to integrate into their belief systems the newly acquired knowledge and awareness gained through working with ASCSA. Participants expressed that this category, integrating new knowledge and awareness, was an essential part of their experience and evolved continually as they met the need to incorporate new experiences with ASCSA counseling. The category of integrating new knowledge and awareness will be further described and expanded upon in the next section.
Appendix F, Figure 1. Initial in-session interaction of novice counselor with ASCSA
Integrating New Knowledge and Awareness

The category *integrating new knowledge and awareness* relates to the participants’ desire to connect previous thoughts and beliefs about working with ASCSA to their new experiential on-going practice with this population. The first round of interviews revealed that participants felt unprepared to work with ASCSA, because they received little or no formal training in counseling ASCSA. As they began their initial work with ASCSA, they began to incorporate their new experiences with their previously held beliefs and continually added to their knowledge base. Participant interviews suggested that the novice counselors sought to understand the ASCSA population better, and to find effective and therapeutic ways to counsel this population. Novice counselors reported that they tried new intervention strategies as they gained much needed experience counseling this population. Participants identified the following properties in the category *integrating new knowledge and awareness*: *engaging in personal reflection*, *developing professionally re-establishing safety*, and *participating in personal counseling*. The interviews suggested that one of the most prominent ways that novice counselors incorporated new knowledge and awareness was through *participating in personal reflection*.

Participating in Self-Reflection

*Participating in self-reflection* is a property of the category *integrating new knowledge and awareness*. *Participating in self-reflection* is defined as the participants’ efforts to carefully consider their own experiences counseling ASCSA. *Personal reflection* is conceptualized as examining what transpired during initial counseling
sessions with ASCSA. Mindfully providing space for self-examination and personal reflection emerged as important aspects of integrating new awareness and knowledge regarding counseling ASCSA. Indeed, the participants described an impressive depth of personal reflection; and, through such reflection, participants discussed a new awareness of themselves, ASCSA clients, and the counseling process.

Participant interviews suggested that self-reflection was crucial to gaining clarity in their ever evolving and complex experiences of counseling this population.

LeAnne

It is my gut feeling, my, when I am in the session that something is not right. Something is off and I definitely discuss that with my supervisor. I don’t know what it is. She really helps me to identify some of the nuances going on and that is very helpful. I have to idea. Why did that session just not feel right and she will look at it and study it and some of the things, I thought, was I leading her, was I, because I am unsure. I am pushing myself to go where I thing is appropriate and I do put a lot of myself into the session I notice because I think a counselor, you know they talk about modeling and self care and I think our own things that we have learned to build good lives for ourselves are really helpful. Our decision making process that is in our good interest, where we can identify the ways that they are off track and make these suggestions or ask a question or even like a confused look on our face. These little things act like light bulbs for them sometimes because they didn’t know to let their mind think that way. That is exciting. That is where I bring things into the session. I wasn’t aware of this until we started practicum. I didn’t know how it worked, but now I see as a counselor and I imagine in the future that you are really giving a lot of yourself. Of your own. And that is why it is so important as a counselor to be healthy. Be in a good place. You don’t want a counselor who has got so many issues in their own life or not making good choices for themselves.

Ana

I think just if anything, that you kind of brought to my mind too, in talking about all of this, is how much counseling is not just a career that you go to everyday. That you learn in school, you graduate, you go do it, and you go home, and you’re done. It is such a, I mean it involves you as a person. Your heart, your life, your thoughts. It is so, it is not like being an accountant where you just
Through personal reflection, Elaine’s perspective on the differences between male and female clients who identified themselves as ASCSA was challenged as she began counseling both male and female survivors. Personal reflection helped her clarify this perspective.

Elaine Males and females. I think I probably would have guessed coming into clinical work that they would process differently. Believe differently. Feel differently about sexual abuse on the whole. And I don’t believe that is true now. I believe brokenness is brokenness and I have seen some females that are like, yeah, I am alright I just want to not have nightmares at night. And males that are racked with sobs and unable to move forward and those kinds of things that I think I would have categorized that are stereotypes. I think I would have stereotyped before.

Through personal reflection, LeAnne recognized that survivors often have a “beautiful quality” and huge potential as they set out to rebuild their identities by addressing this trauma as adults.

LeAnne But what I see in these people and even myself is that people who, I mean there is some horrible things that go on in this world, but many of those people have a strength, an awareness, such a beautiful quality emerge out of that horrible situation or event that may have happened to them in the past. It is almost as if I think, you know how in the bible it is really tough to put your head around but we are to rejoice in our suffering or something like that or be glad for it, I am not glad that it happens to anybody. I am really not. On the other hand, I see these people as having almost an advantage over the population that does not experience that. That victim or that survivor is they are going to have to reestablish their identity because it is so traumatic for many to go through such a violation, but there is huge potential for them and that is exciting. They are going to be almost gifted in certain ways that others won’t be able to identify with. I can’t help but be somewhat excited for that. Unfortunately there is no other way to get some of those gifts unless they had that come into their lives.
Participants’ descriptions suggested that participating in self-reflection allowed them an opportunity to be in tune with their own intuition and to connect with the ASCSA clients in a more personal and in depth manner.

**Developing Professionally**

Through round two interviews with participants, developing professionally emerged as a property of the category integrating new knowledge and awareness. Developing professionally is conceptualized as the advancement of skills or expertise in the area of counseling ASCSA clients as a novice counselor. Participants described that they began to use counseling skills and intervention strategies with clear intentionality in order to facilitate the therapy process with ASCSA clients. Developing these new counseling skills and interventions helped increase their confidence in working successfully with this complex population.

Jennifer

Getting the skills, I think it is good to be in time with the clients so you can really see it working, although it leads to that always feeling a little unprepared but the skills and the a map of what needs to come first and directions for counseling outside of session. I am not being very clear at all about this. In session, putting those skills to practice and having that be successful. Finding success and putting those skills and learning on the outside into practice I think are what is coming together. So it is really complicated. I didn’t really realize how complex it was until we started breaking it down. It is like the emotional side, the skills, the confidence is its own thing that never gets talked about in programs. So preparing emotionally, skills and confidence, those are the big three.

Ana

I learned that I think that people, it is easy for me because of how I am. If there is a problem let’s fix it. Let’s move on. Let’s make life better. And learn from it and go on. That is not the case for everything. Sometimes you need to let people just sit. And sometimes even in my own life if something sometimes I will be
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like why am I still worrying about this? Why is this upsetting me? Sometimes I just need, I guess we just need to give ourselves grace and time to live. And our emotions time to move at their own speed. We can’t control people’s emotions. We can’t fast forward them. Rewind them. They are very real. I have to get rid of my control. Of wanting to fix. I couldn’t fix. Well I could. But I couldn’t, you know what I mean. It wasn’t orchestrated. It wasn’t intentional. It was sitting and being there. Which was also an interesting piece too when you don’t have a lot of confidence as an intern, to realize, feeling like okay I am just an intern I really have no clue what I am doing and realize that this person, I had meant the world to that person that day. And be like wow this totally contradicts what I am feeling about myself right now. So I need to trust the situation. So it was neat but it was hard. But it was really neat to see.

Susan developed professionally by learning different ways to relate to ASCSA clients and by focusing on important healing factors that she deemed important in trauma recovery.

Susan

In the beginning I felt unprepared because I think initially for some clients they just want to talk about the trauma. It actually caused more anxiety for most people. It caused clients to spill over and not be able to use coping skills. So learning that it is okay to talk about it and it is not that I don’t want to revisit past trauma, but focusing on the present and developing coping skills for when they get anxious or when they have triggers or when they have flashbacks so that when we do talk about past trauma that it is not going to retraumatize clients.

As Ana developed as a novice counselor working with ASCSA, she concluded that it was necessary for her to move out of unmanageable emotions and work towards emotional regulation.

Ana

I don’t like that feeling of fearing something and then having somebody sit in front of me and I am suppose to help you but I am really kind of scared of your topic, so that definitely limits my reach out to them personally as a client. So just that almost a desperate feeling of when I get in a water and I can’t swim and I better learn how to swim first. Like go get in the boat.
Participant interviews revealed that novice counselors developed professionally by allowing themselves to make mistakes and learn from them. LeAnne experienced the need to trust herself and allow herself to make mistakes.

LeAnne  Trust yourself a little bit because I think there is so much of ourselves that needs to go into it. Our intuitions, that dance, that energy between, it is a very unique relationship between the client and the counselor. There has got to be a level of trusting yourself and if you make mistakes, learn from it, think about it and then let it go. Okay I learned from that.

Coddling to me, and I can think of a big mistake I made recently, when I felt the pain of the client we talked about last time, again I fall heavily on what I have been taught because I believe it works, but it wasn’t so much what I said, or how I, it was my tone of voice. My facial expressions. I was too involved in what she was saying. When I watched another students tape and we get to comment on it, I learned from her and I complimented her because she did not get sucked into the drama and I think that is really important. It is a big thing for me to work on because I hurt for people and I don’t want them to be in pain.

Jennifer I think with a lot of other clients, those mistakes that I make along the way can be recovered from. They are not damaging permanently. I am not doing anything that wrong. I can always manage my time better the next session, or structure a session better along the way. With this population I felt that there was more potential for harm if I didn’t do things appropriately. I think that is definitely what led me to seek additional supervision on it. I mentioned a book last time that my internship supervisor recommended, The Body Remembers, and that book, I finished it last week. It is fantastic. I really, really appreciated that. So that has also provided a lot of professional guidance, from that book.

As Jennifer began working with one of her initial ASCSA clients, she described feeling uncertain about how to make sure that the client felt safe and supported throughout the trauma therapy work. Developing a way to provide safety for the client in session was paramount to being able to treat successfully her initial ASCSA client.
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Jennifer

Well I have been able to establish a good, this client has really connected to a safe space imagery. For some reason that has really worked for her. So I feel much more in control during the session so that when it gets overwhelming in session I have a tool that consistently brings her back. I can see and I can sense when it is becoming overwhelming and I can use that and I can see her calm down and I can feel her calm down and she reports that she is calming down. Whereas before it was hard to predict. Am I going to be able to wrap this up in 50 minutes and have her leave in a reasonable space moving forward. Now we have found something that really seems to work. Even though there is still certainly questions in me about where that therapeutic process is going I have much more confidence in being able to at the very least bring in a sense of safety.

LeAnne noticed that as a new counselor she was developing professionally through her work with ASCSA clients.

LeAnne

You look back at our initial or our starting sessions to now, there is a big difference. I see a big difference and it makes me, seeing one client in particular, I can see such progress. The client sees progress. It is so rewarding. And to know that this came through developing and learning from (supervisor) that this works. So I have more trust and more confidence and it just continues to grow.

It is amazing talking to you how my frame of reference changed in just 5 or 6 weeks since the last time I saw you. The things that come to mind to share have changed. And I will probably change next time.

In addition, participants reported using newfound resources pertaining to the treatment of the population seeking ASCSA.

**Participating in Supervision.** The participants defined *participating in supervision* as learning about ASCSA clients from their clinical supervisors at the university and at the internship or practicum sites. Participating in supervision was part of the process of *integrating new knowledge and awareness*. This process included receiving instruction, presenting clinical cases and treatment plans, discussing client
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issues and concerns, and discussing their own development as new counselors. Jennifer had a unique experience with her site supervisor, who presented her with an ASCSA case prior to her direct work with clients and asked her how she would manage the session and the intensity of CSA. Following is Jennifer’s description of the supervisory experience around treating ASCSA.

Jennifer

I did a little bit of it in supervision, even before I saw a client with CSA. I had a supervisor that I met with just a couple of times. We were doing some case conceptualization. It was actually before I even started seeing clients at all. She was talking with me about a client that she had and gave me sort of the background and asked me, what would it be like for you to sit with someone, sharing this much detail. It was a trauma situation. She really pushed me to analyze it that way too. I had thought about it and doing that with another person in supervision was even more impactful than when I was thinking about it myself because I had to talk about it.

She showed me a file and asked me what I would think, what I would think about treatment goals, directions, things like that. Then we started talking about the trauma aspect of that client. She was like, what if this person is sitting this close with you and she leaned forward and started talking about it and went into some graphic detail. She was trying to prepare me for this, which is really interesting because she is not my primary supervisor. I just met with her twice. I am thinking that person had some insight also into how challenging this can be to get started in and maybe not knowing how challenging it might be. I feel a little bit lucky that I was prepared for that.

It was more emotional for me in that moment than I expected it to be. When I had been sitting by myself thinking I can do this. That is a lot different than really being there with somebody. Even though she wasn’t that person, that I was being there with, it was still having to process that, think about it, talk about with another person. I think it was fantastic. I thought it was good practice. It showed me that it was going to be harder than I thought.

That experiential piece with the supervisor prepared me for the emotional aspect of it.
The participants expressed the value that they placed on the knowledge shared by their supervisors and the supervisory process, and they repeatedly stressed its crucial role in their experience of being a new counselor working with ASCSA.

LeAnne …I feel I have seen evidence of what she has taught me work and it has been rewarding. So that there is such a level of respect for her…I am not afraid to bring this ups to her and even point out my shortcomings because I want her feedback and that has been a great experience for me. I just kind of put it on the table and I find that very helpful.

I am glad this happened when I was a student because I got the valuable input. I wouldn’t want to find out later that. Now I can learn ways to manage that in school. In this protected environment where I am closely supervised rather than be out there in the world and not know how to manage all of that. I don’t want to be burned out. I want to be effective and I want it to compliment my life so I think it has got to be recognized that so many things are out of your control. You do the best with the people that are brought to you or come to you. You have got to be as kind to yourself as you encourage your clients to be to themselves.

LeAnne felt strong emotions during the counseling sessions with ASCSA clients and noted that these emotions continued after the session. She participated in supervision to gain understanding and new skills that helped her to integrate her new awareness.

LeAnne also recognized that reaching out to her husband and releasing herself from the responsibility to take away the ASCSA client’s pain was critical in her experience as a new counselor.

LeAnne Just like her stopping the tape and saying listen to my tone of voice, that happened in one of my initial visits or sessions. Then I got that all under control, but I did mention to my supervisor that I appear on the exterior that I have got it all under control basically. Learned to do that, but it was a lot of work. So I am appearing and my performance is good but I said internally there was a lot of work going on.
Yeah I have had that happen where I felt this person’s pain. I brought it home and I talked to my husband about it and upon further reflection, I have discussed her since with my supervisor, as counselors we need to know how to put it away and go home. That is something I am going to be working on. Like I said that compassion is both a strength and a weakness and when I go out and be a counselor someday, I don’t want it to negatively affect my quality of life, who I am, my family. So it is really important that I am able separate that a little bit more. So when I ruminate about that person’s pain and she is out there hurting and that is okay to feel for her. Then you have got to get to a point where you have given that up to the Lord, you are not God. I think it is important to maintain that hope.

