

SACES Research & Practice Grant Final Report 2017-2018

Title of Funded Project: Supervisory Experiences Related to Secondary Traumatic Stress of Supervisees Treating Child Sexual Abuse Survivors

Rationale of the funded project

This study seeks to examine the experiences of counselors-in-training providing treatment to child survivors of sexual abuse within supervision related to Secondary Traumatic Stress (STS). STS of counselors is the direct result of being exposed to the traumatic experiences of others (Canfield, 2005). STS symptoms are similar to those experienced by survivors of trauma to include Post-Traumatic Stress Disorder (PTSD) symptoms (Canfield; Killian, 2008). Studies suggest that STS responses are known to be higher in younger counselors, counselors whose caseloads are high and made up of primarily clients who have experienced trauma, and who work specifically with child sexual abuse survivors (Ortlepp & Friedman, 2003; Sodeke-Gregson, Holtum, & Billings, 2013; Arvay, 2002; Killian, 2008). STS responses in clinicians can lead to impairment in their ability to function as an ethical and effective treatment provider (Everall & Paulson, 2004). The therapeutic relationship between counselors and trauma survivors can be significantly diminished by STS responses in counselors which could have an influence on client outcomes in treatment (Etherington, 2000). Supervision is one factor frequently noted in the literature as correlated with having an influence on STS responses in counselors (Canfield, 2005; Etherington, 2000; Everall & Paulson; Sodeke et al.; Killian, 2008; Knight, 2013; Pearlman & Saakvitne, 1996; Whitfield & Canter, 2014). There is limited literature that focuses on specific supervisory experiences that benefit counselors-in-training working with child sexual abuse survivors related to their STS responses despite support in the literature that supervision practices could have an impact on prevention of STS responses in counselors, as well as enhance outcomes for clients in trauma treatment (Arvay; Etherington). It could be of great benefit for supervisees to have the opportunity to share their experiences within supervision regarding STS responses related to indirect trauma exposure in their work with child sexual abuse survivors to examine specific supervision interventions that may benefit or hinder counselors-in-training working in this field. Therefore, the following research question will guide this study: What experiences do supervisees providing treatment to child survivors of sexual abuse have within supervision related to secondary traumatic stress?

Methodology of the project funded

The research team used a consensual qualitative research (CQR; Hill, Thompson, & Williams, 1997; Hill et al., 2005) design in this study to analyze the wide-ranging supervisory experiences of supervisees undergoing this phenomenon. CQR is rooted in grounded theory, phenomenology, and comprehensive process analysis qualitative approaches aiming to systematically uncover the meaning the participants construct from their experiences (Heppner, Wampold, & Kivlighan, 2008). The research team chose CQR for this study due to the consensual processes, as well as rigorous, consistent data collection and analysis methods inherent to the design (Hill et al., 2005). The following steps guided the research process as outlined by Hill and colleagues (2005): a) semi-structured interviews utilizing open-ended questions, b) eliciting diverse viewpoints of various judges during data analysis, c) the judges reached consensus at each phase of data analysis regarding interpretation of participant experiences, d) one internal and one external auditor reviewed the data analyses to increase trustworthiness, e) establishment of domains and core ideas, and f) cross analyses to derive categories from the data.

Analyses and Results

Participant sample. The research team used criterion-based sampling, as well as snowball sampling methods (Creswell, 2013) in this study to identify and recruit 10 participants. Hill and colleagues (1997) suggest 8-15 participants as generally being an appropriate sample size for CQR. Participants were added to the sample until the research team reached consensus about data saturation (Hunt, 2011). Inclusion criteria for the sample consisted of: (a) A license in counseling, or a related profession (i.e. clinical social work, clinical psychology), (b) clinicians currently receiving supervision, or having received supervision within the last 5 years, and (c) treating child survivors of sexual abuse (CSSA). The participants for this study were all licensed counselors (six) or licensed clinical social workers (four) currently providing therapy to CSSA in four Southeastern states and one Northeastern state in the United States. Participants reported having between 1 – 26 CSSA on their therapy caseload at the time of the interviews. Participants were working in community mental health centers, private practice, child advocacy centers, and a rape crisis center. The participants had between one to seven years of experience in the field, as well as working with this population. Six of the participants were still currently receiving licensure supervision. While four of the participants had completed licensure supervision within the last two years, those participants were all still receiving agency clinical supervision on an intermittent basis. Supervision frequency ranged between one to two hours per week to two hours per month. All of the participants identified as Caucasian females ranging in age between 25 – 34.

