The Impact of Witnessing Client Resilience Processes on Therapists Working with Children and Youth Victims of Interpersonal Trauma

by

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Abstract

This study investigated how therapists working with children and youth victims of interpersonal trauma (e.g. sexual abuse) are impacted by the resilience processes of their clients. Qualitative multiple case study design and thematic analysis were used to explore the research question. Four counselors working in an organization providing services to victims of trauma were interviewed and asked about how the act of bearing witness to the resilience of their clients affected their personal lives and clinical practice. The findings showed that for the participants there was an increased sense of hope and optimism, and an intense sense of being inspired by the strengths of clients as result of working with this population. To reflect about the challenges faced by clients allowed counsellors to put their own challenges and strengths into perspective. In addition, they reported positive changes in their personal relationships. Further research is suggested, including further investigation about the relationship between optimism, hope and vicarious resilience processes as well as between the counseling approach adopted and the development of vicarious resilience responses.

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Chapter 1: Introduction

Introduction to the Topic

> The meeting of two personalities is like the contact of two chemical substances: if there is any reaction, both are transformed. (Jung, 1933, p. 49)

If in psychotherapy, both client and psychotherapist are transformed by their relationship and by the therapeutic process, what is the impact of working with trauma for the therapists? How the therapeutic relationship in the context of trauma work affects the therapist's personal life, their counselling skills and ability to help others? If social reality is co-constructed through language and dialogue (Creswell, 2007), how the worldview of someone who experienced highly challenging circumstances affects the therapist construction of meaning?

Attempts to answer these questions generated numerous studies which investigated the emotional, cognitive, and social costs of working with trauma for therapists and helpers (Adams, Boscarino, & Figley, 2006; Cunningham, 1999, 2003; Agcaoili, Mordeno, & Decatoria, 2008; Craig & Sprang, 2010; Sprang, Clark, & Whitt-Woosley, 2007; Figley, 2002; Linton, Alkema, & Davies, 2008; McCann & Pearlman, 1990; Mac Ian & Pearlman, 1995; Pearlman & Saakvitne, 1995; VanDeusen, & Way, 2006). Common responses developed by practitioners as result of being exposed to a highly stressful and potentially traumatizing type of work (McCann and Pearlman, 1990) were identified, described and named, such as secondary traumatic stress (STS) (Wilson and Lindy, 1994), compassion fatigue (CF) (Figley, 1995), and vicarious trauma (VT) (McCann and Pearlman).

Those studies had shed light to discussions around importance of self-care and development of strategies to prevent and counteract the negative effects of therapy and trauma work. The awareness about potential negative effects of working with traumatized individuals would allow novice therapists to make informed decisions about their career paths. The findings showing the prevalence of negative effects of working with traumatized clients in mental health professionals could help therapists working with trauma to normalize their experience and hopefully conceptualize these effects in a less pathological and more contextualized way.

As a novice therapist in training, one of my first internship experiences was as a crisis counsellor working exclusively with victims of sexual assault and women survivors of childhood sexual abuse. As I learned later, just as my fellow colleagues working with traumatized individuals all over the world, I also experienced intense responses after hearing my clients' stories. I watched my own optimistic worldview collapsing when confronted with the reality that I was exposed to through the stories of sexualized violence. My interest in investigating the vicarious effects of trauma therapy was born from my need to understand my pain and the changes in my worldview. As McCann and Pearlman (1990) mentioned, vicarious traumatisation should not be understood as a pathological reaction, but as a normal response to the act of bearing witness to horrific events that clients were exposed (McCann & Pearlman). In this way, understanding trauma as a common response to abnormal events helped me normalize my own vicarious trauma responses.

However, at the same time, simultaneously with the vicarious trauma response, I certainly felt other aspects of my work influencing my wellness in positive ways, which at first I recognized but did not have language to express and to make meaning of it. Later in my research, I found some recent studies (Bowley, Cohen, Murray, Splevins, & Joseph, 2010; Gangsei,

Engstrom, & Hernández, 2008; Hernández, Gangsei, & Engstrom, 2007; Arnold, Calhoun, Tedeschi, & Cann, 2005) which showed evidences that trauma work also presents positive effects, namely vicarious resilience (VR) (Hernández et al., 2007), and vicarious posttraumatic growth (VPG) (Bowley et al., 2010). These findings helped me conceptualize my own work in a more inclusive way. The awareness about the existence of a process through which therapists are transformed by the stories of resilience and growth of their clients allowed me to pay closer attention to these processes in my practice, and allowed me to gain a higher sense of appreciation for my clients' attitude and growth.

My interest in conducting the present study was motivated by a belief that just as the positive perspective of trauma work helped me counteract its negative effects in my professional and personal life, the exploration of rewarding aspects of trauma therapy can represent a shift in perspective that can promote revaluation of the therapeutic work for many of those who work with traumatized clients (see appendix A).

I chose to include in my study therapists who work with children and youth victims of interpersonal trauma (e.g. sexual abuse) because, as shown in the literature, the treatment of survivors of incest and sexual abuse may be particularly disruptive and painful for the therapist, resulting in profound changes in beliefs and assumptions about themselves and others (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; VanDeusen, & Way, 2006; Way, VanDeusen, Martin, Applegate, & Jandle, 2004). On the other hand, despite of the negative impact documented in the literature, I heard several testimonials from colleagues who worked with traumatized children and youth, about how inspiring it was for them to witness their clients' resilience in coping with adversity. Those testimonials inspired me to explore Vicarious Resilience (VR) processes in therapists working with this age group.

Attempting to promote a revaluation of work with victims of trauma, recent studies investigated the positive outcomes of trauma work on therapists, where narratives on the rewarding aspects of this work were included (Bowley et al., 2010; Gangsei et al., 2008; Hernández, et al., 2007; Arnold et al., 2005). Studies explored VR processes among therapists working with a specific population of traumatized individuals – victims of politically motivated violence and victims of torture (Engstrom et al., 2008; Hernández et al, 2007). Because this clientele population presented special characteristics, such as individuals with leadership qualities, who were probably models to others even before the trauma experience, the findings of those studies could represent unique outcomes to the therapists, which could not be generalized to therapists working with other types of trauma. A previous study on VR (Engstrom, Hernandez, & Gangsei, 2008) suggested the need to investigate the relevance of the vicarious resilience phenomenon with therapists who work with other types of trauma.

Intending to fulfill the gap in the literature on VR, my interest was to explore positive effects of working with trauma in therapists working with populations and types of trauma that were not yet studied. Specifically, I was interested in collecting stories of how therapists working with children and youth victims of interpersonal trauma (e.g. sexual abuse) were affected by the resilience of their young clients.

Pearlman and Saakvitne (1995) stated that therapy with survivors of sexual abuse and incest could be specially challenging for therapists. Three elements that contributed to vicarious trauma (VT) were identified as the graphic descriptions of the rape/abuse, the intentional cruelty of human beings exposed through clients' horrific stories which confronts the therapist's safety schemas, and the clients' tendency to engage in unconscious re-enactments of the traumatic experiences, which may invite therapists to respond in complementary ways (Pearlman &

Saakvitne, 1995). In addition, the nature of the trauma, which involved sexuality and powerful social taboos, could affect the therapist who was also part of the social context that generated the abuse (Pearlman & Saakvitne). A study revealed that workers involved in the treatment of survivors of sexual abuse presented disruptions in cognitive schemas of self-safety and other-safety, other-trust, and other-esteem (Cunningham, 2003).

While there were several studies which explored negative effects of working with adults survivors of sexual abuse, and with children victims of sexual abuse (Cunningham, 2003; Way et al., 2004; VanDeusen & Way, 2006), the research on the positive impact of therapy on therapists working with children and youth victims of interpersonal trauma (e.g. sexual abuse) was not represented in the literature. The knowledge gained about negative impact of trauma treatment on helpers could allow the development of strategies to prevent and counteract its negative effects. However the emphasis just on negative impact may have overshadowed the rewarding aspect of helping children in their recovery processes.

McCann and Pearlman (1990) defended that despite of the hazards of trauma work, there were also important positive effects of it, such as enhanced empathy, increased hopefulness from realizing the potential of human beings to endure hardships, and sense of meaning resulting from knowing that we are contributing to ameliorate the impact of violence on human lives (McCann & Pearlman). In addition, anecdotal evidences demonstrated that helpers working with traumatized children felt enriched by knowing that they are part of their clients' recovery, and inspired by their clients tremendous resilience, despite of young age, in facing the effects of traumatizing events in their lives. However, there were no empirical studies exploring VR processes in therapists working with this age group.

Statement of the Problem

The following central research question guided my investigation in this study: How are therapists working with children and youth victims of interpersonal trauma (e.g. sexual abuse) affected by the act of bearing witness to resilience processes of their clients?

The subquestions that helped me to answer my research question were: a) what is the impact of treating children victims of interpersonal trauma (e.g. sexual abuse)? b) how the therapists' personal and professional lives are positively affected by their work with children and youth survivors of interpersonal trauma (e.g. sexual abuse)? c) what can be told about how those counsellors felt inspired by the way their young clients coped with highly challenging life circumstances?

The first subquestion aimed to capture an inclusive description of the impact of trauma work. The literature on VR and VPG showed that anecdotes on positive and negative impact of trauma work often come together, frequently influencing each other (Arnold, Lawrence, Tedeschi, & McCann, 2005; Hernandez, Gangsei & Engstrom, 2007). The second subquestion aimed to break the central question and to explore the impact of this work on different areas of counsellors' lives – professional and personal. The third subquestion focused specifically on the stories of vicarious resilience in the counsellors' lived experiences.

Purpose of the Study

The purpose of this multiple case study was to investigate the perception of the therapists who work with children victims of interpersonal trauma (e.g. sexual abuse) about the effect of their work on them, emphasizing the positive effects. I intended to fill a perceived gap in the existing literature on effects of trauma work on therapists working with this specific population

by exploring how the professional and personal lives of therapists are positively affected by the act of witnessing the stories of resilience of their young clients. My hope with this study was to generate knowledge that could promote a more inclusive conceptualization of trauma work, where negative and positive effects of therapy could be viewed in a broader perspective.

The implications of this study for the counselling field may include the development of additional strategies to counteract negative effects of trauma work such as VT and compassion fatigue (CF). It may point to contributions for training and supervision. By addressing both positive and negative impact of trauma work, such as VT and VR, supervisors may help practitioners to decrease CF and VT symptoms. By cultivating stories of VR processes, supervisors may create space for the rewarding and meaningful aspects of helping victims of trauma to emerge.

This study also intended to contribute to the existing literature on vicarious resilience (Engstrom et al., 2008; Hernández et al, 2007), extending the knowledge about this construct by focusing on therapists who work with children victims of interpersonal trauma (e.g., sexual abuse). My hope was also that the expansion of literature related to positive effects of trauma work on therapists may potentiate those effects, contributing to the purposeful expansion of the phenomenon of VR. According to Hernandez et al. (2007) the awareness of VR processes and the conscious exploration of this phenomenon by therapists may strengthen the impact of VR on them, what may help them to reinforce their motivation to work with victims of trauma and create meaning in their practices (Hernandez et al.).

Furthermore, my hope was that clients, children victims of interpersonal trauma (e.g. sexual abuse), could benefit from a more positive revaluation of trauma work. In treatment of

interpersonal trauma, the therapeutic relationship is essential for the healing process (Pearlman & Saakvitne, 1995). It was my belief that therapists aware of VR and VPTG processes may intentionally use it to nurture the clients' own resilience and growth processes.

Definition of Terms

Following, term definitions were offered to ensure proper understanding of the terminology used by the researcher in this study:

Altruism born of suffering. Phenomenon where individuals who were affected by intense adverse experiences appeared to be motivated by their own suffering to help others, developing empathy, altruism and pro-social behaviour (Staub & Vollhardt, 2008, Vollhardt & Staub, 2011).