Elaine

I just love the way my supervisor recently shared with me about helping people process through trauma the way, a helpful way for me to conceptualize it is that when a person first comes to therapy and first, for example, shares that they had been sexually abused as a child. It is brand to the room. To imagine myself as the one holding the trauma and then as we move through sessions that we co-carry the trauma, co-hold it as they become stronger and more able and adept at holding their own trauma. And then eventually doing this back and forth at times and then eventually they are able then to hold it themselves and move on with life. That has helped me so much and in fact I have shared it with clients because they almost seem afraid to leave the room with it. To leave the session still holding it. So I have invited them to leave it with me. To either allow me to hold it or for me to put it in my drawer and lock it away. Those are both ideas that my supervisor gave me and it has just worked so beautifully in session almost this physical sigh of relief comes over the person.

Sophia

It is like where do you go? What do you do? I talked with my supervisor a lot. Both supervisors.

Ana

We’re not going anywhere yet. And then questioning, asking my supervisor, am I on track? What should I do? They were like, you just need to keep being present.

Susan

Bringing that up in supervision and asking for feedback during supervision. Do you think I was being mean, or unhelpful or not therapeutic? My supervisor knows me from my practicum so he knows how I interact with people.
**Participating in Self-Directed Education.** Participating in self-directed education is a property of integrating new knowledge and awareness. Participants suggested that participating in self-education was a necessary part of their experience working with ASCSA, due in large part to the lack of formal training in graduate school. 

Participating in self-directed education is defined as any form of learning about counseling ASCSA outside of a formal university course. Participants described participating in self-directed education as reading books and journal articles, attending training sessions, and researching the topic online.

Jennifer found comfort and new knowledge in reading a book that specifically addressed counseling ASCSA. As she incorporated what she learned, she observed changes in her client and felt more positive and confident about her role as an ASCSA counselor.

Jennifer In referring again to that book, there is a part of that shows a map and how if you establish an anchor, that safe imagery of some sort for a client that instead of experiencing heightened anxiety in a straight line up, then you can control the session to go up and down and never getting to that too extreme point. I had that going in and then once I saw it happen in session I could really see it matching that. That I was able to always bring her back before getting up and up and up. So I think there wasn’t a big of gap as I thought. That I was really able to see playing out in session a lot of what I learned about. I don’t know if that would be true for every client, but in this case, it really is. I think the other thing that helped with bridging the gap was that it gave a language or background to what my instincts were telling me to do. Even before I read the book I was like you know we can’t dig into this because there is so much chaos in her life right now. We need to focus on that first. I thought that and I was like doing all of that second guessing that I always do. Am I just avoiding this? Is this really the best thing? And then I read that book and it was talking about how someone needs to have a sense of safety in their life right now before they can ever revisit a trauma that they have experienced. That really gave voice to
what I was already instinctually doing of like she doesn’t know how she is going to pay the rent next week, how are we ever going to process through this.

As Ana counseled her initial client who was an ASCSA, she felt unprepared for the barrage of information that arrived at her in session. She recalls that her thought process included making plans to research the topic after the counseling session.

Ana Learn later. Run home and learn.

In addition, she recalled recognizing the need to become familiar with the topic of CSA early in her graduate school program.

Ana But I can say throughout my grad program, I knew, I remember being asked in the beginning what is going to be the most difficult topic and I knew it was going to be around issues of sexuality, either relationally, through abuse, homosexuality, things like that, I knew that that was going to be a huge road block for me. So I intentionally investigated those areas throughout the program and put myself into studying and learning situations so that I would not, because I did not want to graduate with a roadblock and say I am sorry I cannot work with those kind of clients.

Susan found that a combination of learning was beneficial to her as she worked with ASCSA initially.

Susan A lot of it I have recently just from supervision, gathering information from clients and then the Seeking Safety model I have noticed is really helpful.

Re-Establishing Safety

Participants described that establishing their own safety was a key part of the process of *integrating new knowledge and awareness* while working with clients who are ASCSA. This process may have included re-evaluating certainties that were not previously questioned, acknowledging that their views of the world were altered, and
finding ways to once again reestablish the feelings of safety with their new awareness acquired through working with ASCSA. Jennifer described her own internal conflict regarding safety and her ambivalent feelings about the assumed trust of others in her life.

Jennifer I have even talked to my partner about it and been like I trust you completely but everyone trusted this person at some point and I know that you would never do this but I can’t explain how I know that. I really do know that. It is very confusing to me I think. That hasn’t wavered and yet you would think that it would. Or maybe it should. But really that trust hasn’t. Which I guess it is obviously a good thing. It makes me feel a little bit conceited or naïve that it hasn’t changed that. Maybe it is not making sense because it is doesn’t make sense in my head yet. I think a lot of blame and judgment comes from people assuming that somebody should have known better or should have seen signs, and I don’t really think that is true. I think all of these people, especially when they are child survivors especially, have could they have known or seen. These perpetrators are great at manipulation and about making me people silent and feel like it is their fault. They do all of these things really well. Obviously it is not a good thing, but they are skilled. So I think that is what it brings up in me the most is that I don’t feel any blame or judgment towards my clients. I know that what happened to them was not their fault. That they couldn’t have seen it coming. Even if they did something kept them from reacting in a way to keep them safe. I know that. How do I hold that together when I don’t see any way that my partner could do this and think that I am right about that. It is hard to hold those two at the same time.

Maybe it is like what makes me think my intuition is better than somebody else’s. So my intuition tells me without a doubt that I can trust this man. Somebody else’s intuition probably told them that about a perpetrator in the past and so what makes me think that my intuition is flawless and infallible and yet I do. Not with everyone, but with this person I do I have absolute faith in that and so it seems that they are contradictory but they are coexisting within me.
Ana recalls that her view of the world was altered by working with ASCSA. This change not only affected her personal feelings of safety but also the way she viewed her children’s safety.

Ana

I guess maybe, I don’t remember exactly how you worded it, but talking to my kids too. Much it helped in that fear, where you always talk about a lot of fear of talking to your kids about sexuality and stuff. I don’t view it anymore as talking to them about sexuality, but I feel more comfortable talking to them about safety and appropriateness of it and keeping them safe and the reality of who is out there and what is out there and what people really do I think has been easier about going to those places with my kids as they are getting older. So that has been an interesting one as a parent and a counselor kind of pulling that all in one world.

Participants also identified not feeling safe as a disrupting event, and they connected it to their need to re-establish safety for themselves and their families.

Ana

…I think by nature a lot of us when something feels kind of fearful it feels like I have got to protect those I love and I don’t want it to get me or change anything. So just reminding myself that this is the client’s issue. I am here to help them through this.

**Participating in Personal Counseling**

*Participating in personal counseling* was identified by the participants as a property of *integrating new knowledge and awareness*. *Participating in personal counseling* was defined by the participants as meeting individually with a personally selected mental health counselor in order to process the intense emotions experienced in session with ASCSA clients. Participants discussed the importance of personal counseling for their own self-care in the round one interviews. They continued to recognize the role personal counseling played in their experience of counseling ASCSA clients in round two interviews.
Throughout her interview, Elaine was able to illustrate the relationship between participating in personal counseling and her own history of CSA as she began to counsel this population.

Elaine  He was able to remind me that I wasn’t the knowledge but that I could use the knowledge to help use somebody else…So that was also really helpful to just remind myself to relax into the process and just offer little pieces here and there. Put them out there but not feel that I have to be the embodiment of help.

Because of the way that I took it personally was I need to be perfect and so if I am the best student, or the best musician, or the best whatever, then I can outrun or out perform this experience that I had and remain safe and so it probably carried over into being a clinician. Being the perfect clinician will yield the perfect results. That was just crazy thinking. I bet that was unconscious.

I was in a personal session. That was when I was in my own personal counseling, but because I was in training at that point I was able to talk about professional stuff which was so cool because it did cross both realms.

Susan  When I start to feel that I am overwhelmed or traumatized myself that is key or a red flag for myself and I say to myself okay I think it is time to go in to my personal counselor. Feeling out of control or unstable. Maybe that is how my clients feel. Unstable. Unsure. Like what do I do with all of this information. It is spinning. So maybe I would just go into therapy to process my experience and my thoughts, feelings. Reflection, insight. Knowing that I feeling that things are out of control and I don’t feel that I am juggling them as well or not feeling as prepared or feeling confident.

Participating in personal counseling was an integral part of the experience of counseling ASCSA clients. It enabled the participants to integrate their new knowledge and awareness with counseling ASCSA.
Summary

*Integrating new knowledge and awareness* was an ongoing process that novice counselors consistently had to manage. Participant interviews suggested that the category of *integrating new knowledge and awareness* contains the properties of *engaging in self-reflection, developing professionally, re-establishing safety,* and *participating in personal counseling.* (See Appendix F, Figure 2.) The participant interviews suggested that this process was accomplished partially by intentionally reflecting on their experiences of counseling ASCSA, which included the central category of *disrupting events* and several key connecting categories: *developing in-session counseling skills with ASCSA,* *growing self-awareness,* and *connecting personal and professional past experience with counseling ASCSA* (and, of course, the properties within the aforementioned categories). Experiencing *disrupting events* and the connecting categories were crucial in the experience of novice counselors counseling ASCSA clients. Improving professional and personal functioning helped to accomplish the integration of new knowledge and awareness. Participants described a variety of means they utilized to facilitate this integration: *engaging in self-reflection, developing professionally,* specifically through *participating in supervision and self-directed education, re-establishing safety,* and *participating in personal counseling,* to mention a few. (See Appendix F, Figure 3.) Participants expressed that they recognized growth in their developmental processes, especially when they intentionally incorporated new experiences in their counseling of ASCSA. The participant interviews consistently illustrated that this process is complex.
and ever evolving. The development of round three questions was predicated on the information that emerged from round two interviews.

Appendix F, Figure 2. Integrating New Knowledge and Awareness
Appendix F, Figure 3. Experience of novice counselors as they initially counsel ASCSA

The second round of participant interviews provided information that led to the reconceptualization of the categories and properties. One central category and the other connected categories emerged with properties that provided further detail to these categories. The third round of participant interviews will seek to confirm the categories and properties that have already been established, and will also continue to build a deeper understanding of novice counselors’ experiences as they initially counseled ASCSA. Through the data analysis of round two participant interviews, categories and properties,
and the connections therein that required additional support were identified. Round three questions are:

1. What about working with ASCSA in your first year brought up strong and intense emotions?

2. When you had doubts or felt inadequate in your counseling abilities as you initially counseled ASCSA, what precipitated these thoughts and emotions?

3. Describe how culture (mainstream, ethnic, religious, and community) influenced your interaction with ASCSA?

4. How is your experience of counseling ASCSA different from your other clients?

5. How have your perceptions of yourself changed through counseling ASCSA?

6. Participants’ stories seem to indicate that working with ASCSA has a disrupted their sense of safety in subtle and not so subtle ways. Is this true for you? How would you describe that experience? How did you regain that sense of safety?
APPENDIX G

Third Round Interviews

Introduction

The data gathered through round one participant interviews and analysis provided the foundation for the tentative structure representing the experience of novice counselors as they counseled their first clients who identified themselves as ASCSA. The second round of participant interviews and analysis provided further detailed descriptions and additional data regarding the experience of novice counselors in initial counseling sessions with this unique population of clients. By incorporating the new information obtained through second round interviews and further analyzing the data, a more in-depth understanding of the experience was accomplished. Consequently, after the second round of interviews, the categories and properties were expanded upon and some were reconceptualized.

Round three questions were constructed using the information obtained through the previous participant interviews. The third round of participant interviews was gathered in face-to-face meetings with six Master’s level counselors or Master’s level counseling students who were in their practicum or internship. One participant decided to no longer participate in the study. The interviews were recorded, transcribed, and analyzed using the grounded theory methodology of open coding procedures to further describe and narrow the focus on the tentatively constructed conceptual categories. This permitted the researcher to discover variation within them. The design of the third round questions were intended to generate insightful responses from the participants and with
the goal of continuing to expand upon the previous descriptions of novice counselor experiences as they work with ASCSA. The questions were:

1. What about working with ASCSA in your first year brought up strong and intense emotions?

2. When you had doubts or felt inadequate in your counseling abilities as you initially counseled ASCSA, what precipitated these thoughts and emotions?

3. Describe how culture (mainstream, ethnic, religious, and community) influenced your interaction with ASCSA?

4. How is your experience of counseling ASCSA different from your other clients?

5. How have your perceptions of yourself changed through counseling ASCSA?

6. Participants’ stories seem to indicate that working with ASCSA has disrupted their sense of safety in subtle and not so subtle ways. Is this true for you? How would you describe that experience? How did you regain that sense of safety?

During the third round of interviews, the participants provided further information regarding their experiences as novice counselors as they counseled ASCSA initially. The information garnered from the third round of interviews enriched the previous data and confirmed the structure that was developed after the first and second round interviews.

After the first round of interviews, the structure that emerged from the data analysis included three categories, all of which were experienced as the new counselor began transitioning to working directly with ASCSA. These categories were titled internal
framework, external framework, and integrating new knowledge and awareness. Internal framework had three properties: using past experience, relying on existing framework, and experiencing emotions. The category of external framework had three properties: interacting therapeutically, developing support, and receiving instruction. The category of integrating new knowledge and awareness contained two properties: incorporating new experiences and developing professionally.

The second round of participant interviews sought to give depth and further detail to the participants’ descriptions. The analysis of this data led to the reconceptualization and expansion of categories and properties. The analysis revealed that the most important part of the experience for novice counselors was the central category of disrupting events, which was identified by the participants as being influential on all of the other connecting categories. These events were reported to be crucial in the experience of novice counselors and were connected to all of the other emerging categories, properties, and dimensions that emerged in the round two interviews. Because of its importance, the disrupting events that occurred while counseling ASCSA clients became the central category to which the other three categories were connected. These connecting categories were identified as: (a) developing in-session counseling skills with ASCSA, with the corresponding properties accepting/adjusting, supporting and listening, assessing readiness for client to address CSA, and receiving ASCSA client feedback; (b) growing self-awareness, including the properties of experiencing emotions, managing own thoughts and feelings, and understanding needs; and (c) connecting personal and past experience with counseling ASCSA, and the properties, personal history of CSA, relating
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other roles, vicarious experiences, and cultural impact. Finally, the category of integrating new knowledge and awareness contains the corresponding properties of engaging in self-reflection, developing professionally, re-establishing safety, and participating in personal counseling.