Analyses. Data analysis took place through consensus of the research team in the preceding three steps as outlined by Hill (2012) and Hill et al. (2005): a) domains were identified via a start list derived from the three prompts in the interview protocol and were expanded and re-evaluated to remain close to the data, b) core ideas took the form of summaries gathered from the participants words and were matched within the corresponding domain, and c) during cross-analysis, categories and sub-categories were assembled that captured the most frequently represented main ideas within the data. The categories and sub-categories were labeled within the following frequencies: (a) General: Found within the majority of data cases (nine to ten), (b) Typical: Found within more than half of cases (six to nine), (c) Variant: Found in at least a minimum of two cases (two to five), and (d) Rare: Found in at least one case. When disagreements arose that were not resolved through open discussion, the research team members went back to review the raw data to come to consensus about the meaning the participants derived from their experiences (Hill et al., 2005). The internal auditor will provided feedback regarding the research team data analyses throughout the process. The external auditor provided feedback during the latter stages of cross-analysis of the data (Hill et al., 2005). The external auditor's feedback regarding the domains, core ideas, and categories had increased objectivity due to lack of influence by the research team.

Summary of Findings. Table 1, below, includes the final domains and categories along with the subcategories and frequency labels. Following Table 1, is a brief description of the findings.

Table 1

Domains and Categories	Frequency
Domain I: Clinician Challenges When Working With CSSA	
Category 1: Caregiver Response	General
<i>Subcategory 1: Lack of Support</i>	<i>Typical</i>
Category 2: Impact on Clinician	General
<i>Subcategory 1: SA Stories Difficult to Hear</i>	<i>Typical</i>
<i>Subcategory 2: Competency Concerns</i>	<i>Typical</i>
Category 3: Social Welfare Systems Involvement	Variant
Category 4: Child Response	Variant
Domain II: Clinician Effects When Working with CSSA	
Category 1: Intrapersonal Disruption	General
<i>Subcategory 1: Altered Worldview</i>	<i>General</i>
<i>Subcategory 2: Affective Responses</i>	<i>General</i>
Category 2: Interpersonal Disruption	Typical
Category 3: Somatic	Typical
<i>Subcategory 1: Altered Worldview</i>	<i>Typical</i>
Domain III: Growth Experiences Related to Trauma Work	
Category 1: Post-Traumatic Growth	Typical
Domain IV: Protective Supervision Factors	
Category 1: Peer Supervision/Consultation	Variant
Category 2: Supervision Structure	General
<i>Subcategory 1: Predictable Supervision Format</i>	<i>Typical</i>
<i>Subcategory 2: Supervision Interventions</i>	<i>Typical</i>
<i>Subcategory 3: Supervision Accessibility</i>	<i>Typical</i>
Category 3: Supervision Relationship	Typical
<i>Subcategory 1: Strong/Close Supervisory Relationship</i>	<i>Typical</i>
<i>Subcategory 2: Supervisor Traits</i>	<i>Typical</i>
Domain V: Inadequate Supervision Experiences	
Category 1: Administrative Aspects of Supervision	Typical
Category 2: Clinical Aspects of Supervision	Typical
Domain VI: Wellness Practice	
Category 1: Support System	Typical
Category 2: Self-Care	Typical
Category 3: Agency Culture	Variant

As the prevalence of child sexual abuse continues to rise, the need for competent and mentally healthy counselors continues to grow as well. However, continuously working with child survivors of sexual abuse (CSSA) is not only challenging in processing the material with the clients, but also managing the stress reactions after the session due to the indirect exposure of the child's trauma, also known as secondary traumatic stress (STS; Canfield, 2005). Through our exploration and analysis of the counselors' experience working with CSSA, six domains and 16 categories emerged in the data focusing on various challenges, growth opportunities, and supervision experiences. All the participants in the study echoed the challenges noted in the literature of working with this population. The participants mentioned feeling helpless and hopeless in their work with these children or being so affected by their stories that their worldview has been altered (Etherington, 2000). They also mentioned engaging in avoidant behaviors and feeling unable to offer empathy at times (Pearlman and Saakvitne, 1995; Figley, 1995). Additionally, the participants mentioned struggling with high caseloads of CSSA (Arvay, 2002). Similarly, in discussing supervision needs, the participants were open in sharing the need for their supervisors to be present, engage in empathic understanding (Sommer & Cox, 2005), and more frequent, dependable supervision meeting time.