Burnout . This term was formulated to describe the responses of professionals working with challenging population, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, 1982). This phenomenon was not specifically related with reactions to client's traumatic material, but rather it was associated with characteristics of workplace, caseloads and institutional challenges (Sprang, Clark, & Whitt-Woosley, 2007; Stamm, 1997). Everall and Paulson (2004) reminded that despite distinctions in definition of burnout and secondary traumatic stress (STS) the effects of those impacts could emerge through similar symptoms and themes, (Everall & Paulson, 2004) and both could result in lack of empathy, respect, and positive feelings towards clients (Everall & Paulson, 2004; Skorupa & Agresti, 1993).

Burnout was mentioned in the literature review of this study as a common negative impact of therapy on therapists. However, the constructs VT and CF were more emphasized then burnout here, for their higher relevance to my research topic.

Childhood sexual abuse (CSA) survivors. The term was used in this study to refer to adults who have experienced sexual abuse when they were children, as well as to refer to children who have experienced sexual abuse (MacIntosh & Johnson, 2008).

Compassion fatigue (CF). The term was defined by Charles Figley (2002) as "a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders persistent arousal (e.g. anxiety) associated with the patient. It is a function of bearing witness to the suffering of others" (Figley, 2002, p.1435). The author (2002) developed a causal model that predicts compassion fatigue, and proposed a continuum of responses starting with empathy ability, to compassion stress leading to compassion fatigue. Factors that contributed to increase or alleviate compassion fatigue were identified as empathic ability, empathic concern, exposure to the client, empathic response, compassion stress, sense of achievement, disengagement, prolonged exposure, traumatic recollections, and life disruption. The term can be used interchangeably with secondary traumatic stress (Figley, 2002).

Complex trauma. The term had been used to describe "the experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) and early-life onset" (van der Kolk, 2005).

Interpersonal trauma. The term referred to traumatic events occurred within interpersonal relationships, and included sexual or physical abuse, community violence and

domestic violence. Children experiencing interpersonal trauma in early childhood often develop "complex trauma" (van der Kolk, 2005).

Interpersonal violence. The term "violence" had been defined by the World Health Organization (2004) as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (World Health Organization, 2004, p.6). "Interpersonal violence", was considered a subdivision of the term violence, and according to the WHO, this category included child abuse and neglect, intimate partner violence and elder abuse (World Health Organization, retrieved Jan 18th 2013 from http://whqlibdoc.who.int/publications/2004/9241546395.pdf).

Posttraumatic growth (PTG). The term referred to positive psychological change experienced by trauma survivors as result of their struggles with extreme challenging circumstances (Calhoum& Tedeschi, 1999, 2001 in Tedeschi & Calhoum, 2004). "Specifically, it refers to positive changes that go beyond adjustment in spite of adversity" (Hernandez, Engstrom, & Gangsei, 2010, p. 70).

Resilience. It was defined as a process wherein individuals manifest positive adaptation despite experiences of significant adversity or trauma. The term, as used here, did not refer to a personality trait, but rather to a process that implies exposure to adversity and positive adjustment outcomes (Lutha & Cicchetti, 2000). I also followed a constructivist view of the term, which defined resilience as "the outcome from negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse" (Ungar, 2004, p. 342). This view highlighted that the definition around what counts as successful outcomes would vary across cultures and would depend on the "reciprocity

individuals experience between themselves and the social constructions of well-being that shape their interpretation of their health status" (Ungar, 2004, p. 345).

Response-based practices. The term referred to a counselling approach developed by Allan Wade (2007) especially relevant to be used in treatment of survivors of interpersonal violence. This view assumed that every time individuals were oppressed, they would resist. The therapist listened carefully for narratives around small actions that clients used to resist to violence, and instead of asking clients to describe how they were affected by violence, the therapist asked them to describe how they responded to violence. The focus of the approach was:

> (...) to engage persons in a conversation concerning the details and implications of their own resistance. Through this process, persons begin to experience themselves as stronger, more insightful, and more capable of responding effectively to the difficulties that occasioned therapy. (Wade, 2007, p. 24)

Sexual assault. Used here according to the Canadian Law interpretation of the term, which understood it as any unwanted sexual touching, including any type of touching, kissing, and oral and anal sex. (Department of Justice, Canada, retrieved September 6th, 2011, from http://laws.justice.gc.ca/eng/acts/C-46/page-65.html)

Sexual abuse. The term was used here according to the definition published by the Ministry of Children and Family Development (2007) and referred to any sexual activity between an adult and child under the age of 18, and included:

> Touching or invitation to touch for sexual purposes; intercourse (vagina, oral or anal); menacing or threatening sexual acts, obscene gestures, obscene communications or stalking; sexual references to the child's body/behavior by words/gestures; requests that the child expose their body for sexual purposes; deliberate exposure of the child to sexual

> activity or material, and sexual aspects of organized or ritual abuse. (BC Handbook for Action on Child Abuse and Neglect, 2007, p.26)

Sexualized violence. This was defined as an "overarching term used to describe any violence, physical or psychological, carried out through sexual means or by targeting sexuality. Sexualized violence encompasses all forms of unwanted sexual contact as well as name calling, sexual humiliation, and sexual targeting." (Women's Sexual Assault Center, n.d., ¶1)

Trauma. The term was used in accordance with the definition given by Briere & Scott (2006), who conceptualized trauma in a broad way to include threats to psychological integrity, and expanded the DSM-IV-TR definition which considered as traumatic only the events that are life threatening. In this study events were considered traumatic "if it is extremely upsetting and at least temporarily overwhelms the individual's internal resources" (Briere & Scott, 2006, p.4).

Trauma work. The term was used in this study to refer to the role of professionals who worked closely with traumatized individuals, when the focus of the treatment was on trauma recovery.

Trauma survivors. The term was used in this study to refer to individuals who were exposed to traumatic events. It was not limited to those who had been clinically diagnosed with PTSD. The term was used interchangeably with "trauma victims".

Vicarious posttraumatic growth (VPG). This term was proposed by Arnold, Lawrence , Tedeschi, and McCann (2005) to refer to the processes of psychological growth experienced by therapists as result of their vicarious experiences with trauma (Arnold et al., 2005). The psychological changes evidenced in their study included higher appreciation for the resilience of human spirit, greater kindness and appreciation for others, increased faith and spiritual

introspection, and deeper understanding of the whole spectrum of human behaviour including its dark side, increased sensitivity, tolerance, insight and empathy (Arnold et al.). The authors proposed that major categories related to the construct of posttraumatic growth (Calhoum and Tedeschi, 1999 as cited in Arnold et al., 2005), (i.e., positive changes in self-perception, interpersonal relationships, and philosophy of life) could be evidenced also in clinicians who experienced trauma vicariously (Arnold et al.).

Vicarious trauma (VT). This term was proposed by McCann and Pearlman (1990) to refer to profound disruptions in the therapist's cognitive schemas, expectations and assumptions about themselves and others as a result of being exposed to the painful traumatic material that clients present (McCann & Pearlman, 1990). This construct was based on constructivist theory, and emphasized the role of meaning and adaptation. Differently from CF and STS, VT was not a symptom based construct (Pearlman & Saakvitne, 1995).

Vicarious resilience (VR). It was defined as a process characterized by "the positive meaning-making, growth, and transformations in the therapists' experience resulting from exposure to client`s resilience in the course of therapeutic processes addressing trauma recovery" (Hernandez, Engstrom, & Gangsei, 2010, p. 72).

Delimitations of the Study

The following delimitations were established by the researcher. The study was limited:

To selected counsellors working in one selected organization in the Pacific Northwestern region, specialized in treatment of trauma. The counsellors selected in the study were full-time

counsellors with caseloads composed of at least 50% of victims of interpersonal trauma (e.g. sexual abuse).

To the investigation of the perception of therapists about the impact of working with trauma in their professional and personal lives, with emphases on the perception about the positive impact. The study did not intent to investigate contributing factors or symptoms of negative impact trauma work on therapists such as compassion fatigue and vicarious trauma.

By participants who had at least 3 years of experience working with traumatized individuals.

To data collected during April and July of 2012.

In the number of participants recruited so that they would not exceed four (N=4).

All variables, conditions, or populations not so specified in this study were considered to be beyond the scope of this investigation.

Assumptions

The following assumptions prevailed through the study. The participants were expected to:

Reflect on the positive impact of their work in their professional and/or personal lives.

Set aside time to dedicate to a thorough interview.

Be open and honest with their responses.

Have an adequate level of verbal fluency in order to answer the interview questions.

Have an appropriate level of self-awareness about how trauma therapy affects them and to be able to communicate their insights adequately to the researcher.

Understand adequately the questions asked and to carry out the instructions given by the researcher.

Chapter 1 Summary

Throughout this chapter I have introduced the research topic – the vicarious resilience experienced by therapists working with children and youth victims of interpersonal trauma (e.g., sexual abuse). I explored the connections between the VR and related topics on impact of trauma work on helpers. In the introductory section, I located myself making explicit my professional experience working with traumatized individuals which inspired my interest in the topic of VR. Following, I presented the statement of the problem and I presented the research questions and subquestions. The purpose of the study was examined; the delimitations of the study were stated and the most relevant terms for this study topic where defined, to ensure proper interpretation. Finally I have also stated my assumptions, making explicit what I took for granted during this study.

Following in Chapter 2, I present a review of the existing related literature divided into two clusters of related topics: positive outcomes following traumatic experiences, and impact of trauma work on help professionals.

Chapter 2: Literature Review

Introduction

Throughout this section I examine the literature surrounding two topic clusters that surround core constructs of the present study on vicarious resilience among therapists working with children survivors of interpersonal trauma (e.g., sexual abuse). In the first cluster, I review the existing literature on the positive outcomes following traumatic experiences on survivors. In the second cluster I examine the existing literature on impact of working with trauma for therapists and helpers, with a focus on the impact of working with survivors of interpersonal trauma (e.g., sexual abuse). This cluster also presented the literature surrounding the rewarding aspects of working with trauma, with special focus on the construct of vicarious resilience.

Positive Outcomes Following Traumatic Experiences

Resilience

Resilience had been defined, in the past decades, as a dynamic process involving two dimensions: exposure to adversity and positive adaptation. The resilience studies emerged from observations of children who appeared invulnerable despite of living in adverse circumstances (Earvolino-Ramirez, 2007). This early definition of resilience seemed to emphasize personality traits around protection factors. Later, authors argued that this approach was restricting – if resilience was a personality trait, then some individuals simply would not have what it takes. The emphasis on innate traits restricted implications for social interventions and policies (Datton & Greene, 2010; Masten, 1994 in Datton & Greene, 2010).

The approach around risk and protective factors had been closely related with resilience studies. It identified respectively the hazards that would increase likelihood of occurrence of negative outcomes for those who live in adverse situations and its counterpart – the environmental, genetic and psychosocial factors that increased the likelihood of positive outcomes when someone faced adversity.

Rutter (1999, 2004, 2006, 2007), conducted numerous studies, and concluded that resilience was not composed by fixed features, but rather it was a complex concept distinct from the risk and factors approach. The resilience construct, according to him, did not reject the approach of risk and protective factors, but added a different dimension to it. Resilience focused on dynamic processes and recognized the individual variation in people's responses to same situations (Rutter, 2006).

Resilience studies changed their focus gradually through the past decades and recently resilience tended to be defined as a dynamic process where multidimensional factors were at play instead of being defined by static risk and protection factors, as it used to be in early studies.

Being a product of exposure to highly adverse experiences, resilience was considered one possible positive outcome from trauma. The focus on resilience processes should not however minimize the impact of trauma and long term effects of ongoing maltreatment, abuse and neglect. The occurrence of resilience process during recovery from trauma would not suggest that those individuals were not affected by their traumatic experiences (Floyd, 1996; Phasha, 2010). Individuals who went through resilience processes appeared to bounce back. However, resilience may have occurred long after the risk situation, and may have reflected later recovery, rather than an initial absence of trauma effects (Rutter, 2006).

Resilience studies were represented by a vast area of investigation bifurcated into different theories and research approaches, and each theory defined resilience in slight different ways. These differences posed problems to the unification of resilience research and to the development of interventions. The discussion of the problematic involved in the resilience studies was considered beyond the scope of the present study. I considered crucial however to make explicit how I positioned myself as a researcher among the different frameworks in this area.