Each of the categories interacts with one another and connects in significant ways to the novice counselors’ experiences with their disrupting events that occurred during their initial work with ASCSA clients. Following the third round of participant interviews and the subsequent coding and data analysis, the central category and four other categories that emerged from the second round of interviews continued to be supported as critical elements to the experiences of novice counselors as they counseled ASCSA initially. In the third round of interviews, the participants provided further information that enriched the previous data regarding the experiences of novice counselors as they counseled ASCSA initially. Participant interviews ubiquitously identified the central category, identified as a disrupting event, which was pervasive, influential, and critical in their experiences of counseling ASCSA. The participant interviews in round three reinforced the data collected in the previous interviews and contributed additional information that described more fully their experiences in the connected categories of developing in-session counseling skills with ASCSA, growing self-awareness, connecting personal and professional past experience with counseling ASCSA, and integrating new knowledge and awareness, and their associated properties as well.

The third round of interviews also confirmed the experiences of novice counselors in the category integrating new knowledge and awareness and the corresponding
properties: engaging in self-reflection, developing professionally, re-establishing safety, and participating in personal counseling. Participant interviews suggested that disrupting events would again occur after new knowledge and awareness was integrated, once more putting into motion the process of the overall experience of novice counselors as they counseled ASCSA initially. This multi-modal experiential learning process continued to circle back to the disrupting events and the associated categories as the novice counselors continued to counsel ASCSA.

Utilizing the participant information gathered and the data analysis of round three interviews, it became clear that there were certain categories and properties that were unique to new counselors working with ASCSA. This information, in addition to the information gathered from the previous two rounds of interviews, suggested there are strong elements of the novice counselors’ experience that are distinctive to initially working with this population.

Emerging Major Categories and Continuums

The participants reported consistently that disrupting events were crucial to their initial experience in counseling ASCSA as novice counselors. Participant interviews suggested that the severity of the disrupting events were connected to the experiences of the associated categories and properties.

Disrupting Events

Disrupting events was defined as occurrences within the counseling session that disturbs and interrupts the counselor’s belief system in which the framework for counseling ASCSA is held. The participants’ belief system refers to certainties and
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expectations they hold about their role as novice counselors as well as the attributes that they believe define ASCSA. New counseling experiences with ASCSA are filtered through the novice counselors’ belief system. Subsequently, they were then either brought into conformity with the current belief system or the existing belief system was expanded, altered, or reshaped to include new information garnered from their experiences of working with ASCSA clients.

Participants expressed their experiences working with ASCSA initially were complex and contained strong emotions. These factors ultimately resulted in disrupting events. In round one interviews, Elaine described how distressing and pervasive her initial work with ASCSA became.

Elaine Definitely interrupting my thoughts. Like I said, I would wake up in the middle of the night. It was almost like I was dreaming of the person or the client because I would wake up thinking about it. First thing when I woke up in the morning I would think about it. I would stress about it all the way to my internship site, which was an hour and a half drive. All the way home and I mean it was a ways.

These descriptions continued in round two of participant interviews. Ana experienced strong emotions and physical systems after counseling her clients that identified as ASCSA.

Ana I would get sick to my stomach and just get that shaky, internal almost PTSD type behaviors just from things I had to face in my own life. It kicked in and I would have to remind myself, okay, this is not me, I am safe. I am okay. It is not coming into my life. I would have to remind myself that I don’t have to own this. Because I would almost feel it attack me. But I remember feeling just sick to my stomach and just kind of weak feeling. Very much I don’t want to hear it. Don’t want to go there. I had to really fight that for a while.
Susan expressed that she was not as prepared as she would have liked to be as she began counseling this population initially. Instead, she stated that she had to learn during the process, which she found to be difficult as a new counselor.

Whereas with trauma and CSA we didn’t go in depth or talk about the feelings that might come up or how to have good internal boundaries or talking about safety and talking about how past trauma can be retraumatizing and not helpful for therapy. I wish I knew those things to begin with as opposed to figuring it out and winging it as I go and then realizing that this is what I want to do. With managing my own boundaries and not being burnt out, like grounding. I guess I use grounding and that works for me and I need to do that to feel good and to come into therapy and feel refreshed and not burned out and not empathic or caring. I don’t want to be callous to people. Taking care of myself in that way. I never thought that I would use that on myself but I do.

Jennifer reported that, because of her past experience with providing college age education around sexual violence, she was aware of the risk of retraumatizing clients who had experienced CSA. In session, this became a disrupting event.

That is the last thing that I would want to do, retraumatize. Somebody has already been through the worst and I at least want to help, but not damaging would be the minimum that I would expect of myself. Just the risk and the thought of oh, what if I make this worse in some way or make the healing process harder in some way is really scary. I think feeling overwhelmed, like am I really ready for this? What can I really do? Somewhat different emotion is somewhat energized. Feeling motivated to do that extra reading and get extra help in a way that is different than with other problems. Maybe a sense of urgency is a better description.

In round three of the participant interviews, Sophia described a disrupting event as a novice counselor who had limited familiarity with working with ASCSA. She described counseling a survivor who had worked on the impact of his CSA in previous counseling as a “cold slap in the face.”
Sophia Well, the fact that I have never faced this situation before. So the inexperience piece definitely is part of that. Again, my thinking about the client and what they were going through and the experience that they had. Trying to get into a Rogerian frame of mind around that and empathize with that but not, you don’t want to say so sorry. You don’t want to play the victim card because I don’t think that helps anybody. This is all going through your brain especially since he laid it on me pretty fast and pretty furious. He had obviously been through counseling before, but I hadn’t. So he had a lot more counseling experience than I did even with that subject. So he was much more prepared to talk about it and tell me about it than I was to listen to it. That is an afterthought obviously, but I am sure that is part of that underlying fear that is welling up in my heart as he is telling me this. What do I do? Where do go? How do I approach this? Obviously I don’t want to retraumatize him. Obviously I don’t want to pity, pity the poor fool, or pity the client. That is not going to help him but you want to be as empathetic as possible and how you can portray that and the fact that you know this person. With him I barely even knew him at that point. I knew a little bit about him what I gleaned from his file and his case manager. Basically as far as that, it was like a cold slap in the face. That is a huge thing to have to deal with for him as well as me. He had dealt with this more times in counseling than I had.

The participants’ descriptions of disrupting events emphasized the complexity of the initial interaction with clients who are identified as ASCSA. Participant interviews suggested that the disrupting events acted as a medium through which the connected categories were identified or developed. Data analysis suggested there were three connecting categories that related directly to the central category, disrupting events. These categories are developing in-session counseling skills with ASCSA, growing self-awareness, connecting personal and professional past experience with counseling ASCSA, and integrating new knowledge and awareness. The central category of the disrupting event is connected to each of the categories. The connection between the
disrupting events and the aforementioned connected categories will be reviewed utilizing participant descriptions through the round three interviews to illustrate them.

**Disrupting Event – Developing In-Session Counseling Skills with ASCSA**

The participants reported that they received little to no formal education on counseling survivors of CSA. Participant interviews suggested that this, in turn, created a need for novice counselors to develop in-session counseling skills with ASCSA. During their in-session work, participants reported experiencing an event that disrupted their current knowledge of working with ASCSA, and this disruption acted as the catalyst to develop or alter ways in which to work with this population. Participant interviews suggested that the novice counselors experienced a range of success in developing in-session skills within each the properties associated with this category. The properties identified were *accepting/adjusting*, *supporting and listening*, *assessing readiness for client to address CSA*, and *receiving ASCSA client feedback*. These property continuums assisted the novice counselors in ascertaining their level of success in developing in-session counseling skills with ASCSA. (See Appendix G, Figure 1.)
Accepting and Adjusting. Participants described the property accepting and adjusting in the category of developing in-session counseling skills with ASCSA. Participants described accepting as acknowledging the needs of ASCSA clients and their emotional ability to participate in therapeutic trauma recovery. Accepting led the novice counselors to adjusting their goals within the counseling session and the short- and long-term treatment plans in favor of the needs of the client. Participants described recognizing that this was an issue that they could fix or take the client out of the pain they felt, which was in part created through CSA. They also noted the importance of deciding what treatment direction and pace would be most helpful for the ASCSA.

Ana I think because I like to fix things, I am a fixer, and I couldn’t fix or take away or change at least that was my first thought. This is too big. I can’t fix that. I can’t take that away and heal that. It is a
relationship situation that I don’t have power over so I felt very inadequate there and had to realize how I could help. It was definitely an eye opener that I needed to be present and get rid of my feeling of needing to fix and help.

LeAnne  
I think as a new counselor you want to fix it and that is where the training comes in as far as being patient and letting the client do the work, but it makes me feel a bit powerless because I want to take the pain away but I can’t. I have to trust in the therapeutic process. You put those emotions at bay and you trust in the quiet and your training and skills and ability and work it through to a positive outcome.

Jennifer  
…the pacing. I think that is something that is different. This is definitely a long term client, long term, everything is going to take longer. Establishing safety and trust and all of that is just a longer process. So the pace over the course of our time together as a whole and within session is slower. I think that my own feelings of fear and cautiousness about what I am doing is escalated with this population as opposed to other clients, who I think can recover if I make a mistake in talking about test anxiety. Just a really different. If I make a mistake with somebody else, I don’t have as much fear about that. I feel more confident in my ability to recover from that. So I think I am more cautious.

**Supporting and Listening.** Supporting and listening are properties of developing in-session counseling skills with ASCSA. Participant interviews suggested that supporting and listening was an important part of the therapeutic relationship. Supporting and listening were defined as providing an environment that was empathic and open to hear the stories of ASCSA, validating their experiences, and being available emotionally as the survivors moved through their own process of healing. It was through supporting and listening that the novice counselors sought to develop trust with ASCSA clients whose trust was violated as a child. Participants described this as a necessary and healing component of therapeutically interacting with ASCSA as a novice counselor.
Ana  
I think that because I was new too, I kept thinking there must be something I can do. How do I help? That feeling of knowing there is nothing I could do other than be present and work through it with them. Thinking there must be more resources. There must be something that I haven’t learned somewhere to fix this.

LeAnne  
You have to listen to the client.

Jennifer  
It turned out it wasn’t necessary at that moment to solve it all then. That was impossible. Even though that is what she was asking my instinct told me I don’t actually need to have these answers right now. I think looking back that was the best thing I could have done at that moment even though it was definitely operating on instinct and probably fear. Knowing that I don’t know that right answer so I am not going make a guess. It turned out to be that there was not answer so it is good that I held off.

Assessing Readiness for Client to Address CSA. Participants described the property of assessing readiness for client to address CSA, which falls in the category of developing in-session counseling skills with ASCSA. Assessing readiness for client to address CSA involved evaluating ASCSA clients’ willingness and preparedness to focus on their own CSA. Participants described wanting the clients to be ready and prepared for the intense emotions often brought forth by discussing the trauma. Participants reported that they desired that ASCSA clients have the coping skills and techniques in place to successfully handle their own reactions. In addition, the novice counselors attempted to establish a trusting and strong therapeutic relationship to reduce the potential for harm and retraumatization. At times, the participants would receive information through the initial assessment conducted by the intake coordinator that confirms that the client experienced CSA, yet the client made no efforts toward discussing this trauma. In these cases, the novice counselors described their efforts to respect the ASCSA and not bring up the trauma prior to securing a firm foundation from which to work with the client.
LeAnne   For me it is trying to determine what the client needs. Because they are understandably not trusting to begin with. That is really something to balance. The first time that they are challenged with their thought, unless you have spent plenty of time or have the skills to work with them initially, I think you could scare them off from coming back because like I said they have worked so hard to go somewhere else where they are.

Sophia   I think the main thing that brings it up is it is such a taboo thing. Sexual abuse is something nobody talked about for the longest time. It happened no doubt, but nobody ever said anything or talked about it. So it was kind of this taboo subject. Plus it is very, very sensitive. The one client that I had that never did bring it up with me, it was so painful to her. I think that is part of the reason that is doesn’t get any attention and it doesn’t get brought up. It is probably the last thing that clients will say, oh by the way, this happened to me when I was little because it is such a painfully horrid thing to live through and to deal with and then finally having to come and say this happened to me.

Researcher   How does it affect you as the counselor of talking about something that has been so taboo? How has that changed your experience?

Sophia   I think it makes it a lot harder. A lot more difficult because I still struggle with some of the norms of society. Not to bring this up or not to say that. To be gentle. Plus you don’t want to hurt the person or retraumatize them. There is a lot of that that happens. I just don’t want to retraumatize somebody. I don’t want to hurt them again. I don’t want to make them go through that hell again.

Receiving Client Feedback. The participants suggested that through the property of receiving ASCSA client feedback they were able to continue developing in-session counseling skills with ASCSA. Receiving ASCSA client feedback was described by the participants as getting either verbal confirmation or non-verbal cues from the ASCSA client and integrating this feedback into the way that they structured in-session counseling. Participants stated that they had little or no specific training on counseling
ASCSA clients. This, in turn, made client feedback from this population crucial in forming ideas on how to effectively provide counseling.

Susan  Then it makes me think about my approach. I started taping my sessions, not just with those with SA as a child but my sessions in general. It makes me think about my ability to be effective as a counselor in general. It makes me question my effectiveness as a counselor because those clients are the ones with the most needs and need the most.

Jennifer  More thought goes into preparing for that session, each individual session. Thinking through what my plan and my contingency plan and my back up plan is going to be. I go in with a little bit more of a plan. I still go in flexible with whatever the client brings, but I think I have more of an idea of what might happen or where I might try to take things. I was doing the safe space visualization with this client and it stopped being effective because she started having really intrusive thoughts and images in doing that. Luckily I had a backup plan of a different way to bring her back and establish her safety if that didn’t work and it turned out to be very useful. She was just trying to go to that safe space and kept having these awful images coming up and not sure if they were flashbacks or not but pretty scary intrusive images. Then I was able to back up and say, okay can you feel your toes within your shoes and what does that feel like and bringing her to this moment instead of thinking oh all I had was that safe space imagery. I think that cautious feeling leads to more preparation on my part in having those kinds of back up plans. Now that I have had to use that one I am thinking what else I can do if this stops working.