Although the participants in this study helped to illuminate the struggles and challenges of working with CSSA and enduring STS supported by the literature; this study provides new light on the supervisory needs and supervision practices that are beneficial in assisting them in managing STS responses and longevity in this work, as well as post traumatic growth (PTG) experiences that are not expressed in the current literature. The findings of this study illustrate a need for more structured supervision focusing on working with the CSSA population, and specifically, identifying and processing STS responses during supervision. Additionally, this study highlights the power of peer consultation, as this provides an outlet for connection, belonging, and validation and a reduction of the intense feelings of isolation of this work. Furthermore, this study adds further support to the importance of the supervisory relationship for managing STS responses and receiving beneficial supervision from the perspective of the supervisee. Lastly, PTG was discussed by participants, which illustrates the potential trauma counselors have to experience increased self-efficacy, improved sense of well-being, and more balance through healthy boundaries with clients when supported in supervision. This is consistent with previous researchers' findings that trauma counselors find growth through increasing the understanding of self, a greater appreciation of life, and making a difference (Bartoskova, 2017; Tedeschi & Calhoun, 1996).

Limitations

As with all studies, certain limitations exist in this study. Despite consensus of the research team and other trustworthiness measures taken in the data analysis process (Hill, Thompson, & Williams, 1997), interpretations of the data could vary across research teams. Moreover, Hill and colleagues (1997) recommend a random sample of homogenous participants. We used a criterion-based sample in order to understand the phenomenon more fully. Though the sample was somewhat demographically homogenous (i.e., age, gender, experience level), the use of a criterion-based sample that was identified through purposive, snowball sampling methods could minimize the utility of the findings across a diverse range of practitioners, as participants were not chosen at random. Furthermore, a number of different interviewers on the research team conducted the interviews during the data collection process. The interviewers had the same level of training and experience, as well as utilized the same semi-structured interview questions during the interview; however, the probes and interview style may have differed across interviewers and could have caused variation in participant responses (Hill, Thompson, & Williams, 1997). Finally, due to the positionality, expectations, and previous experiences of the research team, it is likely that there may have been some biases inherent in the data collection and analysis process. However, bracketing biases prior to data collection, discussing biases and positionality throughout the study and analysis processes, the use of internal and external auditors, and consensus of all team members during the data analysis process may

have helped to reduce the influence these experiences had on the research results (Hill et al., 2005).

Implications for future research

This study could lead to further research in this area to conceptualize and empirically study supervision practices and interventions that may prevent and reduce STS in supervisees. Additionally, researchers could examine the impact of reduced levels of STS on client outcomes and therapeutic alliance.

Implications for Counselor Education and/or Supervision

The current study will contribute to counselor educators' and supervisors' knowledge about supervision practices that may benefit novice counselors experiencing secondary traumatic stress (STS) in regard to their clinical work with child survivors of sexual abuse (CSSA). Moreover, identifying valuable supervision practices for supervisees working with this population could improve retention of counselors working with this population. Finally, the treatment outcomes of this client population are likely to be improved by supervision practices that could minimize this phenomenon and maintain more ethical and effective treatment providers in this field.

Plan to Disseminate Findings

Upon completion of the study, the findings will be submitted for review for publication in *Counselor Education and Supervision* by July 31, 2018. Furthermore, the study results have been accepted for presentation at the 2018 SACES Conference. The study results have also been submitted for presentation at the 2018 AARC and 2019 ACA Conferences. Acknowledgement of SACES financial support will be given in all publication and presentation contexts listed.

Final Budget

Category	Item Details	Cost/Item	Total Projected Cost	Progress Report (Status)
Data Collection Tools	Sony ICD-PX440 Digital Voice Recorder	\$69.00	\$69.00	Paid Amazon Total Cost: \$69.25
Data Collection Assistance	Interview Transcriptions	10 x 38.10	\$381.00	Paid Transcriber 1 3 Interviews Transcribed Total Cost: 3 x \$50.00 = \$150.00 Transcriber 2 7 Interviews Transcribed Total Cost: 7 x \$50.00 = \$350.00 Total Cost: \$500.00
Participant Incentives	Starbucks Gift Card Mailed to Participants on 12/15/17	10 x \$5.00	\$50.00	Paid 10 x \$5.00 Per 10 Interviewees Total Cost: \$50.00
TOTAL FUNDS REQUESTED			\$500	
TOTAL FUNDS EXPENDED				\$ 619.25

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Would you be willing to host a SACES webinar related to your research topic?

Yes ___X___ No_____

Would you be willing to serve as a mentor to future SACES research grant recipients?

Yes ___X___ No_____