Luthar and Cicchetti (2000) warned of the risks in applying the resilience framework, especially when used to represent only personality traits, given that such perspective may have invoked blaming the individual responses. I agreed that, if individuals were blamed for not having particular traits which would allow them to overcome adversities, then politicians could find in academic studies their excuses to not promote adequate children protection and policies for social strategies addressing issues such as poverty, social violence, maltreatment, social injustice (Luthar & Cicchetti, 2000; Pianta & Walsh, 1998). This study involved therapists working with sexualized violence. In this area, "blame the victim" social discourses could be particularly devastating to survivors because it may impair recovery from trauma. Because this discourse had potential to further victimize the victim, help professionals in this field had been emphatic in their efforts to deconstruct it. As way to avoid the misuse of the term, Luthar and Cicchelli (2000) suggested to avoid using the term as an adjective, such as "this child is resilient" or "resiliency" to characterize individuals. "Resilience" would be a better choice of word and it could be applied instead to describe trajectories of adaptation, shaped also by life circumstances (Luthar & Cichelli, 2000).

A constructionist view of resilience was defined as "successful negotiations by individuals for health resources" (Ungar, 2004, p. 345). The definition of successful outcome would vary across cultures and would depend on the "reciprocity individuals experience between themselves and the social constructions of well-being that shape their interpretation of their health status" (Ungar, p.345). The constructionist definition of resilience appeared to recognize the importance of the individuals as they search for resources and the social responses to their experiences as victims. Literature on victimization from sexual violence showed that positive outcomes were often related to positive social support received when the victim disclosed the abuse.

According to Ungar (2004), the constructionist approach of resilience was consistent with the qualitative research paradigm given that qualitative methods allowed for rich descriptions of people's lives under adversity, without imposing foreign variables such as indicators of risk/protective factors.

In response-based practices (Wade, 2007), it was assumed that every time individuals were oppressed, they would resist. In this approach, the small actions used to resist to violence were honoured and emphasized by therapists. According to Ungar (2000), resilience could be achieved by pathways typically thought to indicate vulnerability. Consistently with this view, the response-based approach showed how even the absence of action could be considered a resistance to violence (Wade, 2007), when survivors of abuse and/or sexualized violence choose this strategy to keep themselves alive, for example. A constructionist view of resilience provided alternative pathways to resilience (Bonnano, 2004).

The key variable identified in the construct of resilience was adversity (Earvolino-Ramirez, 2007). Resilience processes arise from interactions and negotiation with the environment, in a dance involving strength-enhancing processes and adverse circumstances. The construct shared with Vicarious Trauma (VT) the characteristic of being a response activated by exposure to stress (Hernandez et al. 2007). Hernandez et al. (2007) argued that, if the psychotherapeutic process could create the conditions for occurrence of VT, it could also promote the opportunities for the occurrence of vicarious resilience, which was the topic of this present study.

Posttraumatic Growth

Posttraumatic Growth (PTG) research had many connections with positive psychology approach to human experiences (Seligman, 2003), which was one of the theoretical frameworks that guided this research project. PTG research field was also connected with the studies on vicarious posttraumatic growth (Tedeschi & Cann, 2005) and vicarious resilience (Hernandez, Gangsei & Engstrom, 2007; 2008).

The term PTG was proposed by Tedeschi and Calhoun (1999, 2001, 2004) to refer to positive psychological change which resulted from struggles with challenging circumstances. The idea that suffering may result in growth was considered however ancient. Tedeschi and Calhoun (2004) identified that the themes of suffering, transformation, and being reborn from ashes could be found in numerous mythologies, religion symbolisms, philosophies and had inspired poets and artists since long ago (Tedeschi and Calhoun, 2004).

The nomenclature used to define the construct of PTG may lead to unwanted interpretations. Although it seemed that the authors who proposed the term made efforts to

clarify that PTG was a result not just from trauma per se, but from the struggles of people to cope with the effects of trauma, the term 'benefit from trauma' was used by Tedeschi and Calhoun and by other researchers in the field (Tedeschi and Calhoun, 1996; Shakespeare-Finch & Dassel, 2009). Traumatic life circumstances, especially the ones involving interpersonal trauma, could be devastating and it would be unlikely that anyone would choose to go through those experiences again, in order to gain 'the benefits of it'.

What the PTG research intended to show was that the efforts that survivors made in coping with the effects of trauma may occur, as the empirical findings demonstrated, in outcomes that go beyond coping and recovery – indicating actual growth. In this way, PTG differed from resilience given that PTG indicated levels of development in individuals, in some areas of their lives, resulting in changes that surpassed pre-trauma levels of adaptation (Tedeschi & Calhoun, 2004). Resilience was more commonly referred as a positive adaptation trajectory despite adversity (Luthar & Cecchilli, 2000).

Tedeschi and Calhoun (1996) conducted a correlational quantitative study where they developed and measured five domains of growth through the Posttraumatic Growth Inventory (PTGI), developed and refined by them (Tedeschi & Calhoun, 1996, 2001, 2004). The first part of the study referred to items development and scale reliability. The five factors defining PTG were identified as greater appreciation of life and changed sense of priorities; closer intimate relationship with others; greater sense of personal strength; recognition of new possibilities for one's life; and spiritual development (Tedeschi & Calhoun, 1996, 2004). The participants were 604 undergraduate students, 199 men and 405 women, from a large university in the USA. The age ranged from 17 to 25. All participants reported the occurrence of a negative life event in the last 5 years, such as bereavement, injury-producing accidents, and crime victimization. Not all

negative events reported by participants were events typically considered by the trauma literature as traumatizing, such as relationship break-up, reported by 75 of participants. A new sample of 28 participants was selected, to investigate the test-retest reliability of the instrument, which was considered acceptable. After establishing the 21 items of the instrument, the authors conducted the second study (with random samples of the same pool of participants) to verify concurrent and discriminant validity. A third study was also conducted to investigate the construct validity of the instrument (PTGI). The aim was to investigate if the instrument measured unique benefits related to outcomes from trauma. This study compared individuals who presented severe trauma with those who reported ordinary life events. In this study, the subjects were 117 students, 55 men and 62 women, from the same university from studies 1 and 2. This time all participants were students of psychology courses. The ages ranged from 18 to 28, 93% were single, and 85% identified themselves as Protestants. Among the participants, 55 reported at least one major trauma in the previous years. The results showed that individuals who experienced severe trauma reported more positive outcomes than those who did not experience trauma and scored higher in the New Possibilities factor, Personal Strength factor and Appreciation of Life factor, but not in Spiritual Change factor.

The study sampling was composed by university students, and despite the author's explanation that this population is comparable to general population in terms of experience of trauma, one can argue that those are probably high functioning survivors given that they achieved secondary education level.

The importance of this study relied on the development, by the first time, of the items of PTGI and on its success in demonstrating the internal consistency of the instrument. According to the authors, this instrument showed also acceptable test-retest reliability. In terms of construct

validity, the authors mentioned that the study demonstrated that PTGI was not related to psychological health, but rather constitutes a separate construct. The study was important also in demonstrating that adults could experience both positive and negative effects from trauma which suggested that people who reported positive benefits from trauma were not denying the negative impact of trauma in their lives (Tedeschi & Calhoun, 1996). Instead they acknowledged the possibilities for growth.

One of the limitations involving PTG research, pointed out by some critics, was related to measurement challenges, given that PTG was traditionally assessed by self-report interviews and questionnaires and, according to some critiques, trauma questions presented early in the data collecting procedure could prime participants to reflect about themselves as survivors and to tell stories that were consistent with the cultural expectations about their experiences as survivors (Peterson, Park, D'Andrea & Seligman, 2008). In an attempt to solve some of these challenges, a cross-sectional quantitative study (Peterson et al, 2008) was conducted in a way to avoid priming individuals about trauma they had experienced and consequently, preventing answers from being influenced by social scripts. Participants were 1,739 adults, ranging from 18 to 65 years old who visited the Value in Action website (developed by the researcher for this study) in 2003. All completed at least several years of college, were mostly white (80%), most were women (69%) and most were American citizens (72%). A survey was developed by the researchers using 24 valued character strengths. Among the 24 strengths, many corresponded to the components of PTG as suggested by Tedeschi and Calhoun (1995). The strengths were assessed before another survey, containing questions assessing the occurrence of trauma experience was presented.

The authors of the study showed that results were subtle, but not trivial according to them (Peterson et al., 2008). It allowed the authors to tentatively conclude that traumatic events could

potentially be followed by posttraumatic growth. As limitations, the article pointed out the self-reporting nature of the measurement and the procedure of data collection that may had un-intentionally selected the most high functioning traumatized individuals (Peterson et al.).Participants were required to find the research website where they spent around 50 minutes answering questions – a task which could be challenging for some individuals who had difficulties in coping with trauma symptoms such as dissociation and lack of focus (Peterson et al.).

Perhaps the greater importance of this study was its contribution to the development of more accurate methods to investigate the occurrence of PTG. By presenting an assessment of strengths before asking participants about possible traumatic experiences, the study *avoided* priming participants to think about the trauma first, and contributed to the development of validation strategies in this area.

PTG could lead professionals to believe that the emphasis on the positive growth after trauma could minimize the survivor's suffering and pain, and, on some level, overshadow the problematic which involved in horrendous acts of cruelty. It was crucial to keep in mind that trauma resulting from human cruelty, such as torture, political violence, sexual abuse, and rape, was not to be seen as something necessary for human growth. Research on positive outcomes following trauma has potential to inform strength based clinical interventions with victims of trauma. Precautions should be taken to avoid that findings on PTG and/or on resilience which could be used as an argument to weaken social interventions, social policies, and investments in preventing the occurrence of sexual, emotional, and physical violence.

The attentiveness to resilience and PTG processes following adversity and trauma does not conflict with searching for social change and fighting interpersonal violence. Alternatively, it may be possible that by highlighting strengths in populations characterized as vulnerable, these approaches could contribute to empower individuals to stand up for themselves and for others in similar circumstances. This could potentially contribute to the existing efforts to change the social reality that produced this violence and abuse. An example of such initiatives that empower women include projects where women who were abused or sexually assaulted have the opportunity to work together for social change through community projects which promote awareness of sexualized violence. Women who achieved this phase in their healing process would probably report that their engagement in political activities was resulted from their growth and was an outcome from their trauma and healing. Empirical studies however are still needed to demonstrate the accuracy of these assumptions. In another example, a study on Altruism Born from Suffering (ABS) among Colombian human rights activists showed how individuals transformed their pain in social actions (Hernandez-Wolfe, 2011).

The Impact of Trauma Work on Help Professionals

In this section I explore the existing literature on impact of trauma work on helpers. Despite the fact that the focus of this study was on the positive and rewarding aspects of trauma work, the literature on vicarious trauma (VT) and compassion fatigue (CF) showed that their negative impact was too relevant to be forgotten in an inclusive conceptualization of trauma work and was too important to be dismissed in trauma informed training and supervision.

This review of literature on impact of trauma work started by visiting the theoretical and empirical works which contributed to the understanding of the negative impact of this work, and explored the constructs of secondary traumatic stress (STS), burnout, CF, and VT. Because

compassion satisfaction (CS) studies were not developed as distinct researches, but rather were investigated in the context of other studies on CF, the literature review on those two constructs (CF and CS) was presented together. Next, I review the research studies on rewarding and positive impact of working with trauma.

Secondary Traumatic Stress, Burnout, Compassion Fatigue and Compassion Satisfaction

The compassion fatigue (CF) studies developed from observing the pervasive effects resulting from the helper's efforts to see the world through their client's perspective. Among the related literature, the term CF was at times used interchangeably with secondary traumatic stress (STS) (Sprang, Clark & Whitt-Woosley, 2007). Adams, Boscarino and Figley (2006) discussed the lack of conceptual clarity involved in the construct of CF, STS and burnout, and stated that STS and burnout were likely components of CF.