Disrupting Event – Growing Self-Awareness

The category of growing self-awareness emerged through the second round of interviews. This category was defined as the participants’ developing awareness of their own emotions, thoughts, and self-care needs in the process of initially counseling ASCSA. Participants reported a range of success of growing their awareness as associated with the properties. Participant interviews suggested that disrupting events encouraged growing self-awareness through the properties, which were identified by the
participants including: (a) experiencing emotions, (b) managing own feelings and behaviors, and (c) understanding needs. These properties influenced the continuum and assisted the novice counselors in ascertaining their level of success in growing awareness. (See Appendix G, Figure 2.)

Appendix G, Figure 2. Disrupting Event – Growing Self-Awareness

**Experiencing Emotions.** Experiencing emotions was a property that participants identified in the first round of interviews as part of their internal framework. The information the participants gave in the first interview suggested that they experienced a range of emotions that included sadness, anger, frustration, and distressing physical symptoms. Data from the first round of interviews indicated that these emotions were often intense and caused lingering distress. In the second round of interviews, the participants again described a range of experiencing emotions. Experiencing emotions
was reconceptualized as a property of growing self-awareness. New dimensions of experiencing emotions emerged through the data analysis of round two participant interviews, including (a) distressing emotions, (b) questioning safety, and (c) positive feelings. These dimensions were confirmed in the third round of interviews.

**Distressing Emotions.** Participants described distressing emotions as a dimension of the property experiencing emotions. Participants described a range of distressing emotions, which was defined as thoughts and feelings that were uncomfortable and sometimes overwhelming for the novice counselor as they counseled ASCSA clients. These included intense emotions, such as shock, sadness, anger, and frustration, as well as distressing physical symptoms. Participants reported that they feared these emotions would overwhelm them and make them more susceptible to making clinical mistakes with ASCSA clients. The data gathered and analyzed through the three rounds of participant interviews indicated that experiencing distress was part of the new counselors’ experience as they counseled ASCSA initially. Participants recalled these emotions in each of the three rounds of interviews with clarity. They recognized these strong emotions came on quickly in their first sessions working with this population. The participants’ descriptions of experiencing intense emotions continued with consistency in the third round of interviews.

The participants expressed the wide range of emotions she felt working with ASCSA. One participant described deep sadness and acknowledged the question she asked herself – was the CSA survivor partially at fault?

Sophia       Your heart cries over it and you don’t know what to do.
…in the back of my mind I had to keep pushing down the thought that was this partly his fault. Him, not just the culture, the ethnic piece, but the drugs involved as well. The drug culture piece. I am think you were cutting school. You were doing this. I hate to admit this. I think there was that piece in me that shaded that and then I would try and hold myself back. Inside my brain going, now wait a minute, no you can’t be going there. This isn’t his fault. This was an older person, perpetuating this on a younger person. It was the older person that brought the drugs into it. Yes he wasn’t doing what he should have been doing as far as being in school. He was cutting class. Yes he wasn’t doing the right thing, but that does not allow somebody else the right to perpetuate what they perpetuated on him. I had to wrestle with that in my brain.

Susan

Strong and intense emotions. Let’s see. I am trying to think. I think it is just going back to the relationship aspect or having difficulty with not knowing what is okay for them. I am thinking of one client who they kind of know what is right for them but doesn’t feel strong enough to trust in their instincts to know that some things are not okay for them and not knowing what is okay for their personal safety. Sometimes I think that I felt frustrated wondering how come they don’t know that. Isn’t that a natural human instinct? Survival of your own, survival of the fittest or looking out for your best interest. Even with boundaries, with sex and being confused. At first, I would think, are they being serious. Is this something they are really confused about? Then after meeting with them after a couple of times and talking about it again, it is something that they just don’t understand or were never really taught as a child not to think about, oh I get this gut instinct that this is not okay or unacceptable. So I would feel frustrated with that. Then feeling frustrated with the people that did, that weren’t there to protect them. Even angry that that happened.

Jennifer

I think part of it is that background knowledge that I was talking about, that knowing and being warned throughout my years of work and volunteering about sexual violence in a separate capacity. Being warned that there is this risk for retraumatization. So I think the awareness of the risk had always been in the back of my mind and then in the moment in that session it was that realization of, this is what they were talking about. This is where that risk lies and recognizing it for what I have been warned about basically. So I think that is a big part of it. Another thing that brought up that helplessness or worry about doing the right thing or knowing what to do is when my client would ask me
specifically, now what? What do I do? My client specifically asked for that. That was also really hard because I was definitely seen as the expert even though I did not feel like the expert. And I think the stories and knowing that the person in front of me who is still really hurting experienced this as a child and just knowing what people should be experiencing at those ages. Just the thought of someone being hurt in such a profound, immense way at such a young age is difficult. I guess there is a lot. Another aspect is the lack of consequence for the perpetrator. My client, just like many others, her perpetrator is running free.

Throughout the interviews, participants reported feeling a lack of preparedness in the areas of counseling ASCSA. They reported that they felt a need for acquired knowledge, clinical skills, and training in this area. From a clinical standpoint, they reported that they felt overwhelmed and inadequately prepared in their initial counseling sessions with this population. Participants also reported that they received little or no training in graduate school regarding counseling CSA survivors. Participants suggested that this is something with which they would have liked to have more familiarity as novice counselors. The novice counselors stated that the combination of lack of specific CSA training and feeling unprepared increased their feelings of distress. The novice counselors described feelings of doubt and inadequacy as well.

Researcher …if you are meeting with a survivor client and you start having doubts or feel inadequate, I am wondering what brought those feelings on?

Elaine Lack of experience for me

Sophia Well, the fact that I have never faced this situation before. So the inexperience piece definitely is part of that. Again, my thinking about the client and what they were going through and the experience that they had. Trying to get into a Rogerian frame of mind around that and empathize with that but not, you don’t want to say so sorry. You don’t want to play the victim card because I don’t think that helps anybody. This is all going through your brain
especially since he laid it on me pretty fast and pretty furious. He had obviously been through counseling before, but I hadn’t. So he had a lot more counseling experience than I did even with that subject. So he was much more prepared to talk about it and tell me about it than I was to listen to it. That is an afterthought obviously, but I am sure that is part of that underlying fear that is welling up in my heart as he is telling me this. What do I do? Where do go? How do I approach this? Obviously I don’t want to retraumatize him.

Jennifer  
I would say one thing is those direct questions about, what should I do? The client looking to me as the expert I think was definitely one of the things that raised those doubts, just being seen in that way. I don’t know if it created those doubts but it definitely brought them to the surface and made them very prominent. That is probably the strongest precipitating event. So what precipitated those thoughts of doubt? Those feelings of doubt?

Researcher  Yes. Both.

Jennifer  
Again the background knowledge about the risk for retraumatization raised my doubts.

**Questioning Safety.** Participants reported feeling a loss of safety that was experienced on multiple levels, which included personal safety, increased concern for family members’ safety, as well as feeling the loss of safety in the community and world in general. Participant interviews also suggested that feeling a loss of safety impacted their worldview. Round three participant interviews continued to reveal how the novice counselors experienced loss of safety as they worked with ASCSA.

LeAnne  
Since I have come to know how prevalent mental illness or mental issues are and also how prevalent sexual abuse is, I don’t walk around with a false sense of safety. I am more choosy about who I speak to and who I continue a conversation with. I really trust those feelings that when I, like that feeling when you just don’t feel right around somebody, I really listen to it. Probably more so. I realize how vulnerable this little girl is to be running around on her bike by herself and here for six hours at a time without
anybody checking on her. It just really concerns me. Even though we might have a neighborhood of fairly nice homes, but that doesn’t mean anything because it can happen anywhere. I just don’t like the assumptions that are made and I think it affects how I am with my own younger son and daughter. I am definitely more aware.

Sophia And learning and understanding more about sexual abuse. Having to deal with it and then doing the research on it and learning more about it and realizing that is comes a lot from family members. Nobody gets a free pass. I don’t care who you are. Not even me. I don’t even get a free pass on myself.

Elaine When I was processing through my own sexual abuse for myself, but then when I started working with others who had been sexually abused as children, I definitely remember thinking, this is a f--ked up world. I thought that regularly. It was just so shocking to my system the things that I would hear. It did take a tremendous amount of work to process through that. And I was in counseling a good bit of that time too. So I had a safe place to talk about those kinds of things. I had my own support. As a clinician I struggled a lot more with the information and the cognitive stuff than I did with the emotional stuff.

Jennifer I think the only way that is has been shaken is in thinking about that injustice of people not being, just how unlikely it is for people to be convicted of this. Even though it is happening all the time. So in some ways I think that I have a decrease sense of safety because I know there is a lot of people out there who aren’t being held responsible. Although I know that those people are more likely to harm people in their own lives and not me, it still increases that fear a little bit for my safety. I think about that unlikely circumstance, well what if these abusers know that this person is seeing me and find out who I am and attack me? I have that distant fear. I think I have had that fear doing the education work that I do too because I am a public face in some ways on campus. I have this fear that some perpetrator out there is going to come after me because I am raising a fuss about this and breaking the silence. I think there is a distant fear that being involved in this work could in some ways put a target on my head.

It has not affected me all that much and I think I was impacted a number of years ago when I first started this work in a different capacity. That is when I was more impacted by it rocking my
world in that way. So I think that this particular experience, which is counseling adult survivors, didn't have as strong of an impact because I was already in the work in a different way.

Ana

Realizing that because it was coming from people that I would not have expected that this could happen to them, could this happen in my life, to my children, to my family and having a fear. I was very fearful.

Just a fear or an awareness of what is out there and what people are like because I had personally not experienced that in that same scenario and then I hear about it and I read about it, but it is different when you hear it face to face. It is much more real. That fear of checking in where my kids are going. Who they are with. Just an extra heightened sense there. Realizing that you really don’t know the people around you. If it is just my kids involved I want to know exactly what is going on. That over-protectiveness. That overprotective feeling. People say don’t be overprotective but this is where I needed to be and I wanted to be. I thought how do I do this without looking crazy. It stirred up a lot of thoughts around parenting.

I know that I now am much more hesitant to go out at night. Late at night or by myself. I would rather take my husband with me. I am much more cautious and make sure that I have somebody there with me. I am just safer. I am not brainless anymore. I used to go out and do things all of the time. I was very independent. Like I can take on the world. No fear. I think I needed some of that fear back into my life. I don’t think I let it get blown out of proportion. I am not irrational. I think that fear has driven me to teach my children so they don’t have to live in that fear. I don’t like that feeling of okay I can’t take my eyes off of my child. They can’t go here or there. I didn’t want to make them crazy. Instead I thought we will just learn about it and educate ourselves, help them be educated on being safer. What do you do if you are in a situation. How not to get in a situation. How to be assertive enough to stand up and say no, or to get help, or to speak out so that nobody has to be in that situation versus avoiding everything because you are so scared.

Susan

Growing up my parents were very strict about spending the night at my friends house or going to birthday parties. They were too strict in a sense. Then I was thinking maybe that was not that bad
because maybe that protected me from possibly being abused sexually by a neighbor or somebody, it could be anybody.

And then thinking about myself having kids in the future and how I could protect them. Really helping me form the ability to talk about sex and what is appropriate and talking with my kids in the future at the age they are at and make it appropriate for that stage in their development and creating that relationship with my kids or even their friends to be somebody they can be open with and talk about those things. It did get me to think about my upbringing and how I was protected and raised as a kid and how important it is to protect the kids because children are so vulnerable and the adults in their lives need to protect them.

**Positive Feelings.** Another dimension that was identified by participants through round three interviews was the positive feelings that emerged through their counseling work with ASCSA. Participants described these positive feelings, such as being excited, feeling encouraged, gaining confidence, and recognizing the rewarding aspects of counseling ASCSA. The ability to make a difference in a CSA survivor’s life was articulated by the participants. This, in turn, decreased feelings of distress for the novice counselors following disrupting events after interacting with their first ASCSA clients initially.

Jennifer  
I think that I have gained a little bit more confidence about it. I am certainly still not an expert. I still would not be comfortable being looked at in that way. But I do have a little bit more confidence and comfort moving forward. I think as far as perception of myself I feel a little more competent. It has also increased confidence in my ability to build that trusting relationship because I think gaining the trust of somebody who has been hurt over and over and over again throughout their life I don’t think that is very easy to do. So I have also gained a little bit of confidence in that and my ability to be that safe person for somebody.

Elaine  
I have become more confident definitely. From the experiences that I have had... clients coming back allows us then the privilege
of going through more of the process with them so that increases my confidence.

I think it has healed me in some ways. The thing that comes to mind specifically is bringing purpose to my own pain. Let’s use this for something good. So it is a really tangible way in which my own pain has been used. Challenged me to refine my techniques and learn new ones and test them and see how they work. And trust the process. Definitely has helped me to know that I don’t have to have it all perfect all the time which was my fear going into this work.

Ana  
I just felt so blessed and so gracious for the opportunity to work with these clients. I really saw the difference I made in somebody’s life. I felt that hat was huge to me. This has all paid off. I remember just sitting there and being there made such an impact on somebody’s life and that was just huge. I got to help somebody. I am uncomfortable with that and at the same time I can look at it differently. Very worth while. Very rewarding.

Researcher  
How have your perceptions of yourself changed through counseling ASCSA?

Elaine  
I have become more confident definitely. From the experiences that I have had.

Ana  
At the same time, I just felt so blessed and so gracious for the opportunity to work with these clients. I really saw the difference I made in somebody’s life. I felt that hat was huge to me. This has all paid off. I remember just sitting there and being there made such an impact on somebody’s life and that was just huge. I got to help somebody. I am uncomfortable with that and at the same time I can look at it differently. Very worth while. Very rewarding.

Researcher  
So your perceptions of yourself, it made you feel good, it made you feel more confident. How would you describe that perception change?

Ana  
Maybe confidence. I thought wow I can really do this. I really can make a difference in somebody’s life. Especially since one of them was my first client ever. Coming out to internship thinking what am I doing? Am I really going to do anything? That one client really gave me feedback that I really can do this and I can make a difference and help somebody. That was exciting. Very rewarding.
Managing Own Thoughts and Feelings. As part of the category growing self-awareness, participants identified their need to be managing their own thoughts and feelings. Participants described managing their own thoughts and feelings as ways that they regulated their thoughts and emotions as hearing the stories of CSA impacted them. Data from the first round of interviews revealed that it was difficult to manage their own thoughts and feelings successfully, both inside and outside of the session. The participants described that being able to manage their thoughts and feelings was important in part for the sake of maintaining personal health and as part of achieving balance in their lives. The third round of interviews confirmed these data and further described the experience of novice counselors managing their own thoughts and feelings as they counseled ASCSA initially.

LeAnne I think that it has highlighted the fact that it is a really challenging field. It is amazing. I wish I could just get started 10 years from now instead of having to go through this next 10 years. It is a growing experience. How has it changed me? It is really growing and forcing me to grow as a person. I would say it pushes you. Like I would say that going through this two year program that I am in. Pushing you through 20 years of life in just two years. It really. You meet these clients and your views of yourself and the world everything is expanded and your interaction with people, even outside in my personal life it changes. The things I notice. The things I choose to speak about. The way I listen to people. It really has impacted many areas of my life but I think to be in tune to the needs of others is much more enhanced because of my experience.

Ana I think media would be a big one and the stigma that is attached to what we see and what we hear. If I haven’t personally experienced it on that same level, and I haven’t, so I draw off of media. My instinct is to draw off media. The problem is the clients did not fit the stereotypes of the media. That made me wake up and realize that what I was doing wasn’t going to work here. It is not real.
There is no one reality of it. Definitely socially, culturally they weren’t fitting the stereotype of a survivor. It definitely can mess with your mind. I had to sort out the person sitting in front of me not how I had developed all of my thoughts, my ideas, what I have seen, what I have heard. I had to be more present than ever and ask questions and get to know the person and the situation.

Sophia

There was that dread where you find yourself taking a deeper breath and trying not to be noticeable.

Even somatically. Your heart starts beating a little bit faster. So you have to take a breath and then you try to remember your training and jump in. That is hard.

Jennifer

That this is a vulnerable person. Somebody who has been hurt and traumatized and the wound is still open and they are coming to me and looking at me as an expert on that and it is like that balancing act of wanting to show some confidence that I can help with that because I want this person to have some faith in me and in counseling and not wanting to portray myself in a way that I am not because I am not an expert, but I should have the confidence to at least say that I can be here and I can help.

The effort the novice counselors placed towards managing their own thoughts and feelings was evident in round three of participant interviews. Participants also reported that the experience of counseling ASCSA initially made them aware that understanding their own needs was paramount in this process.

Understanding Needs. The property conceptualized as understanding needs fell under the category of growing self-awareness. Participant interviews suggested that understanding needs was the novice counselors’ ability to identify their personal needs as they were counseling ASCSA. Participants suggested that understanding needs is an integral part of their self-awareness in dealing with the emotional stress that is associated with working with ASCSA. The participants described understanding their own stress and finding ways to manage it, including exercise, prayer, spending time with pets, and
mindfulness. The data analysis of round one and round two interviews suggested that working with this population was very demanding. It was, therefore, crucial that novice counselors be able to understand their own needs, including ways of incorporating self-care. Self-care was reported to involve engaging in physical and emotionally uplifting activities that allowed them to release the stress that working with CSA generated. This care provided a means to connect with themselves in different and positive ways.

In round three, participants continued to express their awareness of the importance of understanding needs in a variety of ways, which included new perceptions of self-change. In this round, the participants were asked how their perceptions of themselves changed through the process of counseling ASCSA. Participant information elicited through this question brought forth new ways they were able to understand their own needs as they worked with the population.

LeAnne You meet these clients and your views of yourself and the world everything is expanded and your interaction with people, even outside in my personal life it changes. The things I notice. The things I choose to speak about. The way I listen to people. It really has impacted many areas of my life but I think to be in tune to the needs of others is much more enhanced because of my experience.

**Disrupting Event – Connecting Personal & Professional Past Experience with Counseling ASCSA**

The first round of interviews suggested that the participants incorporated their own existing internal framework into their counseling work with ASCSA. This framework provided a crucial part of the foundation from which they began working with ASCSA. The category of developing internal framework was expanded upon and further defined in round two interviews. The reconceptualization of this category was a result of
participant interviews and was renamed *connecting personal and professional past experiences with counseling ASCSA*. The participants described the properties that influenced how they connected personal and professional past experiences with counseling ASCSA. Participant interviews suggested that the novice counselors experienced a range of success in connecting personal and past experiences with counseling ASCSA within each the properties associated with this category. These property continuums assisted the novice counselors in ascertaining their level of success in their ability to connect personal and past experience with counseling ASCSA. The properties included: (a) *personal history of CSA*, (b) *relating other roles*, (c) *vicarious experiences*, and (d) *cultural impact*. Participants in round three interviews described additional details and confirmed this category. See Appendix G, Figure 3.
**Appendix G, Figure 3. Disrupting Event – Connecting Personal and Past Experiences with Counseling ASCSA**

**Personal History of Childhood Sexual Abuse (CSA).** The property of *personal history of CSA* was defined as the participants’ own personal experience of CSA. These participants acknowledged that CSA was part of their history and that it influenced their experience as they counseled ASCSA initially. Elaine reported that her personal CSA played a part in her experience as a novice counselor. She stated that she recognized her ability to be more empathetic to what the ASCSA client was experiencing. She also reported that she feared that the deep emotions she felt at times due to her own CSA had the potential to cloud her clinical effectiveness.

Elaine  
*I would have to say because of my own personal experience, empathy. It was the empathic part of it that brought up strong and intense emotions. And probably at the very beginning worrying that I’ll miss something*
Researcher  So since you experienced CSA, you knew what they were going through and it put you right there with them. You did talk about not wanting to miss anything due to your own emotion. Can you please talk about that again?

Elaine  Yeah. It had to do less with my own emotions I think. Well no, I think I did say that I was afraid that I would be clouded by my emotion or something along those lines. Or maybe that I wouldn’t be thinking as clinically as I hoped while I was experiencing what they were experiencing with them. But it was more clinically thinking okay logically here am I catching everything. Am I missing anything important? Is this person safe? Those kinds of things were on my mind and especially during internship and probably right after I graduated. I had this check list going through my mind all of the time thinking that perhaps I might miss something important related to safety.

Relating Other Roles. In the category of connecting personal and professional past experience with counseling ASCSA, the property of relating other roles was identified. Relating other roles was defined by the participants as connecting current or past roles and responsibilities to current counseling of ASCSA. Participants identified experiences in a variety of roles that were influential on the novice counselor’s current role with this population. These experiences played a part in informing their perceptions and therapeutic interactions with ASCSA.

Jennifer expanded upon the influence of her role as an educator in the area of sexual violence and how it influenced her overall comfort as a novice counselor working with ASCSA.

Jennifer  It didn’t necessarily let me know what to do as far as in the counseling role, but I think it helped me understand what I was seeing. So that is where it was really useful to me. To help me understand that every way she was reacting was totally normal and expected. I wasn’t shocked to hear aspects of it. I think some of my fellow counselors have been really shocked or surprised by the level of manipulation that abusers use and I
wasn’t. It is still heart wrenching to hear it from somebody face to face but I wasn’t surprised and I expected that kind of manipulation to have been there. So again, it didn’t really help me know what to say in that moment, that has been instinct and supervision. It did help me understand what I was seeing and have it all make sense. Making sense as much as abuse can sense.

**Vicarious Experiences.** *Vicarious experiences* were conceptualized in the second round of interviews through participant descriptions, coding, and data analysis. *Vicarious experiences* were defined as those experiences in which the participants were able to further understand the experience of being an ASCSA. This occurred through knowing someone who experienced CSA or sexual violence directly or as they heard stories of CSA from an acquaintance, friend, or family member. Participants also experienced other types of trauma, which they reported allowed them to connect to the experience of CSA more closely, such as domestic violence.

Ana  
On a personal level and dealing with what I had dealt with my ex husband and some of the stuff around sexuality that was so scary to me and it definitely stirred up some of those feelings that I had. Don’t want to go there. Don’t want to hear scary stuff. Part of that relates to the feelings that I had. I don’t like these feelings. I don’t want to hear this. A lot of confusion there. It definitely stirred up thinking there and me having to really sort and filter out what is what and who owns what. This isn’t me. This is other people. It definitely stirred up a lot of fear and feelings that I had gone beyond and didn’t have to think about anymore in my life, all of the sudden were thrown back out there. I didn’t want to go there. I associated it with something that I had moved past in my own life.

**Cultural Impact.** *Cultural impact* referred to the societal and socialization influences on the novice counselors in regards to working with ASCSA. These influences included the media (television, movies, and books), theoretical values of the time, stereotypes, and biases. Participant interviews suggested that the impact of current culture
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could not be underestimated and that the media has a powerful effect on new counselors, who may be especially vulnerable to this influence due to the fact that they frequently had no previous training, education, or experiences with the topic of ASCSA. The participants identified stereotypes and societal norms that they brought with them into the initial counseling session with ASCSA. These included ways in which they assumed survivors looked and acted and the type of therapeutic treatment they thought would be beneficial for the ASCSA.

Ana I think media would be a big one and the stigma that is attached to what we see and what we hear. If I haven’t personally experienced it on that same level, and I haven’t, so I draw off of media. My instinct is to draw off media. The problem is the clients did not fit the stereotypes of the media. That made me wake up and realize that what I was doing wasn’t going to work here. It is not real. There is no one reality of it. Definitely socially, culturally they weren’t fitting the stereotype of a survivor. It definitely can mess with your mind. I had to sort out the person sitting in front of me not how I had developed all of my thoughts, my ideas, what I have seen, what I have heard. I had to be more present than ever and ask questions and get to know the person and the situation.

It would have been easy for me to stay in that stereotype and to be disrespectful unintentionally in my own thoughts to that client. I would never be disrespectful to somebody but I think I would have made assumptions about this person that were not fair to that person. Discredited them a little bit unintentionally by letting them live in that stereotype and I don’t like that. It would have been easier to do that. To fall into that with that client. My other two didn’t fit into that so it didn’t make sense to me. It was scary. It was confusing. It felt that their lifestyles, their scenarios fit closer to my lifestyle so it seemed more real. More scary because that is not supposed to happen. Culture definitely influenced me. There is a stereotype out there that just doesn’t make sense. That is scary too because had I not had these experiences with other clients I may not have.

LeAnne Luckily for the cultural awareness I can be in tune to things that may be have influenced them and I can appreciate their beliefs, but
the media doesn’t, I don’t trust, when you read anything in the newspaper it is someone’s point of view and I guess I think to myself and have my own views of what the possibilities are and what the truth may be. I don’t take it all to heart. I don’t want to make assumptions when I see somebody that that is what their experience is like.

Elaine One Hispanic female that I treated when I was in my internship, it repeatedly came up that if a person has mental health issues they were crazy in her family. Her parents were from Mexico and she was born here so she had more of bi-cultural view, but her parents were still pretty uni-cultural according to her. The fact that she was even in counseling was just unfathomable to them. She repeatedly hit these internal walls, wondering herself, am I crazy? Is this normal? Am I doing the right thing by seeing this person and talking about this stuff?

Researcher How did that affect your work with her as you were up against these internal walls?

Elaine I think that it slowed down the process, not in a bad way as in delayed progress, but it caused us to need to slow down and evaluate as we go. What is culture to you? How are you separate or part of your family? What do you want to see happen? How do you think that might impact your family? Are you comfortable moving forward? Those kinds of things that may not otherwise come up.

Sophia Sexual abuse is something nobody talked about for the longest time. It happened no doubt, but nobody ever said anything or talked about it. So it was kind of this taboo subject. Plus it is very, very sensitive. The one client that I had that never did bring it up with me, it was so painful to her. I think that is part of the reason that is doesn’t get any attention and it doesn’t get brought up. It is probably the last thing that clients will say, oh by the way, this happened to me when I was little because it is such a painfully horrid thing to live through and to deal with and then finally having to come and say this happened to me. In my other case he was very upfront about it but had been a little bit older and I don’t know if whether there may have been some issues of guilt because there was also some drugs involved with that incident as well. Whether or not that brought about some stuff. I really think it is that taboo subject and it is so heart wrenching. So you take that trifecta of the taboo subject and the people not wanting to talk about it and the fact that it is a heart wrenching painful experience
and that is why it brings up those strong and intense emotions. Otherwise it would be just like talking about the weather.

It is there but nobody wants to acknowledge it and nobody wants to fact it and nobody wants to see it because of the hell and the pain that you have to go through to take care of it.

I think it makes it a lot harder. A lot more difficult because I still struggle with some of the norms of society. Not to bring this up or not to say that. To be gentle. Plus you don’t want to hurt the person or retraumatize them. There is a lot of that that happens. I just don’t want to retraumatize somebody. I don’t want to hurt them again. I don’t want to make them go through that hell again.

Jennifer I think for me perhaps a feminist identity might be considered a cultural influence on me in the way that I think about and conceptualize this. The feminist background might have supported or strengthened my view of this is certainly not this person’s fault in any way. This is the culture which has set her up to live in silence and for self doubt and self blame. I think that might be a cultural influence. I think that is a lens through which I looked at this situation, so it is hard to analyze the lens.

Susan I am thinking of religious influences. I am thinking of a client where there was a lot of generational sexual abuse within the family. Within that religious belief a lot of things are kept secret and I think that encourages children in that religious belief, with a lot of clients who are.

**Integrating New Knowledge and Awareness**

The category of *integrating new knowledge and awareness* emerged through participant interviews. Through the interview process, participants described their novice counselor experiences, which resulted in the central category of *disrupting events*. Subsequently, the categories of *developing in-session counseling skills with ASCSA*, *growing self-awareness*, and *connecting personal and professional past experience with counseling ASCSA* emerged through data analysis as connected categories to the central category. Finally, participant interviews suggested that these experiences were funneled
through the connecting categories and integrated into the novice counselors’ new knowledge and awareness. The participant interviews revealed that at this point the novice counselors began to incorporate their new experiences, knowledge, and awareness with their previously held beliefs. (See Appendix G, Figure 4.)

Appendix G, Figure 4. Experience of Novice Counselors as they Initially Counseled ASCSA

**Engaging in Personal Reflection**

*Engaging in personal reflection* emerged as a category through participant interviews and data analysis. *Engaging in personal reflection* was defined as the participants’ capacity to exercise introspection and engage in the careful exploration and appraisal of their experience counseling ASCSA, thus having the ability to communicate clearly their thoughts, feelings, and behaviors in the interviews. In addition, connections regarding their own thoughts, feelings, and behaviors were identified as the novice counselors were engaged clinically with CSA material. Participant interviews suggested
that novice counselors who were oriented towards personal reflection were engaged in the process of seeking to understand their experience of working with ASCSA and were consistently examining and observing the experience and their internal reactions. In addition, participants who communicated a high level of personal reflection were connected to a deep self-awareness and had the ability for profound self-contemplation around the experience of providing counseling focusing on the topic of sexual abuse.

Susan

More self aware. Preparing myself and reading the client intake and seeing if they were a child of sexual abuse and taking that into consideration and taking the first five or six sessions trying to provide supportive therapy and building the trust and talking about how they can feel comfortable in session.