The term secondary traumatic stress (STS) was introduced by Figley (1995) to describe the stress experienced by helpers resulting from their efforts to help others. Secondary traumatic stress disorder was considered a more acute form of STS, with symptoms very similar to posttraumatic traumatic stress disorder (PTSD), however occurred in help professionals, through secondary exposure to traumatic material (Figley, 2002).

Burnout presented similarities with STS in that both processes resulted in emotional exhaustion derived from working with survivors of trauma. However there were also important distinctions between the terms (Addams, Boscarino & Figley 2006). While burnout was characterized as a syndrome resulting from prolonged exposure to stressful and demanding situations, STS was closely related to empathic engagement with traumatized clients (Addams,

Boscarino & Figley). Both processes could be involved in the development of CF.

The term compassion fatigue (CF) described a progressive psychological disruption experienced by help professionals (Sprang, Clark & Whitt-Woosley, 2007). As the name of term suggested, this process involved a fatigue that reduced the helper's capacity and will to feel compassion and to bear witness to other's suffering. Figley (2002) defined CF as "a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders, persistent arousal (e.g. anxiety) associated with the patient. It is a function of bearing witness to the suffering of others." (p. 1435)

Figley (2002) proposed a causal model with variables involved in the ontogenesis of CF. Empathy ability, emphatic concern, exposure to the clients' traumatic material and empathic response were identified in the development of compassion stress, which could evolve to compassion fatigue. According to this model, there were two coping mechanisms, namely sense of achievement and emotional disengagement, which could prevent the development of compassion stress into CF (Figley, 2002). Other three variables, namely prolonged exposure, trauma recollection, and life disruption in the helper's life were factors that could intensify the compassion stress, and could possibly lead to CF (Figley).

In Figley's model, empathy was a condition for CF to occur. The process involved starting with empathy ability, which could evolve either into CF or compassion satisfaction (CS). This last term referred to the pleasure generated by a sense of efficacy and achievement through work.

Empirical studies were designed to investigate protective and risk factors involved in the process that can either result in CF, burnout or CS. In 2007 a large quantitative cross-sectional

study was conducted by Sprang and colleagues, involving 1,121 health providers working in rural areas. The health providers were most female (69%), their age ranged from 23 to 81 years old, presenting average age of 45 years. Most of participants had masters' degree (68%), and an average of 14 years of experience. Those health providers had approximately 30% of clients presenting post-trauma distress. The study used a survey and The Professional Quality of Life Scale (ProQOL). The scale was previously developed by Stamm (2002) to assess risk to develop burnout and CF and potential for CS. Rather than targeting therapists with high and intense exposure to traumatic material, the study targeted the average professional, aiming to represent the general rural population of helpers who have a caseload which includes but is not exclusively composed by traumatized clients. Findings around the role of gender were consistent with previous studies which pointed out that female gender increased risk for CF and burnout. The authors mentioned that previous research on gender vulnerability showed that personal history of trauma was a strong risk factor among female helpers. Caseload percentage highly composed by traumatized clients was also an important predictor of CF and burnout. Specialized trauma training indicated lower levels of CF and burnout and enhanced levels of CS. Interestingly, the study findings showed that their sample, composed by rural professionals, presented higher levels of burnout than professionals working in urban areas assessed through previous researches. On the other hand, the rural helpers presented lower CF levels. The authors suggested that it appeared that symptoms related to burnout could have acted as protector factors. Burnout symptoms could have interfered with the professional's ability to develop empathy and consequently, prevented the development of CF (Sprang et al., 2007).

Conrad and Kellar-Guenther (2006) developed a quantitative study to investigate the risk of CF and burnout and potential to CS among 363 child protection workers in Colorado,

USA. The participants were mostly females (89%), with mean age of 36.5 years. The majority worked in urban areas (75%). Mean years of experience was 8.4 years. Most of them were caseworkers (76%), others were supervisors (7.7%) and the rest masked their job description as "other". According to the authors, the findings were unexpected. While 50% of participants presented high or very high risk for CF, very low levels of burnout were detected, and the majority of participants, 75%, presented high potential for CS. The authors mentioned that the reason for such high levels of burnout and low levels of CF was unknown. The thesis that burnout symptoms could have the property of acting as protective factors against CF (Sprang et al., 2007) could offered some light to understanding these findings. Regarding to CS, the study by Conrad and Kellar-Guenther (2006) indicated that participants presenting higher levels of potential for development of CS presented lower levels of both burnout and CF. These findings were important because they supported the idea that CS, which involved positive professional relationship with colleagues and job satisfaction, was a protective factor to the development of CF (Conrad & Kellar-Guenther, 2006).

In 2010, Craig and Sprang conducted a cross sectional quantitative study to investigate CF, burnout and CS occurrences among a national sample of trauma therapists in USA. The participants in the sample were 65% female and 34% male; their mean age was 53.2, with their age ranging from 27 to 83 years. While 46% were clinical social workers, 44% were clinical psychologists. Their clinical experience ranged from 1 to 58 years, with a mean of 23 years of experience. Most of participants (62%), had specialized trauma training. The large majority (98%) had traumatized clients in their caseload with an average of 27% of caseload composed by individuals who presented PTSD. The ProQOL-III developed by Stamm (2005) was used. The study aimed to investigate also if the use of evidence-based practices would impact the

occurrence of CF, burnout and CS. The findings supported their hypothesis and showed that therapists utilizing evidence-based practices showed lower levels of both CF and burnout and higher levels of CS. The factors predicting burnout were lack of trauma training, increased percentage of PTSD clients in the therapist's caseload, being an impatient practitioner, and not using evidence-based practices. Factors predicting CF were high percentage of PTSD clients in therapist's caseload and not using evidence-based practices. The factors that were indicator of CS were years of experience and use of evidence based practices. Interestingly, despite the fact that years of experience did not predict CF, the variable was a strong predictor of CS (Craig and Sprang, 2010).

Vicarious Traumatisation

The term vicarious trauma was proposed by McCann and Pearlman (1990), and defined as "the transformation that occurs within the therapist (or other trauma worker) as a result of empathic engagement with clients' trauma experiences and their sequelae" (Pearlman & Mac Ian, 1995, p.558 as in Pearlman & Saakvitne, 1995). In the therapeutic context, engagement occurs when the therapist listens to graphic descriptions of horrific events experienced by survivors, and often participates in traumatic reenactments performed during the therapeutic process (Pearlman and Mac Ian, 1995).

VT referred to changes in the therapist's worldview and ways to experience self and relate to others. Common manifestations of VT reported in the literature were disruption in cognitive schemas and intrusive trauma imagery. Those effects interfered with the therapist's relationships and personal life (McCann and Pearlman, 1990; Pearlman & Mac Ian, 1995, Pearlman and Saakvitne, 1995).

VT was conceptualized in the light of the constructivist self-development theory (CSDT), also developed by McCann and Pearlman (1990a). The constructivist aspect of the theory assumed that reality was socially constructed by individuals and that "the meaning of the traumatic event is in the survivor's experience of it" (Pearlman & Saakvitne, 1995). The developmental aspect of the theory emphasised the developmental stage when the trauma occurred as an essential factor for determining the way the trauma is experienced by survivors. The CSDT also brought together aspects of psychoanalysis and social cognitive theory. It understood the adaptation process in the trauma recovery as shaped by the interaction between the individual's personalities and the social and cultural context (Mac Ian & Pearlman, 1995).The authors defined symptoms as adaptation processes, and highlighted that symptoms not be seen not as pathology, but rather as coping strategies (Pearlman & Saakvitne, 1995).

In the same way that trauma effects were conceptualized as adaptation processes, VT was also understood as a response rather than pathology. It was identified as a human way to respond to the act of bearing witness to horrendous events in people's lives. However, factors influenced the occurrence and intensity of VT, such as personality characteristics, history of trauma and meaning of the personal trauma events, social/supervision support, work circumstances and current stressors in the helper's life (McCann &Pearlman, 1990; Pearlman & Mac Ian, 1995).

According to Jankoski (2010), the CSDT identified and named five elements that could be disrupted as a response from trauma: "(1) frame of reference, (2) self-capacities, (3) ego resources, (4) psychological needs and related cognitive schemas, and (5) memory and perception" (p. 108). Those elements were also aspects that could be disrupted through VT. A recent qualitative, multiple case participatory action study with Child Welfare System (CWS) workers (Jankoski, 2010) used these elements to create a code system, and each of the 305

participants in this study acknowledged the five aspects. In addition, all focus groups presented themes that corresponded to disruptions to those aspects. Quotes on the article were presented to illustrate the themes, such as “I am not able to intimate with my husband. I just think of the kids who have been hurt by their fathers” (Jankoski, 2010, p. 113) as an example of disruption of frame of reference and “I will never forget how that baby looked. I’ll never forget” (Jankoski, 2010, p. 114-115) as example of disruption of memory and perception, impacted by graphic images imprinted in the helper’s mind.

One of the first researches on VT was a mixed methods study conducted in 1995 by Schauben and Frazier. The purpose was to investigate the impact of VT on counsellors working with adult survivors of sexualized violence. The participants were 148 women counsellors and psychologists, members of an organization of women psychologists and members of a sexual violence counsellor’s center in U.S. Among the participants, 118 were psychologists and 30 were sexual violence counsellors. Their mean age was 44 years, 98% were Caucasian, and the majority was currently committed to a relationship (80%). Regarding to sexual orientation, 80% were heterosexual, 12% were lesbians, and 8% were bisexual. Most of participants had master’s degree (60%), 28% had doctoral degree and 8% had only a bachelor’s degree. The study used primarily quantitative measures; however two open ended questions were included to collect qualitative data. These questions asked what were the most difficult and the most enjoyable aspects of working with victims. The study showed evidences that working with trauma was not related with burnout – confirming a hypothesis that burnout and VT are distinct concepts with different factors and symptoms. The level of VT responses was related to the percentage of traumatized individuals in the caseloads: counsellors with higher percentage of traumatized individuals in their caseloads presented higher levels of VT responses.

Qualitative data gathered showed that the nature of the abuse itself was one of the most difficult aspects of the work mentioned: to hear the details of the abuse was especially painful for the counsellors. Another reason mentioned for why working with survivors was so difficult was the consequences of the abuse on victims, which made those clients particularly challenging to work with. Interestingly, counsellors in this study also stated that sometimes the most difficult part of this job was to deal with injustices of the systems that were supposed to support the victims (Schauben & Frazier 1995)..

This research was also important for presenting empirical explanations of reasons why working with survivors was so challenging and for showing that more than improvement in training, supervision and work conditions, there was the need to work on improving the mental health and legal systems that sometimes contribute to re-victimize the victims. Finally, this study was pioneer in assessing the positive impact of working with victims of sexualized violence. Participants showed in general few symptoms of VT, and the authors of the study wondered if the rewarding aspects of this type of work mentioned by the participants could have contributed to lessen the negative impact of their work on them.

In 2003 a qualitative study based on grounded theory was developed by Canfield (2003) to explore the occurrence of VT and STS among 15 child psychotherapists living and working in the Boston area. Participants were 11 female and four male therapists, specialists in clinical treatment of traumatized children. Their age ranged from 28 to 51 years old. Among them, nine were Caucasian, four were Latinos, one was Asian and one was Eastern European. All therapists worked in an agency setting. Their experience working with traumatized children ranged from 4 to 25 years, and all had at least 50% of their caseload composed by traumatized children. Regarding participants' education, eight of them held a Master's Degree in Social

Work, six had Ph.D. in clinical Psychology and one had a bachelor degree in Psychology. Among them, seven were parents of school-aged children and one had an adult child.

The author aimed to fill a gap in the literature which had not explored yet VT occurrence among child trauma therapists. According to the author, child trauma treatment could generate unique challenges for the therapists' personal and professional lives, given that their young clients were often powerless and frequently lived in high risk situations regarding maltreatment and violence. Those vulnerable children depended on adults to protect them from harm, and considering that many therapists could feel an increased responsibility for their fate and well-being. Findings emerged were categorized into contextual conditions, such poorly structured organization, and causal conditions that increased stress in their work. The causal conditions were: clientele with multiple treatment providers in their lives that had to work collaboratively in order to provide an effective treatment; majority of children having multiple traumas; memorable and difficult cases that were remembered by therapists even after years of the end of treatments; and difficult feelings resulting of engagement with this population (Canfield, 2003, p.68).