LeAnne

I told you before she pulled from me. When the person is way up high with their emotions the counselor needs to be down lower to help them balance so you can’t always be as cerebral in the relationship with them. You have to be a calming effect. I think that is difficult at times because my client wants me to be a bigger support to them than what is, what their looking for in counseling is they want the pain taken away and you can’t do that. I think it is difficult finding the right balance with their needs and what you need to do as a counselor.

Developing Professionally

*Developing professionally* emerged as a property of the category *integrating new knowledge and awareness* through round two interviews with participants. *Developing professionally* was conceptualized as the advancement of skills or expertise in the area of counseling ASCSA as a novice counselor. Participants described that they began to use counseling skills and interventions with the goal to facilitate the therapy process effectively with ASCSA with intentionality. Developing these new counseling skills and
interventions helped increase the novice counselors’ confidence in working successfully with this complex population.

**Jennifer**

Part of the deciding which direction would be more helpful for the client, for me would be in that initial session or two it was definitely going on gut and I don’t think I knew how right this was at the time but my instinct told me to go slow in that I didn’t need to have the answers.

**LeAnne**

I think when the supervisor says let the client do the work, especially in the instances of sexual abuse, the clients are tired. They have worked hard even if they did have coping skills that aren’t good for them they have definitely already worked and they are tired. So here we are asking them to do this more. I wish I knew of a better approach if someone were to emerge in my office with this issue. I wish I had more background and a way to acknowledge more of their needs.

**Participating in Supervision.** Participants defined *participating in supervision* as learning from their clinical supervisors, both at their university and their internship or practicum sites, regarding counseling ASCSA clients. *Participating in supervision* is a dimension of *developing professionally.* This included receiving instruction, presenting clinical cases and treatment plans, reviewing client issues and concerns, and discussing their own development as a new counselor. The participants expressed the value that they placed on the knowledge shared by their supervisors and the supervisory process, and they repeatedly spoke of its crucial role in their experience as a novice counselors working with ASCSA.

In round three interviews, participants continued to emphasize the importance of supervision as they continued to counsel ASCSA.

**Elaine**

…my clinical supervisor about six months ago encouraged me to conceptualize working with trauma, including CSA, as co-carrying the pain with the client.
And then eventually they are able to carry it themselves. That is probably the strongest image I hold in my mind and I share it a lot with my clients.

LeAnne | It is almost like they want a place to fall and unfortunately as a counselor from what I get from my supervision is I need to be stepped back in order to help them.

**Participating in Self-Directed Education.** *Participating in self-directed education* is a dimension of *developing professionally*. Participants indicated that participating in self-education was a necessary part of their experience working with ASCSA, due in part to the lack of formal training in graduate school. *Participating in self-directed education* is defined as any form of learning about counseling ASCSA outside of a formal college or university course. Participants described *participating in self-directed education* as reading books and journal articles, attending trainings, and researching the topic on-line. Jennifer referred to an applicable book that she read that applied specifically to the ASCSA population.

Jennifer | I go in with a little bit more of a plan. I still go in flexible with whatever the client brings, but I think I have more of an idea of what might happen or where I might try to take things.

**Re-Establishing Safety**

*Re-establishing safety* is a property of *integrating new knowledge and awareness*. As previously outlined, participant interviews suggested that the property feeling a loss of safety emerged in the category of *experiencing emotions*. Participants described re-establishing safety as a key part of the process of *integrating new knowledge and awareness*. This process included re-evaluating certainties that were not previously questioned about the safety of relationships, acknowledging altered views of the world,
and finding ways once again to re-establish the feelings of safety with their new knowledge and awareness acquired by working with ASCSA. Participant interviews suggested novice counselors made efforts to seek out feelings of safety and security within themselves, their families, and their communities. The interviews illustrated that they created stronger boundaries and listened to their internal instincts and feelings about other people, due to their new awareness of CSA.

LeAnne  Since I have come to know how prevalent mental illness or mental issues are and also how prevalent sexual abuse is, I don’t walk around with a false sense of safety. I am more choosy about who I speak to and who I continue a conversation with. I really trust those feelings that when I, like that feeling when you just don’t feel right around somebody, I really listen to it. Probably more so.

Jennifer  When I think about safety, I think about how I am feeling emotionally and bodily sensations. That safety if really more internal and less cognitive. More of a sense, less of an intellectual thought process. So on that intellectual thought process level, I question my gut instinct. On a feeling, gut level, I don’t think that my sense of safety has been shaken.

Ana  Just an extra heightened sense there. Realizing that you really don’t know the people around you. If it is just my kids involved I want to know exactly what is going on. That over-protectiveness. That overprotective feeling. People say don’t be overprotective but this is where I needed to be and I wanted to be. I thought how do I do this without looking crazy. It stirred up a lot of thoughts around parenting.

**Participating in Personal Counseling**

Participants identified *participating in personal counseling* as a property of *integrating new knowledge and awareness*. It was defined as meeting individually with a personally selected mental health counselor to process the strong and intense emotions the new counselors experienced in session with ASCSA. Throughout the interviews,
novice counselors discussed the importance of personal counseling for their own personal and professional self-care. They consistently recognized the role personal counseling played in their experience of counseling ASCSA. This included finding ways to regulate their own emotions and establish new tools to manage the stresses of counseling ASCSA, both in and out of session. *Participating in personal counseling* was an integral part of the experience of counseling ASCSA. It enabled the participants to integrate their increased knowledge and awareness in regards to counseling ASCSA. *Participating in personal counseling* also addressed the impact of counseling this population on a personal and meaningful level.

**Summary**

The novice counselors identified *integrating new knowledge and awareness* as an ongoing process that had to be managed consistently. Participant interviews suggested that the category of *integrating new knowledge and awareness* contains the properties of *engaging in self-reflection*, *developing professionally*, *re-establishing safety*, and *participating in personal counseling*. The participant interviews suggested that this is accomplished partially by reflecting on their experiences counseling ASCSA intentionally, which includes the central category of *disrupting events* and connecting categories: *developing in-session counseling skills with ASCSA*, *growing self-awareness*, and *connecting personal and professional past experience with counseling ASCSA*, as well as the properties within the aforementioned categories. Experiencing *disrupting events* and the connected categories were identified as crucial in the experience of novice counselors as they counseled ASCSA initially. Improving professional and personal
functioning was accomplished through the integration of new knowledge and awareness. Participants described a variety of strategies they used to facilitate this integration, including engaging in self-reflection, developing professionally through participating in supervision and self-education, re-establishing safety, and participating in personal counseling. Participants expressed that they recognized growth in their developmental process when they intentionally incorporated new experiences in their counseling of ASCSA.

Each of the categories and the corresponding properties played an integral role in the participants’ experiences as novice counselors counseling ASCSA initially. The participants described the impact of experiencing a disruption and, furthermore, articulated the need to develop counseling skills within these sessions was a critical part of their overall counseling experiences. Through the in-session counseling work with ASCSA, the novice counselors reported disrupting events repeatedly, which required them to reorganize their own belief systems. In addition, participants reported new connections with personal and professional past experiences as they provided counseling to this unique population. Finally, an imperative part of the experience, as described by the participants, was the need to integrate their newly acquired knowledge and awareness. Participants expressed that this category of integrating new knowledge was an essential part of their experience – one that continually evolved as they were faced with the need to incorporate new experiences with ASCSA. The participant interviews consistently illustrated that this process is complex and ever evolving.
APPENDIX H

The Experiences of Novice Counselors as They Work with Their First Clients Who are Adult Survivors of Childhood Sexual Abuse (ASCSA)

Research Study Summary

This dissertation examined the experiences of novice counselors as they counseled their first clients who were identified as adult survivors of childhood sexual abuse (ASCSA). This will be referred to as the phenomenon of interest. Data was gathered from participants through three rounds of face-to-face interviews. The researcher asked the participants open-ended questions intended to encourage detailed and in-depth responses. As the multiple interviews proceeded, the participants were encouraged to expand upon previous comments and descriptions regarding their experiences as novice counselors in their initial counseling sessions with ASCSA clients. The interviews were recorded, transcribed, and analyzed using the grounded theory methodology of open, axial, and selective coding procedures. Coding for process was also conducted. Through this analysis, meaningful information regarding the experiences of the participants began to surface. These emerging concepts were further analyzed and subsequently generated a tentative structure through which a summative diagram was created.

The data gathered through round one of participant interviews and analysis products provided the foundation for the tentative structure representing the experience of novice counselors as they counseled their first clients who identified themselves as ASCSA. The second round of participant interviews and analysis provided further detailed descriptions and additional data regarding the phenomenon of interest. The
additional details, once incorporated, provided a more in-depth understanding of the experiences that were described in round one interviews. During the third round of interviews, the participants provided additional information regarding the phenomenon of interest. The information garnered from round three interviews enriched the previous data and was used to confirm the structure that developed as a result of the first and second round interviews.

The analysis of the participant interviews led to the conceptualization of categories and properties that described the phenomenon of interest. Through selective coding, the central category of experiencing disruption was identified. Experiencing disruptions proved to be crucial to novice counselors and was connected to three of the other emerging categories and their properties and dimensions. Because of its importance, experiencing a disruption became the central category to which three other categories were connected. These categories are: (a) developing in-session counseling skills with ASCSA, with the corresponding properties accepting and adjusting, supporting and listening, assessing readiness for client to address CSA, and receiving ASCSA client feedback; (b) growing self-awareness, including the properties of experiencing emotions, managing own thoughts and feelings, and understanding needs; and (c) connecting personal and past experience with counseling ASCSA, and the properties, personal history of CSA, relating other roles, vicarious experiences, and cultural impact. Each of the categories interacts with one another and connects in significant ways to the novice counselors’ experiences with the disrupting events that occurred during their initial work
with ASCSA clients. Refer to Appendix H, Figure 1, which illustrates the main categories that describe the participants experience and their relationship to each other.

Appendix H, Figure 1. Initial in-session interaction of novice counselor with ASCSA main categories and relationship with one another.
An additional concept describing the participants’ experience of integrating new understanding into their practice and lives was also identified. Integrating new knowledge and awareness emerged through participant interviews and contains the corresponding properties of engaging in self-reflection, developing professionally, re-establishing safety, and participating in personal counseling. Refer to Appendix H, Figure 2, which illustrates the category integrating new knowledge and awareness and the properties and dimensions associated with this category.

Appendix H, Figure 2. Integrating New Knowledge and Awareness

Each of the categories is associated with the others as seen in Appendix H, Figure 3.
Upon further analysis, certain categories and properties emerged that were unique to new counselors working with ASCSA. This summary will define, highlight and explain these categories and properties, the category continuums that the participants described, and the major relationships and interactions between categories.

**Major Categories and Continuums**

*Experiencing disruptions* has consistently been reported by the participants as crucial to their initial experiences counseling ASCSA as novices. Participant interviews suggested that the severity of *experiencing disruptions* was related directly to the range...
on a continuum in each of the properties within each category. Participant interviews suggested there were three connecting categories that related directly to the central category of *experiencing disruptions*.

**Experiencing Disruptions**

*Experiencing disruption* was defined as an occurrence within the counseling session that disturbed and interrupted the counselor’s belief system and expectations about the roles of new counselors, as well as the presuppositions held about ASCSA. Each of these new experiences were filtered through the novice counselors’ current belief systems, and at the point of the disrupting events, they began either to fit the new experiences into the existing belief system or, more often, to expand, alter, or reshape this system in order to accommodate new information garnered from their experiences of working with ASCSA clients.

Participants expressed their experiences of initial work with ASCSA in complex and strongly emotive ways. Participant interviews revealed that these emotions included shock, sadness, and overwhelming sympathy and empathy for the survivor, as well as some judgment regarding the client’s role in the sexual abuse. Participants also described anger toward the person or people that the client held responsible for the abuse. As participant interviews progressed, recognition of positive attributes in the clients began to emerge, including a special strength and courage often exhibited by survivors.

Participants also began to question the safety of their environments as they began to counsel ASCSA clients initially and as they experienced a disruption. Participants reported feeling a loss of security on multiple levels, which included loss of personal
safety, increased concern for family members’ safety, and loss of safety in the community in general. Participant interviews also suggested that their heightened concerns over safety impacted their worldview. Participant interviews revealed that through working with ASCSA the novice counselors became more vigilant regarding CSA, which positively impacted their overall feelings of safety. The novice counselors who had previous experience with the topic of sexual abuse reported that they had already questioned their safety during past personal and professional experiences and, therefore, experienced less of a disruption during their initial counseling experiences with ASCSA.

These factors ultimately resulted in experiencing a disruption. The participants’ descriptions of experiencing a disruption emphasized the complexity of the initial interaction with ASCSA clients. Participant interviews suggested that experiencing a disruption acted as a medium through which the three other connected categories were identified and developed: developing in-session counseling skills with ASCSA, growing self-awareness, and connecting personal and professional past experience with counseling ASCSA. The central category of experiencing a disruption is connected to each of the categories.

Developing In-Session Counseling Skills with ASCSA

The participants reported that they received little to no formal education on counseling survivors of CSA. Participant interviews suggested that this, in turn, created a need for novice counselors to develop in-session counseling skills with ASCSA. During their in-session work, participants reported experiencing an event that disrupted their
current knowledge of working with ASCSA and provided the catalyst to develop or alter ways of working with this population in-session. In the category of developing in-session counseling skills with ASCSA, the participants identified key properties: accepting, being present, managing own thoughts and feelings, assessing readiness for client to address CSA, and client feedback. These properties influenced the category continuum and assisted the novice counselors in ascertaining their level of success in developing in-session counseling skills with ASCSA.

Accepting. Participants described the property accepting, in the category of developing in-session counseling skills with ASCSA, as acknowledging the needs of ASCSA clients and their emotional ability to participate in therapeutic trauma recovery. Participants reported that they adjusted their goals within the counseling session as well as the short- and long-term treatment plans in favor of the needs of the survivor client. Participant interviews illustrated recognizing that they could not fix the situation or take away the clients’ pain. Furthermore, participant interviews suggested that the novice counselors recognized the importance of individually determining what treatment direction and pace would be most helpful for the ASCSA.

Being Present. Being present is a property of developing in-session counseling skills with ASCSA. Participants suggested that being present emerged as an important part of the therapeutic relationship. Being present was defined as providing an environment that was empathic, open, and safe. Participant interviews revealed that the novice counselors placed importance on validating the ASCSA trauma and life experiences, as well as on the importance of being emotionally connected and available as the survivors
moved through their own process of healing. Through being present, novice counselors sought to develop trust with ASCSA clients whose trust was violated as children. Participants described challenges they faced while being present, due to the graphic nature and difficult content presented in stories of CSA. Participants described being present as a necessary and healing part of therapeutically interacting with ASCSA clients as a novice counselor.

**Managing Own Thoughts and Feelings.** Under the category developing in-session skills with ASCSA, participants identified their need to manage their own thoughts and feelings. Participants described managing their own thoughts and feelings as strategies by which they regulated their thoughts and emotions as they were impacted by the stories of ASCSA. Data from the interviews revealed that novice counselors had difficulty successfully managing their own thoughts and feelings both inside and outside of the session at times. The participants suggested that managing their thoughts and feelings was important for the sake of maintaining personal health and balance. The participants identified a variety of individual ways in which they were able to manage their own thoughts and feelings around counseling ASCSA. These included finding ways to leave the information at work, preparing themselves for counseling ASCSA, and recognizing the connections between CSA and what they were feeling and thinking. The effort the novice counselors obviously placed towards managing their own thoughts and feelings became evident during the interviews.

**Assessing Readiness for Client to Address CSA.** Participants described the property of assessing readiness for clients to address CSA, which falls in the category of
developing in-session counseling skills with ASCSA. Assessing readiness for clients to address CSA was described by the participants as evaluating the ASCSA clients’ willingness and preparedness to focus on their own CSA. Participants reported their desire for the client to be ready and prepared to discuss the intensity of CSA. Participants stated that this confrontation required the survivor to possess appropriate coping skills and techniques and have developed a trusting, strong therapeutic relationship with the novice counselor. Participants suggested that these skills and relationship attributes contributed to the success of trauma recovery and reduced the potential for client harm and retraumatization. At times, the participants would receive information through the initial assessment via the intake coordinator, who confirmed that the client experienced CSA, despite the fact that the client was not ready to discuss this trauma. In these cases, the novice counselors described their efforts to respect the ASCSA client and not allude to the trauma before securing a firm foundation from which to engage in trauma recovery work with the client.

Receiving Client Feedback. The participants suggested that through the property of receiving ASCSA client feedback they were able to continue developing in-session counseling skills with ASCSA. The participants described receiving ASCSA client feedback as receiving either verbal confirmation or non-verbal cues from the ASCSA client and integrating this feedback into the way that they structure in-session counseling. The majority of participants stated that they had little or no training on counseling ASCSA. This lack of training, in turn, made client feedback for this population crucial,
because it informed the novice counselors’ thoughts and ideas on how to effectively provide counseling.

**Growing Self-Awareness**

The category of *growing self-awareness* emerged through the second round of interviews. This category was defined as the participants’ developing awareness of their own emotions, thoughts, and self-care needs in the initial process of counseling ASCSA. Participant interviews suggested that a disrupting event encouraged self-awareness growth through the properties, which were identified by the participants as including (a) *experiencing emotions* and (b) *understanding needs*. These properties influenced the category continuum and assisted the novice counselors in ascertaining their level of success in developing deeper levels of awareness.

**Experiencing Emotions.** *Experiencing emotions* was a property that participants identified in the interviews as part of the category *growing self-awareness*. The information given by the participants in the interviews suggested that there were a range of emotions, including sadness, anger, and emotional distress; furthermore, they reported experiencing uncomfortable physical symptoms, such as stomachaches. Finally, there were positive feelings and rewarding moments. Dimensions of experiencing emotions emerged through the data analysis of participant interviews, which were placed under two dimensions: (a) *distressing emotions* and (b) *positive feelings*.

**Distressing Emotions.** *Distressing emotions* were described by the participants as a dimension of the property *experiencing emotions*. Participants described a range of *distressing emotions*, defined as emotions and thoughts that are uncomfortable and
sometimes overwhelming for the novice counselor who initially counsels ASCSA. These experiences included intense emotions such as shock, sadness, anger, and frustration, as well as physical distress. Participants reported fearing that their distressing emotions would overwhelm them and make them more susceptible to clinical errors with ASCSA clients. The data gathered and analyzed through the participant interviews indicated that distress was part of the new counselors’ experience as they counseled ASCSA clients initially. Participants recalled these emotions throughout the interviews with clarity. They recognized that these strong emotions surfaced quickly in their first sessions working with ASCSA. The participant descriptions of strong and intense emotions continued consistently throughout the interviews. Data from the interviews indicated that the distressing emotions were often powerful and frequently caused lingering distress.

Another distressing emotion that participants reported was a lack of preparedness in the area of counseling ASCSA. Participants expressed that they received little or no training in graduate school for counseling CSA survivors. Participant interviews revealed that the novice counselors felt they lacked the knowledge, clinical skills, and necessary training to work with this specific population. From a clinical standpoint, they reported that they felt overwhelmed, ineffective, and inadequately prepared in their initial counseling sessions with this population. They also reported that they feared retraumatizing the ASCSA client.

Participants suggested that this is something they would like to have had more familiarity with as they began as new counselors. The novice counselors stated that the
combination of lack of specific CSA training and feelings of unpreparedness increased their sense of distress.

**Positive Feelings.** Participants also identified *positive feelings* that surfaced for the novice counselor as they worked with ASCSA. Participants described these *positive feelings* as feelings of excitement, encouragement, confidence, and gratitude for the rewarding aspects of counseling ASCSA. The desire to make a difference in a CSA survivor’s life was articulated by the participants. Participant interviews suggested that these positive feelings seemed to decrease feelings of distress for the novice counselor.

**Understanding Needs.** The property conceptualized as *understanding needs* falls under the category of *growing self-awareness*. Participant interviews suggested that understanding needs was the novice counselors’ ability to identify their personal needs as they were counseling ASCSA. Participants reported that understanding their own needs was imperative as they counseled ASCSA clients initially. Participants suggested that *understanding needs* was an integral part of their self-awareness in dealing with the emotional stress associated with working with ASCSA. The participants described as crucial the ability to understand their own stress and find effective ways to manage it. These effective ways or strategies included exercise, prayer, time with loved ones and pets, and mindfulness. The data analysis suggested that working with this population was very demanding. Due to the demanding work, it was imperative that novice counselors’ had an awareness of their own needs, including ways of incorporating self-care, which involved engaging in physical and emotionally uplifting activities that allowed them to release the stress generated by working with CSA.
EXPERIENCES OF NOVICE COUNSELORS

Connecting Personal and Professional Past Experience with Counseling ASCSA

Participant interviews suggested that connecting personal and professional past experiences with counseling ASCSA was an important part of the initial experiences of counseling ASCSA. During the course of participant interviews, properties emerged that influenced how they connected personal and professional past experiences with counseling ASCSA. The properties included: (a) personal history of CSA, (b) relating other roles, (c) vicarious experiences, and (d) cultural impact.

Personal History of Childhood Sexual Abuse (CSA). The property of personal history of CSA was defined by the participants as having experienced sexual abuse as a child. A portion of the participants acknowledged that CSA is part of their history and influenced their experience as they counseled ASCSA clients initially. Participant interviews revealed that having a history of CSA was influential on initial counseling of ASCSA for the novice counselor. The influences ranged from positive to limiting. Positive influences included being able to empathize with the journey of an ASCSA and to express hope that trauma recovery is possible. Participant interviews revealed that limiting influences included experiencing biases towards abuse that was similar to their own CSA and being overwhelmed with distressing emotions.

Relating Other Roles. In the category of connecting personal and professional past experience with counseling ASCSA, the property of relating other roles was defined by the participants as connecting current or past positions and responsibilities to their initial work with counseling of ASCSA. Participants identified experiences in a variety of
roles as influential on their role as novice counselors with this population, informing their perceptions and therapeutic interactions.

Participant interviews suggested that the ability to relate other roles was helpful to their work as novice counselors, because it allowed them to connect with the phenomenon of interest in a personal and profound way. Participants who reported having experience in areas that dealt with different forms of sexual abuse expressed a high level of comfort when they heard ASCSA client stories, and they dealt effectively with graphic and disturbing events associated with CSA. They also reported that they were capable of managing their own emotions related to CSA. Identifying with other roles also allowed novice counselors to connect to ASCSA on a more personal level and feel more aligned with the survivor’s story.

**Vicarious Experiences.** The property of *vicarious experiences* was conceptualized through the participant interviews. *Vicarious experiences* were defined as those experiences that assisted in the novice counselor’s ability to understand the experiences of an ASCSA. This occurred by having an experience that they felt allowed them to understand trauma by knowing someone who experienced CSA or sexual violence or hearing stories of CSA through an acquaintance, friend, or family member. Participants who had suffered through trauma described vicarious experiences, such as domestic violence, that allowed them to better relate to CSA, even though the trauma was not CSA.

**Cultural Impact.** *Cultural impact* referred to the societal and socialization influences on the novice counselors as they worked with ASCSA. These influences
EXPERIENCES OF NOVICE COUNSELORS

included the media (television, movies, and books), theoretical values of the time, stereotypes, and biases. Participant interviews suggested that the impact of current culture could not be underestimated and that the media has a powerful effect on new counselors, who may be especially vulnerable to this influence due to the fact that they frequently had no previous training, education, or experiences with the topic of ASCSA. The participants identified stereotypes and societal norms that they brought with them into the initial counseling session with ASCSA. These included ways in which they assumed survivors looked and acted and the type of therapeutic treatment they thought would be beneficial for the ASCSA.

Integrating New Knowledge and Awareness

The central category of disrupting events emerged from participants’ descriptions of their experiences as novice counselors in initial counseling sessions with ASCSA clients. Subsequently, the categories of developing in-session counseling skills with ASCSA, growing self-awareness, and connecting personal and professional past experience with counseling ASCSA emerged through data analysis. Finally, participant interviews suggested that these experiences were integrated into the novice counselors’ new knowledge and awareness. The category of integrating new knowledge and awareness emerged through analysis of participant interviews. The participant interviews revealed that at this point the novice counselors began to incorporate their new experiences, knowledge, and awareness with their previously held beliefs.

The category integrating new knowledge and awareness relates to the participants’ desire to connect previous thoughts and beliefs about working with ASCSA
to their new experiential on-going practice with this population. The interviews revealed that participants felt unprepared to work with ASCSA, because they received little or no formal training in counseling ASCSA. As they counseled ASCSA clients initially, they began to incorporate their new experiences with their previously held beliefs and added continually to their knowledge base. Participant interviews suggested that the novice counselors sought to understand the ASCSA population more clearly and to find effective and therapeutic ways by which to counsel this population. Through participant interviews, the properties that emerged in this category included: engaging in personal reflection, developing professionally, re-establishing safety, and participating in personal counseling.

**Engaging in Personal Reflection.** Through participant interviews and data analysis, *engaging in personal reflection* emerged as a property of the category *integrating new knowledge and awareness.* *Engaging in personal reflection* is defined as the participants’ capacity to exercise introspection and to engage in the careful exploration and appraisal of experiences counseling ASCSA, thus gaining the ability to communicate clearly their thoughts, feelings and behaviors in the interviews. In addition, connections among their own thoughts, feelings, and behaviors were identified, as the novice counselors engaged clinically with CSA material. Participant interviews suggested that novice counselors who were oriented towards personal reflection were engaged in the process of seeking to understand their experience of working with ASCSA. The participants reported that personal reflection allowed them to consistently examine and observe their experiences and their internal reactions. Furthermore, participants who
communicated a high level of personal reflection were connected to a deep self-awareness and had the ability for profound self-contemplation around the experience of providing counseling focusing on the topic of sexual abuse.

Developing Professionally. Through the interviews with participants, developing professionally emerged as a property of the category integrating new knowledge and awareness. Developing professionally was conceptualized as the advancement of skills or expertise in the area of counseling ASCSA as a novice counselor. Participants described that they began to facilitate the therapy process with intentionality by using specific counseling skills and interventions as they worked with ASCSA. Developing these new counseling skills and interventions helped increase the novice counselors’ confidence in working successfully with this complex population. Two dimensions emerged in the property of developing professionally: participating in supervision and self-education.

Participating in Supervision. Participating in supervision was defined by the participants as learning from their clinical supervisors, both at their university and their internship or practicum sites, regarding counseling ASCSA clients. Participating in supervision is a dimension of developing professionally. This included receiving instruction, presenting clinical cases and treatment plans, reviewing client issues and concerns, and discussing their own development as a new counselor. The participants expressed the value that they placed on the knowledge shared by their supervisors and the supervisory process, and they repeatedly spoke to its crucial role in their experience as a novice counselors working with ASCSA.
**Participating in Self-Directed Education.** Participating in self-directed education is a dimension of developing professionally. Participants indicated that participating in self-education was a necessary part of their experience working with ASCSA, due in part to the lack of formal training in graduate school. *Participating in self-directed education* is defined as any form of learning about counseling ASCSA outside of a formal college or university course. Participants described *participating in self-directed education* as reading books and journal articles, attending trainings, and researching the topic on-line.

**Re-Establishing Safety.** Re-establishing safety is a property of integrating new knowledge and awareness. As previously outlined, participant interviews suggested that the property feeling a loss of safety emerged in the category of *experiencing emotions.* Participants described re-establishing safety as a key part of the process of *integrating new knowledge and awareness.* This process included re-evaluating certainties that were not previously questioned about the safety of relationships, acknowledging altered views of the world, and finding ways once again to re-establish the feelings of safety with their new knowledge and awareness acquired by working with ASCSA. Participant interviews suggested that novice counselors made efforts to seek out feelings of safety and security within themselves, their families, and their communities. The interviews illustrated that they created stronger boundaries and listened to their internal instincts and feelings about other people, due to their new awareness of CSA.

**Participating in Personal Counseling.** Participating in personal counseling was identified by the participants as a property of integrating new knowledge and awareness. It was defined by the participants as meeting individually with a personally selected
mental health counselor, in part to process the strong and intense emotions the new counselors experienced in session with ASCSA. Throughout the interviews, novice counselors discussed the importance of personal counseling for their own personal and professional self-care. They consistently recognized the role personal counseling played in their experience of counseling ASCSA. This included finding ways to regulate their own emotions and establish new tools to manage the stresses of counseling ASCSA, both in and out of session. Participating in personal counseling was an integral part of the experience of counseling ASCSA. It enabled the participants to integrate their increased knowledge and awareness in regards to counseling ASCSA. Participating in personal counseling also addressed the impact of counseling this population on a personal and meaningful level.