STS responses were reported by all participants. Surprisingly however, the findings showed that just three therapists reported vicarious traumatization. Among those three, two had personal history of trauma, and the author concludes that:

> A relationship cannot be established between providing trauma treatment and vicarious traumatization as two of the three therapists who reported having negative perceptions of self and others could have developed these as result of their own personal history of trauma (Canfield, 2003, p. 141).

> Interestingly, findings in this study showed that six therapists reported positive shifts in their perspective.

Empirical and theoretical works showed that vicarious traumatisation could present special challenges for therapists working with victims of childhood sexual abuse. Pearlman and Saakvitne (1995) mentioned several elements in the nature of this type of trauma that made this work particularly difficult for helpers. The authors explained that survivors of childhood sexual abuse and incest often presented adaptation responses that involved intense and demanding affective and interpersonal styles. Those responses could be present in the therapeutic process and in the relationship with the therapist, who could get involved in acts of re-enactment of the traumatic experience (Pearlman & Saakvitne, 1995).

Victims of sexual abuse were victims of abuse of power (Haskell, 2003; Herman, 2002). In her important book, "Trauma and recovery: the aftermath of violence", Herman (1992) said that survivors of CSA were likely exposed, at young age, to unsafe situations, depending on untrustworthy parents, dealing with terrifying unpredictable situations, and as consequence they could develop into adulthood or adolescence with overwhelming sense of helplessness and powerlessness. In this context, the relationship with the therapist was considered essential for the survivor's treatment and recovery, what could be very anxiety-provoking to both clients and therapists. Trust and power issues commonly present in the survivor's way to cope with trauma could challenge the therapist who needs to be supportive, self-confident, respectful and modest (Pearlman & Saakvitne, 1995). Feminist models of trauma treatment (Haskell, 2003; Herman, 1992; Walker, 1994; McEvoy & Ziegler, 2006) defended that power issues should be addressed in the therapeutic process and the search for transparency, collaboration and partnership are crucial for the establishing of safety and stabilization, which were the main tasks of the first stage of the healing process (Haskell, 2003; Herman, 1992). To be supportive and effective as trauma therapist, helpers need extraordinary strengths. They need to address common counter

transference issues through self-reflection, supportive supervision, and peer consultation, which could not always be available.

Pearlman and Saakvitne (1995) also reminded us that CSA trauma therapists were often themselves survivors of sexual abuse. It appeared that, for many helpers which were themselves survivors, there was a mission to help others as part of their own healing process. In those cases, transference issues could be an extra challenge that could influence the occurrence of VT (Pearlman & Saakvitne, 1995).

Numerous studies investigated factors that influence VT occurrence in the helpers who worked with sexual abuse survivors. According to those studies, trauma history in the helper's life appeared to be associated with vulnerability to vicarious traumatisation and with severity of its impact (Cunningham, 2003; Pearlman & Mac Ian, 1995; VanDeusen & Way, 2006; Way, VanDeusen and Martin, 2004). Other factors associated to the helper's VT responses found in empirical studies were specific clientele characteristics such as personality disorders and client's abuse occurring at young age (Knight, 1997), and more professional limited experience providing treatment to sexual abuse survivors being a predictor of higher VT responses (Cunningham, 2003; Knight, 1997; Pearlman and Mac Ian, 1995). Higher level of exposure and percentage of trauma cases on the professional's caseload were indicators of higher VT and STS responses (Bober & Regehr, 2005; Ortlepp & Friedman, 2002; Pearlman & Mac Ian, 1995; Wall, 2001).

Those studies were significant to the field of trauma work because they identified the main factors that contributed to the occurrence of VT. The findings can help counsellors, supervisors and agency directors to address the factors and hopefully help counsellors to lessen

the impact of this type of work. For example, if a higher percentage of trauma cases and a higher percentage of clients with personality disorders in caseloads were predictors of higher VT response, supervisors can support counsellors to build a more balanced caseload. We learned that VT responses were stronger during the first years of experience of counsellors, so research based supervision could provide special support for counsellors in the beginning of their career. In addition, helpers in training with trauma history could be informed about the risks associated with trauma work before deciding to work in this field.

Strategies to prevent vicarious trauma. Researchers in VT have proposed strategies to prevent and counteract VT impact. Special training, support for the helper and supervision were often mentioned in the implications of VT research findings, as important areas of intervention for addressing and dealing with VT and ensuring the quality of trauma services (Cunningham, 2003; Pearlman& Saakvitne, 1995; Schauben & Frazier, 1995; VanDeusen & Way, 2006; Way et al., 2004; Trippany, Kress, & Wilcoxon, 2004).

A cross-sectional, quantitative study by Bober & Regehr (2006) investigated if therapists believed in suggested forms of prevention of vicarious trauma, if they engaged in activities recommended and if engaging in these activities resulted in lower levels of distress. The study involved 259 therapists who worked in clinical programs specialized in work with victims of violence in southern Ontario. The majority were female (80.7%), and their mean age was 41.3 years. Their experience as counsellors was reported as mean of 10 years. The mean number of hours working per week as counsellors was 16.3 and the mean number of hours working with traumatized individuals was 8.4. Among them, 48% were social workers, 15% nurses, 14% psychologists, 10% physicians and the remain reported other professions such as child and youth therapists. The Coping Strategies Inventory (Bober, Regehr & Zhou, 2006) was used.

Researchers found that, despite the general belief in the efficacy of strategies recommended by the literature for preventing vicarious trauma, these beliefs were not associated with time allotted to engage in those activities (Bober & Regehr, 2006). Also, the study found that time spent on coping strategies was not associated with lower traumatic distress levels. Strategies investigated through the CSI-Time (CSI-T) subscale were leisure, self-care, supervision, and research and development. Interestingly, hours per week spent working with traumatized individuals was the primary predictor of distress levels (Bober & Regehr, 2006). The implication was that caseload management could be one of the most efficient strategies, which confirmed previous findings.

This study was considered important because it was the first one to investigate the efficacy of self-care strategies in preventing VT. The findings challenged the belief that it was the counsellors' responsibility to prevent the negative impact of trauma work on them.

Results that showed that there was no connection between time spent in coping strategies to prevent VT and reduced stress scores offered a rationale for a change in perspective. If strategies to deal with problem saturated stories (White & Epston, 1990), e.g., the negative effects of vicarious trauma, did not work as expected, perhaps a revision of trauma work and its sustainability was needed. Bober and Regehr argued that the focus on the individual's coping strategies could support an idea that traumatized individuals were to be blamed for not taking care of themselves (Bober & Regehr, 2006). This study showed however that those individual coping strategies had little effect in preventing VT. The authors also argued that a shift in focus was needed, "from education to advocacy for improved and safer working conditions" (Bober & Regehr, 2006, p. 8). Endorsing those authors' words, I would mention that a collective ethics is needed in our field, an idea that was developed by Reynolds (2010) in her work "Supervision of Solidarity", which addressed collective ways to deal with challenges involving therapists

working with victims of violence and oppression, in order to maintain the sustainability of this important work (Reynolds, 2010). In addition to that, I argue that a reconceptualization of trauma work where rewarding aspects of this work were included could contribute to make this work more viable.

Testimonials of positive shift in perspective among vicarious trauma literature. The literature on VT presented numerous testimonials, offered by the researchers/therapists themselves (McCann & Pearlman, 1990), and by the therapists participating in empirical studies (Schauben & Frazier, 1995), on how their work also transformed them positively. McCann and Pearlman (1990), the authors who proposed the term VT, mentioned that:

> (…) we also try to acknowledge and confirm the many positive experiences in our work as well as the positive impacts this has had on ourselves and our lives. It is important to remind ourselves and others that this work has enriched our lives in countless ways. (…) There is a tremendous sense of personal meaning that evolves from knowing that we are involved in an important social problem by making a contribution toward ameliorating some of the destructive impact of violence on human lives (McCann & Pearlman, 1990, p 147).

The authors described ways in which the work with traumatized individuals changed their lives in positive ways. For them, the outcome of working with victims of violence showed as enhanced political and social awareness around the conditions that generate this type of violence and as a consequence increased engagement in social activism. Based on their own experience with women victims of sexual abuse and violence, McCann and Pearlman (1990b) mentioned other effects of trauma work, such as enhanced empathy for the suffering of others, increased sense of connection with victims, increased self-esteem as resulting from a sense that they are helping others, increased sense of hopefulness about human beings' capacity to endure and even

to transform their traumatic experiences, and a more realistic world view resulting from integration of views about both the dark and the healing sides of human beings (McCann and Pearlman, 1990b). It is interesting to note through this quote that even the authors who first conceptualized theoretically the term VT and investigated its negative impact were very aware of the importance of acknowledging the positive impact of trauma work on help professionals.

Similarly, in a mixed methods study on VT among women counselors working with sexual violence survivors (Schauben & Frazier, 1995), findings showed that despite the pervasive effects of working with victims of sexual abuse, counsellors reported also enjoyable aspects of working with survivors:

> (…) many counselors stated that the most enjoyable aspect of this work is the creativity, the strength, and resilience of survivors who thrive even in the face of enormous pain. Similarly, counselors greatly enjoy seeing clients grow and change. Others mention that they feel honored to be a part of the healing process, noting that they also grow and change as a result of their work with survivors. Finally, counselors mentioned that they feel very good about the importance of their work, feeling gratified that they are working to help heal both individual clients and society as a whole (Schauben & Frazier, p. 62).

This study was among the early researches on VT. This quote exemplified the fact that some of the evidences of positive impact of working with survivors of sexualized violence were already collected almost two decades ago. Appreciation for the resilience of survivors and their capacity to grow despite of adversity was mentioned, despite that the focus of this study was not the investigation of rewarding aspects of trauma work.

In the study conducted by Canfield (2003) with children trauma therapists, the participants who reported positive shifts in their perspectives offered narratives around becoming more appreciative of what they had in their lives, more tolerance about themselves, and a world

view that changed for better including diminished sarcasm and a less negative perspective and increased understanding of people's pain. The author summarized the findings on positive shifts in perspective:

> Some of the other positive results of doing this work were reported such as making therapists more empathic toward people, more sympathetic to the lives of children, felt better about their own histories and the people they have become, more appreciative of what they have in their lives, better able to laugh at themselves and look at themselves in relationships, made them less judgmental, gained an appreciation for the resiliency of people, and having led one person to a spiritual journey of mindfulness and Buddhism that he wouldn't have taken otherwise (p. 138).

This quote showed another evidence of existence of data regarding positive shift in the perspective of counsellors, as result of their work with survivors. The study by Canfield (2003) was considered especially relevant to the present research because it was the first one to our knowledge to explore the impact of working with traumatized children on therapists. In the study by Canfield, once more the positive impact was reported and discussed briefly.

The studies presented in this section were examples of researches where rewarding aspects of trauma work were evidenced among the findings, without however an in-depth and systematic investigation about this type of impact and without a discussion about its potential use as strategy to prevent and lessen the impact of VT. Throughout my study on VR among therapists working with children survivors of sexual abuse, my intention was to generate knowledge about the positive impact of trauma work which could generate strategies to be used by therapists and supervisors to counteract the painful effects of VT. My hope was that a re-conceptualization of trauma work could contribute to a better quality of life for the therapists and higher quality of services provided by them.

Vicarious Posttraumatic Growth

The construct vicarious posttraumatic growth (VPG) was proposed by Arnold, Lawrence, Tedeschi, and Cann (2005) to refer to the processes of psychological growth experienced by therapists as result of their vicarious experiences with trauma (Arnold et al., 2005). The psychological changes evidenced through the VPG studies included higher appreciation for the resilience of the human spirit, greater kindness and appreciation for others, increased faith and spiritual introspection, and deeper understanding of the whole spectrum of human behaviour including its dark side, increased sensitivity, tolerance, insight and empathy. The authors proposed that major categories related to the construct of posttraumatic growth (Tedeschi & Calhoun, 1995; 2004), namely *positive changes in self-perception*, *interpersonal relationships*, and *philosophy of life*, could be evidenced also in clinicians who experienced trauma vicariously.

The VPG studies were inspired by several previous researches on VT (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995), compassion fatigue (Figley, 1995) and specifically by tangential findings where clinicians reported experiences of positive impact of their work.

The first empirical research on VPT was an exploratory, qualitative study conducted by Arnold, Calhoun, Tedeschi, & Cann (2005). It used naturalistic interview and the constant comparison method for analysing the data. The study explored the perception that clinicians working with trauma have of the effects of the work on them, emphasizing positive effects.

Participants were 21 psychotherapists, 10 men and 11 women, working in a major city in the U.S. Among them, 8 had Ph.D. degree in clinical psychology or counselling, and 13 help master's degree in counselling, social work or psychology. Their mean age was 48 years and 16.9

mean years of clinical experience. All participants reported that they worked regularly with traumatized clients. The mean percentage of work that was trauma-related was 45%. Seventeen of the participants reported that they experienced at least one event that they considered traumatic.

One open-ended question was presented to the 21 participants selected: "How have you been affected by your work with clients who have experienced traumatic events?" (p. 245) Results showed that the majority of clinicians, in addition to reports on negative impacts, spontaneously offered also responses that addressed positive impact of working with trauma. As limitations of the study pointed by the authors, the sample was composed by therapists that did not work exclusively with trauma, and a different result could be evidenced if participants had a full time trauma caseload. The authors wondered if in such case more negative effects would be found. Also, the VPG in this study could be confused with the clinicians' own process of posttraumatic growth, since 81% of them reported to have suffered trauma in their lives (Arnold et al., 2005).

Implications of the study were mentioned, such as the importance of exploring both negative and positive effects in order to develop a less pathologizing conceptualization of trauma work (Arnold et al., 2005). The authors suggested that an inclusive examination of trauma work, addressing both VT and VPG, could expand the understanding of the impact of this work and collaborate to empowering both clinicians and clients (Arnold et al.).The study by Arnold et al. was considered significant to the present research because it was the first qualitative study to investigate in rich details the positive impact of trauma work on therapists. The use of qualitative methods and a naturalistic interview allowed interesting findings to emerge, where negative accounts of the counsellors' experiences came accompanied by positive accounts. Several of the

participants in this study mentioned that their work with traumatized individuals highlighted their appreciation for the resilience of human beings. This finding could offer an invitation for further research on how therapists were affected by the act of witnessing the resilience of their clients in overcoming the trauma effects.

In 2009, a mixed methods research studied the impact of treating family violence among 214 therapists working in battered women shelters, violence prevention centres and welfare bureaus in Israel (Ben-Porat & Itzhaky, 2009). The ages of the participants ranged from 24 to 65, with mean age of 39; their experience in the field ranged from 1 to 40, with mean of 10.49 years. Participants were divided into two groups: the ones who worked with family violence and the ones who did not. Among the social workers who worked with family violence, 84.6% were women, 83.9 % were Jewish while 16.1% were Arab; 71.3 % were married while 28.7% were unmarried; 76.9% had children. Regarding to religion, 69% defined themselves as secular, 17.6% as traditional, and 13.4% were religious. The article did not explain the meaning of religious definitions given. Among the family violence workers, 61.5% held Master's degree and 38.5% held bachelor's degree. The group with workers who did not work in the family violence field was formed by 88.7% of women and 11.3% of men. Among them, 88.7% were Jewish while 11.1% were Arab. Almost half of them (49.3%) identified themselves as secular, 21% as traditional and 29.6% as religious. Regarding to marital status, 73.2% were married and 26% unmarried; 67% of them had children. Among the participants in this group, 50.7% held bachelor's degree and 49.3% held Master's degree. Arnold et al (2005) aimed to describe an inclusive picture of trauma therapy, where both negative and positive aspects were investigated. Quantitative instruments included the Secondary Traumatic Stress Scale and the Post-traumatic Growth Inventory developed by Tedeschi and Calhoun (1996). The qualitative instrument was a

questionnaire consisting of two open ended questions where participants were required to list positive and negative personal changes suffered as result of their work. Unexpected results regarding to positive changes were found through quantitative data – that is, therapists working with family violence presented lesser levels of VPG than therapists who did not work with family violence. These results could have reflected the fact that some participants' characteristics were overlooked in the selection criteria. The authors of this study pointed out that therapists who did not work with domestic violence had however other types of traumatized clients, such as terror attacks and childhood trauma, and so they were exposed to other challenges, what could have explained the higher level of VPG when compared with therapists who worked with family violence (Ben-Porat & Itzhaky, 2009).

The qualitative data was not analyzed through qualitative methods. Rather, the themes that emerged were categorized and Chi-square tests were conducted to compare differences between the prevalence of the themes among the two groups of participants. The results of the qualitative data were presented quantitatively. Results on negative changes from qualitative data showed that family violence workers presented more negative changes in spousal relations and in their view of the world, when compared to helpers who did not work with family violence. Positive changes found through qualitative data gathered showed that family violence therapists developed more assertive skills, more control over anger, higher constructive communication skills and positive changes in their spousal relations and parenting skills (Ben-Porat & Itzhaky, 2009). Those findings were consistent with previous studies in PTG in trauma work (Alrnold et al., 2005). The authors concluded that qualitative data revealed unique aspects of the work of family violence therapists, which could not be evidenced through quantitative data, such as

narratives around confronting the aggressor and the victims within themselves (Ben-Porat & Itzhaky).

This was a pioneer study which applied quantitative methods to measure levels of VPG among trauma workers. Limitations on the methodology included the fact that the authors used an instrument specific for measuring PTG, which was crafted for using with victims and not for those experiencing posttraumatic growth vicariously. The authors pointed the need for the development of an instrument to be applied to therapists, and to measure their growth resulting from their work with traumatized clients. In 2010, a qualitative study on VPG, which used a phenomenological and idiographic design, was conducted to investigate the VPG impact among eight interpreters working with refugees survivors of trauma in England (Splevins, Cohen, Joseph, Murray & Bowley, 2010). Participants were selected through purposeful sampling. The sample consisted of 2 men and 6 women, between ages of 30 and 64. All interpreters lived and worked in England, however they were from different cultures: French, Iraqi, Iranian, British and African. All but 2 spoke English as second language. The languages spoken by the participants were French, Arabic, Kurdish, Turkish, Dari, Farsi, Italian, Dioula, Swahili, Lingala, and Kirundi. They reported that aside other types of jobs that they held, between 50% and 90% of their work was therapeutic related with refugees who experienced traumatic events. All participants reported that they experienced at least one event that they consider as traumatic.

Four themes emerged from the analytic process. The "Feeling what your Client Feels" (p.1709) theme revealed a high sense of empathy among the interpreters who reported that the verbatim translation of survivor's traumatic experiences contributed to increase their involvement in the stories of their clients. This high involvement showed its negative aspects, such as rage and hopelessness, but also joy, happiness and hope as result of witnessing their

client's stories of recovery and growth (Splevins et al., 2010). The second theme, "Beyond Belief" (p.1710), brought up a sense of shock and disbelief in the atrocities they heard through the stories of survivors. This theme also revealed positive aspects along with distress, when interpreters reported feelings of hopefulness by bearing witness to the human resilience. Participants reported that distress and pain from witnessing the terrible stories were necessary for the development of beneficial experiences (Splevins et al.). The third theme was identified as "Finding Your Own Way to Deal with It" (p.1711), and was related to the interpreters aim to find a balance and develop coping strategies to protect themselves from the most negative impact of their work. The fourth theme was named "A Different Person" (p.1711), and spoke about changes in the participants' way to view their lives as result of their work. More emphasis in relationships, becoming more spiritual, more respectful and less judgmental were some of the changes mentioned. Even those who reported that the changes were difficult, a sense of being wiser or deeper accompanied their narratives (Splevins et al.).

The authors discussed the findings in the light of previous studies, and found that results were consistent in some aspects with literature on VT (McCann & Pearlman, 1995), as the participants showed high levels of distress and types of responses that could be viewed as VT. However, the authors concluded that VT theory failed in presenting a full picture of the vicarious experience with trauma of the interpreters in this research. This study was considered important for providing empirical evidences that trauma work could result in more growth than distress for some helpers. For the interpreters who participated in this study, the overall impact of their work with trauma was positive. The authors argued that the VPTG theory could provide a better framework for understanding these narratives (Splevins et al., 2010), when it showed that the efforts to deal with the distress of this work could result in a rebuilding process and growth.

It was interesting to note that an appreciation for the resilience of human beings was mentioned several times through the article. However, this study did not relate the finding with current literature on VR (Engstrom, Hernandez, & Gangsei, 2007).

Vicarious Resilience

The term was defined by Engstrom, Hernandez, and Gangsei (2007; 2008; 2010) as a process characterized by "the positive meaning-making, growth, and transformations in the therapists' experience resulting from exposure to clients' resilience in the course of therapeutic processes addressing trauma recovery" (Hernandez, Engstrom, & Gangsei, 2010, p. 72).

Vicarious Resilience (VR) studies were based on the idea that there were reciprocity processes that occurred through the therapeutic process, where client and therapist influence each other (Hernandez, Engstrom and Gangsei, 2010). In the same way that therapists were affected by traumatic experiences of clients, often developing VT responses, professionals working with traumatizing individuals were also impacted by witnessing their clients' growth and transformation processes. VR studies were based on the narrative therapy framework (White & Epston, 1990) which emphasized the multi-storied nature of identity and the mutual construction of meaning through the therapeutic process. They were based on the constructivist idea that reality was constructed socially, through language and dialogue (Creswell, 2009) and based on the assumption that the worldview of someone who experienced trauma would impact construction of meaning on the therapists, in both negative and positive ways.

It could be identified, throughout the VR theoretical framework, a strong influence of both post-modern theories and multi-cultural approaches to counselling. Hernandez et al. (2010), referred to reciprocity, and highlighted that making meaning of trauma work involved "attending

to the therapist and clients' multiple identities in social context (p.74)". The authors argued that for therapists to develop appreciation for their clients' experience and change processes, therapists needed to address issues such as privilege, cultural differences, power and biases. They stated that:

> (...) it is important to encourage therapists to attend to their own development in multiple contexts of marginalization and privilege by virtue of their class, ethnicity, sexual orientation, age, gender, ability, or religion. Often, a lack of examination of areas in which therapists hold unearned privileges by virtue of these dimensions hinders their ability to truly appreciate their client's change processes and understand how they can learn from their clients (Hernandez et al, p.74).

As the authors pointed out in this quote, the vicarious resilience processes would probably not emerge spontaneously, without conscious self-reflection. Therapists who take their privileges for granted would probably take also their client's achievements for granted, and would unlikely develop appreciation for what their clients have overcome and achieved. For example, a Caucasian therapist born and raised in a developed democratic country, unaware of their own privileges, could have difficulties to understand what it takes for a non-Caucasian to succeed in a white society, or what it means to be a refugee, or what it takes to endure torture to protect others or a cause. The VR concept, according to the authors, could inspire training and supervision practices that would help trauma counsellors to examine their places of privilege in society, in order to develop a higher sense of appreciation for the resilience emerged from individuals who were in many ways marginalized and oppressed.

Because VR was the main construct involved in my study, this section of the literature review was expanded to show on a more detailed evaluation of the two studies on VR conducted until now. The first empirical study on VR was a qualitative study based on grounded theory and

phenomenology, designed to explore the formulation of this construct (Engstrom, Hernandez, & Gangsei, 2007). The study involved twelve therapists working in Colombia with victims of politically motivated violence and kidnapping. Purposeful sampling was used for selecting the participants. The sample was formed by 9 women and 3 men, with years of experience ranging from 1 to 27, with up to 18 working with this population. Six of them had training in resilience and the rest learned about the concept through their clinical work. One of the participants was a psychiatrist from Colombia, and 11 were psychologists. Among those, 8 were trained only in Colombia and 3 were trained in Colombia but also overseas. Ten of the 11 psychologists completed graduation beyond a bachelor degree in psychology. Authors clearly stated their efforts to avoid bias by inviting therapists with different political views; the authors intended also to capture variety of experiences with social trauma. The article did not specify however the specific political views of participants.