Summary

Integrating new knowledge and awareness was identified by the novice counselors as an ongoing process that consistently had to be managed. Participant interviews suggested that the category of integrating new knowledge and awareness contains the properties of engaging in self-reflection, developing professionally, re-establishing safety, and participating in personal counseling. The participant interviews suggested that integrating new knowledge and awareness is accomplished partially by intentionally reflecting on their experiences counseling ASCSA, including the central category of disrupting events and connecting categories, which include: developing in-session counseling skills with ASCSA, growing self-awareness, and connecting personal and professional past experience with counseling ASCSA and the properties within the
aforementioned categories. Experiencing *disrupting events* and the connected categories were identified as crucial in the experience of novice counselors as they counseled ASCSA clients initially. Improving professional and personal functioning was accomplished through the integration of new knowledge and awareness. Participants described a variety of strategies they used to facilitate this integration, including *engaging in self-reflection, developing professionally through participating in supervision* and *self-education, re-establishing safety*, and *participating in personal counseling*. Participants expressed that they recognized growth in their developmental process when they intentionally incorporated new experiences in their counseling of ASCSA.

Each of the categories and the corresponding properties played an integral role in the participants’ experiences as novice counselors initially counseling ASCSA. The participants described the impact of experiencing a disruption and, furthermore, articulated the need to develop counseling skills within these sessions was a critical part of their overall counseling experiences. Through the in-session counseling work with ASCSA, the novice counselors reported repeatedly *experiencing disruptions*, which required them to reorganize their own belief systems that they relied upon initially for working with ASCSA. In addition, participants expressed as integral their growing self-awareness and noticed new connections with personal and professional past experiences as they provided counseling to this unique population. Finally, an imperative part of the experience as described by the participants was the need to integrate their newly acquired knowledge and awareness. Participants expressed that this category of integrating new
knowledge was an essential part of their experience, one that evolved continually as they were met with the need to incorporate new experiences with ASCSA. The participant interviews consistently illustrated that this process is complex and ever evolving.
APPENDIX I

Member Checking

Member checking is used in grounded theory to enhance the credibility of the study. The goal of member checking is to verify the researchers emerging theories and inferences that were formed during the three rounds of participant interviews. These checks are related to confirming the accuracy of the data collected and seek to validate that the emerging theory and the diagrams are reflective of what the participants communicated to the researcher. Member checking took place at the conclusion of the interview process and after the initial analysis.

The participants were emailed a summary of the emerging grounded theory that included the definitions of the categories and properties as well as the diagrams that represented the results of the information parsimoniously. Additionally participants were asked to think about the following questions as they reviewed the summary:

1. Does the summary accurately capture your experience as a new counselor working with adult survivors of childhood sexual abuse (ASCSA)? How so?

2. How do your experiences as a new counselor working with ASCSA relate to the categories? (For instance, how do you see yourself in some of the categories, but not others?)

3. Do the diagrams capture your experience as a new counselor working with ASCSA?

4. In the summary, was there any part of your experience that you considered crucial that was not mentioned?
Participants were encouraged to review the summary prior to our scheduled member check interview and asked to provide feedback regarding the emerging conclusions of the data. The researcher requested to meet in person with the participants to discuss the data, but also offered to receive feedback through email or phone conversations if meeting in person was not a viable option for the participant.

Six participants met with the researcher in-person to review the data that emerged from the interviews. The summary was briefly reviewed with the participants and I gave them the opportunity to ask any questions they had regarding the information. The research requested their feedback asking them the questions outlined above. Following are the questions and highlights of the participants’ responses:

1. Does the summary accurately capture your experience as a new counselor working with adult survivors of childhood sexual abuse (ASCSA)? How so?

   Elaine  Absolutely. To me it felt like sharing extemporaneous information and you took it and distilled it all down into something that is very logical but also reflective of my experience.

   Ana       It really does. Looking at this really sums it up nicely especially looking at this disruption. When I had a survivor client in my office it there where things that disrupted me but I had to function, so I relied on going back to things like experiencing emotions and developing in session.

   Sophia    Not only were the quotations relevant, but you were spot on in how you categorized the responses… It was comforting to realize that I wasn’t the only one that felt that way.

   Susan     I thought that the summary was comprehensive of all of the time that we spent together. It was succinct. The diagrams really helped, I like visuals, so the helped me to see how it all connects as opposed to having my ideas just thrown out there. It was nice to see how the process flows, like I said, like a decision tree. To see what to expect the first year, you could say normalized and know
that it is not expected of you to know all of this from the beginning.

Leanne I remember talking about the majority of this. I think you really understood that there was such a place of tragic pain and provided a safe place to talk about the experience.

Jennifer Yes it does. For me, I think that the summary really captured my experience.

2. How do your experiences as a new counselor working with ASCSA relate to the categories? (For instance, how do you see yourself in some of the categories, but not others?)

Elaine I relate so much to the disrupting event. That was such a great concept that you pulled out of the information. I really like the disrupting event category and the way it feeds back around or the integration piece leading to another disrupting event because at times being a counselor working with survivors can be one big disrupting event. This topic is so heavy and sad. The impact on the survivors life is so severe and long lasting so to be jarred by that as a therapist is really disrupting. I love the term. It really captures the feeling. Maybe that is the beauty of it, it really jolts the therapist into movement.

Ana Previously I would have said I don’t have a lot of past experience. I wouldn’t have spent a lot of time with this category, but now I can see how looking back on past information and my experience have a big impact. So I might be moving through the categories and then get new client information and that creates another disruption for me. At that point I can look at my past experience and rely on that. Feeling it emotionally and personally, but not feeling stuck. I think this summarizes the movement through the categories nicely.

I like the disrupting event because with this topic it definitely puts a feeling of yes I have clients with anxiety or depression, which is more common and I know the symptoms. These don’t give me that pit in my stomach. We can work through this. We can help break it down. This topic is such a cultural taboo, so close to home, so scary, so private in so many different ways, if it didn’t create a disrupting event for somebody, if it didn’t affect you in a way that
just makes you stop and catch your breath I would be alarmed by that if a counselor didn’t experience that. It would scare me because it is huge. There are so many different levels. It is a hard topic personally, culturally, emotionally, everything filters into that topic. Disrupting event makes me think of trying to catch my breath. I can’t just keep on moving through my hour. Even now when I talk about it, I feel that. Okay this is serious. We have to act. We have to kick it all into gear now. We can’t just keep going or give them a pat on the back or encourage that hope. We have to do some serious changing and work. A disrupting event is like a broken arm. It is not a scratch. It does not call for a band aid. It is calling for a lot more work than that.

Susan

I have experienced disrupting events. I was thinking about it and sometimes it is within the session or outside the session…Strong emotions come up or even countertransference.

In the categories, I can really relate to integrating new knowledge and developing in-session. When I get feedback from clients and how I can use that to learn from my experiences along with the self-awareness part. Incorporating those things and figuring out how to learn about this population. I am more of a hands on learner. Instead of reading vignettes, I think it is important to experience it firsthand.

Leanne

I liked the points that you made in the categories. I related to them. I thought that they were right on the point. I appreciated the emphasis on supervision, because as new counselors we rely on our supervisors. It is unique and critical relationship.

Sophia

I felt that the majority of the categories related to me specifically.

Jennifer

The categories make a lot of sense. I like the way they are split up. I relate to developing skills in-session and assessing for client readiness.

3. Do the diagrams capture your experience as a new counselor working with ASCSA?

Elaine

Yes. Absolutely. I love the whole direction and how it has more of a continual growth feel. I love the fluidity within the categories, success versus limited success and connection versus limited connection. Even throughout various times going through.
Counseling is such a fluid experience. I think that it is really reasonable that you could experience success sometimes and not other times, or feel like you have self-awareness sometimes and not so much other times. Sometimes you use your skills well and other times you don’t. Very fluid.

Sophia
Yes! I loved the diagrams! They were a great way to visually see the impact of the experience.

Susan
I though the diagram captured a lot. It was a good summary of how the therapist gets their information. What they did with it. It was like the decision tree of the DSM. If not this, than that. It was a good summary. It was a good snapshot of the general topics of why and how the experience was affected.

Ana
I like the swirl diagram better because as a new counselor because during session I was in a different place on the diagram than after session. I had to figure out how to be professional in the moment. How to keep it all together and look professional, though internally I might be experiencing strong emotions or reflecting on past experiences, but if I did that in the moment, I am afraid I would lose my client. I wouldn’t be able to help them. I would be trying to help me help them, which I think in the session wouldn’t be necessary. That is why I liked the spiral because it is okay to jump from the top to the bottom and then rebuild to help the client more.

So I act in session and take care of my client and then I return to process it outside of session.

Leanne
The triangle one gives the gist of what you are doing as a new counselor. I like that. The disrupting events were so important and this representation makes it easy to see what your findings were.

Jennifer
Yes, they make a lot of sense. I am visual. I like it.

4. In the summary, was there any part of your experience that you considered crucial that was not mentioned?

Elaine
I was just thinking that over time that over time, well it seems like there would always be some jumping back and forth, but in time as a counselor you would start experiencing more growth and connecting to a more successful place.
Ana Thinking back, no. You have done a beautiful job. I love how you have integrated all of the pieces nicely. It is not an easy topic. Not at all.

Sophia I believe you accurately summarized the major and definitely the most impactful areas of my experience. I want to thank you for your kindness, flexibility, and in-session empathy during the interviews. It only brought to light the importance of counseling. I realized that there were feelings and emotions buried deep within that surfaced due to the experience of encountering Adult Survivors. Your survey allowed me to face these raw hidden emotions in a very healthy approach. Had I not been able to process these in a timely manner, I am sure they would have bubbled to the top at a later date, however the result may not have been as positive and possibly could have hurt a client I might have been attending at the moment.

Susan I think it was a good composite. I saw some snapshots of what I said and then maybe what the other participants said. It was a good mixture of the experiences. Like the education part and what was lacking. How people reacted and how they prepared and how they did self-care. I felt like it was a good representation.

Jennifer I really think it is all here – especially the big stuff.

Leanne I thought that it would be great to understand more how therapists who were survivors of CSA were impacted by being survivors and counseling ASCSA.

Additionally, participants related to the diagrams, which represented a non-linear dynamic in which the categories can be revisited, repeated, or experienced simultaneously:

Elaine I love that because you never stop hearing the information and you never stop responding in different ways. So you could hear 8000 stories that are similar and there would just be that one little difference that is intense.

It is just so amazing that you took all of this data and pulled out such strong themes and conceptualized this disrupting event and how it relate to each of the three connecting categories and the processes. And the triangle. I love it. It is awesome.
Ana  The other thing I think was summarized nicely was as more information comes out in sessions and you think you have all of the information and all of the sudden more information comes out. Now I am back to experiencing something new that I need to feel a little more solid on. I am feeling that pit again, thinking wow I didn’t know that. The client had held that from me for so long. It was a new piece of information and then there is that pit again. So it summarizes it nicely. It is not just black and white. It is very emotional. It is just reading a book and knowing what to do. This is beautiful.

Susan  I related to the continuums. Some days you feel like you are on it. You are on a roll and then another disrupting event occurs. It makes you question when you thought you were doing real work with the client. Did I miss something? Then you go back around and through the diagram.

Leanne  I liked how in your diagram you can circle back because as a new counselor you go through that all of the time. You are never there. Circling back is one of my favorites, as is continually evolving. I like that.
Appendix I, Figure 1. Initial in-session interaction of novice counselor with ASCSA
Appendix I, Figure 2. Integrating New Knowledge and Awareness

Each of the categories builds on one another as seen in the summary diagram.
Appendix I, Figure 3. Summary of experience of novice counselors as they initially counsel ASCSA.
Appendix J

Connections with Experiencing Disruption

Experiencing Disruption

High Acute  ↓  Low Manageable

Personal  ↓  Professional  ↓  Relationship with Client

Modulated By

Self-Awareness

Low Unsuccessful  →  High Successful

Integrating

Engaging  →  Not Engaging

Connecting to Past Professional and Personal History

Personal

Low  →  High

Professional

Low  →  High
The participants reported experiencing disruption at varying levels, which ranged from manageable to acute. Participants suggested they sought, to varying degrees, to understand their experiences counseling ASCSA more thoroughly, with the specific intention of lowering their own senses of disruption and finding therapeutic ways to work with ASCSA. Experiencing disruption influenced how they felt personally, professionally and how they were able to effectively relate to ASCSA clients. Participants identified several ways in which they began recovering from the disruption. The participants reflected on their ability to gain personal self-awareness, to continually integrate their new knowledge and awareness, and to connect to past professional and personal history. Some were successful in these areas, where as some struggled to grow and connect with dynamic aspects that promote recovery.

The category of growing self-awareness was defined as participants’ becoming more conscious of their own emotional and cognitive processes as they began counseling ASCSA clients. Participant interviews suggested that experiencing disruption encouraged self-awareness. Participants who reported new self-awareness, often were able to attain this new awareness through engaging in self-reflection. Some participants were disconnected and, thus, unsuccessful with engaging in self-reflection, and therefore were less able to promote their growing self-awareness. This directly influenced their ability to recover from experiencing disruption. In addition, participant interviews revealed that working with ASCSA produced a range of emotions, which also helped the novice counselors become more self-aware. Participants described distressing emotions that
were uncomfortable and sometimes overwhelming for novice counselors, especially as they listened to stories that involved childhood sexual abuse.

Many of the novice counselors worked toward integrating new knowledge and awareness. Some participants reported extensive engagement with these integrating strategies, while others reported avoiding such strategies or having poor experiences with them, which directly impacted their ability to overcome *experiencing disruption*. The more engaged the novice counselor was with integrating new knowledge and awareness, through a variety of means, including personal counseling, supervision, and self-directed education, the more successful they were within the integration process.

Participant interviews suggested that connecting personal and professional past experiences with counseling ASCSA was an important part of the initial experiences of counseling ASCSA and directly related to *experiencing disruption*. The novice counselors made associations between their personal and professional histories and their initial counseling experiences with ASCSA. Participants expressed that their experiences of counseling ASCSA as novice counselors were heavily influenced by personal and professional past experiences, as well as culture more broadly. A high degree of connecting to personal and professional past history with counseling ASCSA often made the recovery from *experiencing disruption* more attainable in a shorter period of time. Lack of connection often resulted in the continued and unmanageable experiences of disruptions.

Participants identified experiences in a variety of capacities as influencing the novice counselor’s role with this population and their ability to recover from
experiencing disruption. Experiencing disruption was modulated by the novice counselors’ own self-awareness, integration of new knowledge and awareness, and connecting past experiences, both personally and professionally. Ultimately, the ability to recover from disruptions affected the relationship with the ASCSA client. If they were able to recover from disruptions, the novice counselors felt more connected to their ASCSA clients and more confident in their roles as novice counselors.