The study used semi-structured interviews aimed to identify how therapists working with victims of political violence and kidnapping were affected by the stories of resilience of their clients. The interviews were conducted in Bogota, Colombia, by a member of the research team. The questions were developed based on researcher's clinical experience as well as through the input of mental health providers working with survivors of torture. The article mentioned all the topics covered in the interview. For example, “thoughts about how interviewees may have been positively affected by clients’ ways of coping with adversity” and “clinical cases leaving a strong impression with the therapist in relation to coping with adversity” (Engstrom et al, p. 233). However, the questions were not reproduced integrally in its original format. A bilingual Colombian psychologist reviewed the interviews in both versions for accuracy.

The analysis was conducted according to phenomenological analysis. The findings showed themes involving clients' effects on therapists. Although both VT and VR appeared simultaneously through the narrative of participants, the study only focused on VR.

The findings were presented in one broad title: clients' effect on therapists. All participants reported changes in their attitudes and emotions resulting from witnessing their clients overcoming adversity (Hernandez et al, 2007). The authors mentioned the occurrence of themes, but themes were not named or described in the article. However, clients' effect on therapists was discussed in detail and depth, and researchers provided quotes, exemplifying it. Similarly with findings on VPG, appreciation for clients' spiritual resources was mentioned by at least one participant: "Several therapists said that their appreciation for different spiritual paths had grown as a result of working with trauma survivors – a change that broadened their own spiritual perspective" (Arnold et al., 2005, p. 251). Interestingly, Hernandez et al. (2007) do not mention the research on VPG conducted in 2005.

Findings were not discussed in the light of previous studies, based on the argument that there is a lack of literature in VR. If on one hand the study was consistent with grounded research, designed to support research in areas with no previous theoretical construction, on the other hand it seemed that the authors failed to recognise and discuss the similarities and differences between VR and VPG constructs.

As an example of the five implications of the study mentioned in the article, the authors suggested that the development of the construct of VR could be a useful tool to counteract the fatiguing process experienced by therapists (Hernandez et al. 2007). Awareness about VR could promote motivation and persistence in therapists working with political violence. The

exploration of this phenomenon, according to the authors, could help therapists to amplify and find meaning in their work (Hernandez et al.). Future research questions were formulated, such as what specific practices could help therapists to benefit from VR and "are clinicians who have high rates of VT less likely to develop VR?" (Hernandez et al., 2007, p. 240).

This study opened the empirical research on the concept of vicarious resilience. Based on grounded theory, this research conceptualized a common phenomenon that often co-occurred, naturally, with VT processes. It demonstrated that along with the toxic effect of trauma work, therapists often also learned from their clients how to overcome difficulties. It was significant not just for showing the empirical evidences of the phenomenon of VR, but also because it suggested that VR impact "can be strengthened by bringing conscious attention to it" (Hernandez et al., 2007, p. 237). By building a robust theory around this concept, the authors contributed for the development of awareness around this process, and for the development of a tool that could help to mitigate the impact of VT.

In a posterior study, Engstrom, Hernandez, and Gangsei (2008) conducted a qualitative, empirical study based on grounded theory, which explored experiences of vicarious resilience among therapists working with survivors of torture. This research aimed to build on the previous study on VR. The authors speculated that the concept of vicarious resilience could bring a new perspective to torture treatment work, which could potentially be especially challenging for therapists who were witness to devastating stories about human cruelty.

Purposive sampling was used to recruit participants. The sample was composed by eleven mental health providers from a regional torture treatment centre, who worked directly with torture survivors and presented appropriate credentials. Among the participants, 10 were female, and their ages ranged from 34 to 74 years. The majority, seven, were born in the U.S. Among the

foreign born participants, 2 were born in Middle East, 1 in Latin America and 1 in Australia. Regarding to their professional background, 3 were clinical social workers, 3 were licensed marriage and family therapists and 6 had doctoral degree in psychology. It was stated that all had extensive experience in trauma work; however the number of years of experience was not provided. The lack of diversity in the sample was pointed out as one of the limitations of the study. The methodology was again based on grounded theory approach. The Semi-structured Interview Schedule (SIS), developed by David Engstrom, with the input of experts in torture treatment was used. A sample containing 6 of 21 questions were presented in the appendix. The two questions about vicarious resilience were presented integrally in the article, which facilitated the replication of the research. The questions on VR were:

> In our work with survivors of torture, we have noticed that witnessing how clients cope with adversity affects us. We have been exploring this phenomenon and are calling it vicarious resilience. Do you have thoughts about how this concept could be useful in clinical theory and practice?
>
> Do you have any examples from your work with torture survivors? (Engstrom *et al*., 2008, p 15).

Results identified themes, named as "being positively affected by the resilience of clients", "alteration of perspectives on the therapist's own life", and "valuing the therapy work performed" (Engstrom *et al.,* pp. 15-16).The first theme was also called by authors "Recognition of Human Capacity to Thrive" (p.16) and showed examples of narratives about how therapists were enormously affected by the strengths of their clients in surviving torture, by their clients' ability to resist, escape and start a new life (Engstrom et al., 2008). Participants mentioned being inspired by their clients courage, feeling honoured by working with those brave, heroic individuals, and being inspired by their resourcefulness (Engstrom et al.). When the authors

discussed the first theme, they commented that quotes of participants evidenced the process of co-creation of meaning in therapy:

> (...) mental health providers were both witnesses of their clients' ability to overcome adversity and participants in the co-creation of a therapeutic dialog that contributed to the identification, strengthening, and expansion of stories that grounded clients in their own resources and hope (Engstrom et al., 2008, p. 16).

In this quote it could be evidenced the influence of the narrative therapy theory and constructivist framework. Engstrom et al. suggested that the skills developed by therapists who attentively listened to the storylines of resilience of their clients helped clients to privilege such stories and to strengthen the impact of their resilience. It is evident through this quote the clinical implication of the use of this construct not just for therapists, but for their clients.

The second theme, "Altering Perspectives" (p.16), showed how therapists working with individuals who were tortured because they stood up in defence of human rights were affected by their clients' attitude and how therapists re-evaluated and appreciated more their own freedom after working with survivors of torture (Engstrom *et al*., 2008). Participants also mentioned that vicarious resilience was expressed not so much in coping strategies, but by increased focus on positive aspects of their lives (Engstrom *et al*.). Quotes were offered to exemplify ways in which therapists re-framed experiences that could be considered highly frustrating as experiences of joy (Engstrom *et al*.).

The third theme, "Reaffirming the Value of Therapy" (p.18), spoke about the participant's desire to continue working with survivors of torture and addresses the topic of being involved with this work as a form of social activism, a professional outlet through which

therapists could act on their beliefs around human rights. Their work offered "a membership in a community of people with similar values" (Engstrom *et al*., 2008, p. 18)

The authors discussed limitations of the methodology. According to them, generalization of findings was affected by the specificity of the type of trauma studied, and authors recommend further research on VR with therapists working with different types of trauma. In the conclusion Engstrom et al. (2008) stated that the identification and conscious exploration of the phenomenon of vicarious resilience may help therapists to balance the fatiguing processes often experienced when working with traumatized individuals (Engstrom et al, 2007).

The main strength of the study was its pioneer contribution to the treatment of torture survivors. The elaboration of the concept of vicarious resilience, first identified by previous studies with survivors of political trauma and kidnapping, was enriched in this present study. VR phenomenon was shown as relevant among therapists working with victims of torture.

In 2010, Hernandez, Engstrom and Gangsei published an article articulating the major concepts related to the VR construct and offering a description of training and supervision exercise where both negative and positive aspects of trauma work are addressed, as an example of practical use of this construct. A one-session workshop was designed to be implemented with groups ranging from four to eight therapists. The assumption behind this training was that the awareness about the VR construct could bring implications for the practice and that the exercise of sharing narratives of how the therapists experienced VR in their work could nurture and enhance the positive impact of their work, helping professionals to "develop and amplify meaning that strengthens hope and reciprocity" (p. 75).

The article described the steps of the training exercise, which started with reflections about negative impact of working with trauma and discussions about VT, CF, and empathic stress, and advanced the conversation to discussions around the positive impact, specifically VR. The last part of the exercise involved a discussion around altruism born from suffering, posttraumatic growth and the therapist's active role in facilitating these processes. It was interesting to notice here once more that concepts of vicarious resilience were used in connection with concepts that involved participating and observing the clients growth, which supported my understanding that there were more overlaps and points of connection between concepts of VPG and VR than there were differences.

Hernandez et al. (2010) finished their article with reflections and advertences on the use of VR construct as a tool in training and supervision. The strengths of the approach were highlighted. The authors explained that they made efforts to address the parallels between the helpers' life trajectories (which frequently involved both trauma and desire to help others), and the trajectories of the clients (which often also include both components, i.e., trauma and altruism). In an effort to prevent the misuse of the concept, they reminded the readers about the need for avoiding minimizing the impact of trauma work and about the need to be attentive to the possibility that unresolved traumatic experiences could lead individuals to become therapists, with the risk of harming others. In such cases, proper treatment would probably be needed.

This article was an important contribution, because it showed in details an example of how the concept of VR could be applied in trauma work training. The questions provided in the article were well structured and helped therapists to identify how trauma work benefited them professionally and personally. The questions brought attention to the phenomenon of VR, which was experienced by the therapists who stated that they did not have chance to articulate those

experiences until then. The sample exercise could be a model for future training and group supervision practices, and could be used with therapists working with any types of trauma.

The potential of the findings of these studies of VR could be better appreciated if understood through the lenses of the epistemologies used by the authors – social constructivism and narrative therapy theory. In qualitative research field, it was evidenced the idea that researchers co-created realities. By asking questions about vicarious resilience, the Hernandez et al. (2010) contributed to a new narrative to be formed and to the re-evaluation of trauma work.

The research on VR phenomenon represented a new venue of investigation in the field of impact of trauma work. The only two studies conducted to date were implemented by the same authors who proposed the term. Future research by different researchers could contribute to the validation of the construct.

The VR studies focused their investigation on a specific type of trauma. Because participants in both studies were victims of political violence, they were likely to be people who have extraordinary qualities, such as great initiative, leadership skills, high hope in a better society, and courage to fight for their causes. Even before the trauma, they were probably inspiring models to others. As pointed by Engstrom et al. (2008), future research was needed to investigate the relevance of vicarious resilience in the treatment of other types of trauma, which offered the rationale for my research on VR among therapists working with children and youth victims of interpersonal trauma (e.g., sexual abuse).

Differences and Similarities between VR and VPG

Engstrom et al (2008), in the discussion section of their second study on VR, discussed conceptual ideas of the construct, its connections and theoretical differences with empathy and

with post-traumatic growth. As in the first study, the authors again did not mention connections with studies on VPG. However, it was mentioned that PTG shared with VR the idea that an individual's spirituality, personal strength, and life outlook could be enhanced as a consequence of trauma. As difference between the concepts, the authors pointed out that while PTG focused on the transformations that occurred within the client, VR focused on the transformations on therapists. The researchers seemed unaware of current work on the PTG and the fact that it addressed specifically this stance – the positive impact of trauma experienced vicariously by therapists. The second difference mentioned was that PTG investigated a process through which survivors moved beyond the original level of development and presented a substantial growth rather than only a positive adaptation in face of adversity. VR on the other hand, focused on how therapists were affected by resilience of their clients in positive ways. It was interesting to note that Engstrom et al. (2008) considered that the effects of witnessing the client's movement beyond the pre-trauma level could be added in the future as a component of VR – which showed the unfinished nature of the development of this construct.

Comparing both constructs – VR and VPG, I found so far no evidence on significant differences between them. VR was defined at times as a transformation in therapists resulting from appreciation of clients' resilience processes; at other times the definition also included appreciation for the clients' growth, which shared the characteristics of VPG. On the other hand, VPG is defined at times as general positive sequelae of working with traumatized individuals, a definition that could include transformation resulting from witnessing clients' resilience.

Chapter 2 Summary

In this chapter I reviewed the existing literature that relates to my research topic. I explored studies that show evidences that traumatic experiences may be followed by positive

outcomes in survivors. I investigated the literature on resilience processes following highly adverse situations (Floyd, 1996; Phasha, 2010). I presented an overview of resilience studies to date (Earvolino-Ramirez, 2007; Floyd, 1996; Luthar & Cicchetti, 2000; Pianta & Walsh, 1998; Phasha, 2010; Rutter ,1999, 2004, 2006, 2007; Ungar, 2004), and I stated my understanding of resilience according to a constructivist view of the construct which considers resilience as a trajectory of adaptation, or as a process involving successful search for health resources, rather than an innate personality trait. In this approach, successful outcomes depend on negotiation between the individual's and the social construction of meaning around health (Ungar, 2004). I reviewed studies on posttraumatic growth, and I highlighted my understanding that positive outcomes are not products of traumatic events per se, but rather they are results of the tremendous efforts of survivors to cope with the often devastating effects of trauma.

Following, I reviewed studies on effects of trauma work on help professionals. The definitions of constructs such as STS, burnout and CF were presented (Adams, Boscarino & Figley, 2006; Conrad & Kellar-Guenther, 2006; Figley, 2002; Sprang, Clark & Whitt-Woosley, 2007). The CF causal model proposed by Figley (2002) was explained and main findings of important studies on CF were summarized. The vicarious traumatisation construct, as proposed by McCann and Pearlman (1990), was presented. Special attention was given to VT among therapists working with victims of CSA (Cunningham, 2003; Pearlman & Saakvitne, 1995; Pearlman & Mac Ian, 1995; VanDeusen & Way, 2006; Way, VanDeusen and Martin, 2004). Literature shows that those therapists face particularly difficult challenges due to the nature of trauma involved (Pearlman & Saakvitne, 1995). I pointed out that research on VT also often offers testimonials of therapists on how their work with trauma transformed them positively (Canfield, 2003; McCann & Pearlman, 1990; Schauben & Frazier, 1995). I reviewed strategies

suggested by the literature to prevent and address VT, and I summarized the findings of a study showing that commonly suggested strategies have little impact in preventing VT and CF (Bober & Regehr, 2006).

Next, I reviewed recent studies on positive and rewarding impact of trauma work on therapists. Studies conducted to date on VPG (Arnold, Lawrence, Tedeschi, & Cann, 2005; Ben-Porat & Itzhaky, 2009; Splevins, Cohen, Joseph, Murray & Bowley, 2010) and VR (Engstrom, Hernandez, & Gangsei, 2007; 2008; 2010) were reviewed; findings were summarized and related. Finally I presented the evidences I found about similarities and differences between VR and VPG constructs. My conclusion was that, despite some noticeable differences between those constructs, they present several overlapping elements, such as appreciation for client's growth, and appreciation for the human capacity to endure.

In the following chapter I outline this study's methodology, including the description of the research design crafted for this study, procedures for selecting participants, and procedures to collect and analyze the data. In addition, I discuss the methodological credibility and ethical implications of the study.

Chapter 3: Research Methods and Methodology

Introduction

In this chapter I discuss why the research design crafted for this study is congruent with my research question, and I describe all methodological steps conducted in this study. First, I briefly describe qualitative inquiry and the purpose of this type of research, situating my study according to qualitative paradigm and methodology. I present main elements of the case study methodology, and show how this specific qualitative research design helped me to learn about how my participants, trauma therapists, are vicariously affected by the resilience processes of their clients, children and youth survivors of interpersonal trauma (e.g. sexual abuse). Next, I present the methods used to conduct the study. I present the participant selection criteria, the instruments that were used to collect data, and I describe the basics of the data analysis procedure that I used, namely thematic analysis. Next, I discuss methodological credibility applied to qualitative research, and I describe the strategies I engaged in order to address validity, reliability and generalization. This chapter ends with a section on ethical implications, where I predicted possible ethical issues involved in the study, and where I described my strategies to address them.

Qualitative Research

To define qualitative research would be a task that could be incongruent with some core elements that were common to qualitative inquiry in general, such as its always changeable nature. There was no one way to conceptualize qualitative research or one fixed definition that would be invulnerable to influences of cultural contexts and historical moments.

In the introductory chapter of *The Sage Handbook of Qualitative Research*, an important book on qualitative research, Denzin and Lincoln (2005) stated that any definition of qualitative research should be contextualized to its historical moment. The authors defined eight historical moments that shaped the development of qualitative research. These moments were called by the authors *"*the *traditional* (1900-1950); the *modernist* or golden age (1950-1970), the *blurred genres* (1970 – 1986); the *crisis of representation* (1986- 1990); the *postmodern* (1990-2000); the *methodologically contested present* (2000 – 2004); and the *fractured future*, which is now (2005 -)" (p. 3). The authors explained that theoretical paradigms changed across historical moment, going from the positivist paradigm associated with the first moment, through emergent new interpretative perspectives such as structuralism, semiotic, feminism, following by a period of crisis when researchers struggled with the task of representing themselves in self-reflective texts, to a phase of methodological shift between fields, where humanities and social sciences learned with each other's methods, and qualitative research became increasingly multidisciplinary. The present moment which we are living, the fractured future, "confronts the methodological backlash associated with the evidence-based social movement" (p. 3), and "asks that the social sciences and humanities become sites for critical conversations about democracy, race, gender, class, nation-states, globalization, freedom and community"(p.3) .

Considering the changing and open-ended nature of qualitative research, Denzin and Lincoln (2005) offered a generic definition:

> Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretative, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including file notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretative, naturalistic approach to the world.

> This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. (Denzin & Lincoln, p.3)

It was interesting to note that, rather than describing a process of "capturing the truth", or discover the truth, this definition spoke of qualitative research as a way to construct reality, to represent it, and to transform it. Qualitative research confronted the positivist way to investigate and "capture the truth" and emphasized the role of researcher as a *bricoleur* (Denzin & Lincoln, 2005) - a person who cuts and arranges images into a particular way to see reality, as a unique quilt. Denzin and Lincoln talked about different types of *bricoleurs* – interpretative narrative, theoretical and methodological and highlighted that the tools and techniques used in the making of the quilt could contribute to a great diversity of final products. Many different montages could be made using both different lenses and tools. This idea was congruent with a social constructivist paradigm in which reality did not have an essence to be uncovered, but multiple meanings that could be articulated.

Later in the chapter, Denzin and Lincoln (2005) also commented about the artistic and political way in which qualitative research made sense of reality. According to Gall and Gall and Borg (2010), qualitative research shared with quantitative research the commitment with solutions to problems of practice and a commitment to contribute to social change. Qualitative research methods often aimed to include the marginalized, to hear forgotten voices, and used methods more sensitive than existing quantitative measures to capture issues such as gender, race, individual differences (Creswell, 2007).

Situating the Study According to the Qualitative Research Perspective

In my study, I was interested in how therapists are impacted by the act of hearing stories of resilience of their clients and by witnessing the resilience processes that happens during the therapeutic process. My research interest involved "how", not "why". I was interested in how the interactions between therapists and clients facilitate VR occurrence. And for that, I needed "a complex detailed understanding of the issue" (Creswell, 2007, p. 40). My research interest did not search for understanding causal relationship between variables. This type of inquiry proved its merit and importance for the field, as evidenced in many quantitative studies on impact of trauma work on therapist mentioned in the literature review of this report. However my particular interest, shaped probably by my personal characteristics, my skills and training as counsellor, was to get closer to the participants and hear their stories in its rich details. Instead of being interested in measuring quantity, intensity, frequency, I was interested in stories which could illustrate the process I was interested in, i.e., vicarious resilience. I was interested in "how" the personal lives and clinical practice of the counsellors participants were affected by VR processes. Instead of investigating variables identified by me, the researcher, I expected to hear from the participants which were the unique elements in their experience that contributed to the way they created meaning on their work as trauma therapists.

Given that "how" questions could be better answered by qualitative methods (Creswell, 2007), I considered that this methodology perspective was a better fit to my study. I considered also that rich descriptions gathered through participants narratives had the potential to bring to light important issues related to the positive impact of working with traumatized children which were not explored yet.

Collecting characteristics of qualitative research found in the recent literature , Creswell (2007) identified nine common characteristics of qualitative research as follows: a) the research takes place in natural settings, for example home, school, or the community; b) the researcher was considered a key instrument in data collection; c) research methods used multiple sources of data; d) inductive data analysis should employ the use of raw data; e) research should focus on learning from the participants' perspectives, for example, their interview contributions; f) the research design should be flexible and emergent, with plans that could change during the research process; g) the research should have a strong theoretical foundation; h) qualitative studies often use interpretative inquiry, where the researcher and their background could become key elements of the interpretation; and i) qualitative research provides holistic accounting, which could involve reporting of multiple perspectives. This last characteristic spoke about complex interaction of factors instead of focus on causal relationships.

Using the metaphor of the qualitative researcher as a quilt maker proposed by Denzin and Lincoln (2005), and connecting it to my study, I would say that the impact of therapy on therapists could be seen as a montage where images were arranged in certain ways to highlight different elements. As researcher, I recognized that my *bricolage* technique privileged some images to be formed, and that I was the co-creator of the quilt. In this quilt, the positive aspects of trauma were the center of the image created. However, my quilt needed other elements to connect pieces, to frame pictures so they could make sense as a whole piece. Those other elements were narratives on negative impact of this work such as intense sadness and frustration with systems, and all the organizational, social and cultural background information of the participants as a group needed to frame the quilt and help me build a solid and consistent art piece.

It was not my intention to build a complete or finished picture, or to uncover the one true meaning of working with trauma. Without dismissing the complexity of the topic, I kept in mind that I was making one possible arrangement of the images, created from and limited by the use of specific patterns, images, materials, and tools. In my *bricolage*, the positive impact of trauma work was represented in bright colors and clear images and my expectation was that my quilt could be part of a bigger quilt, i.e., the existing literature on impact of trauma work on therapists, contributing to form a more holistic conceptualization of trauma work.

Multiple Case Study Design

I chose to apply a multiple case study design to answer my research question. According to Stake (2006), the multiple case study design was often organized around the research question which brought up the concept or idea that held the cases together. Often, one of the main purposes of this qualitative research approach was to describe, evaluate, or explain a particular phenomenon (Gall, Gall & Borg, 2011). In my research, I used multiple case studies to learn about a process, which was the vicarious experience of resilience among trauma therapists. In my study, the purpose of the method chosen was to describe this experience. I wanted to ensure that the cases held together and represented the construct of VR.

According to Creswell (2007), "case study research has a long history across many disciplines" (p. 73). He mentioned that the origins in modern social sciences of this type of research had roots in anthropology and sociology. Case studies were used to investigate an issue through one or more cases, when researchers were interested in a detailed, in depth data collection to help them to learn about the issue being investigated. This research methodology, when employed, involved intense investigation of a phenomenon in its natural context, from both

the perspective of the researchers, also called etic perspective, and from the perspective of the participants, or emic perspective (Gall, Gall & Borg, 2011).

Case studies could present variations in terms of purposes, and could be classified as single instrumental case studies, intrinsic case studies or collective case studies (Creswell, 2007). Single instrumental case studies selected an issue to be investigated and a case to illustrate it. The case was seen as an instrument for learning about an issue. Intrinsic case studies did not focus on an issue, but rather in the case itself; in the particularities of the specific case or situation. Similarly with single instrumental case study, the multiple or collective case study selected one issue to be explored, however included multiple cases to illustrate it, as a way to provide different angles through each the issue could be explored and illustrated (Creswell, 2007).

Robert Yin (2009) considered single and multiple case studies as variants of the same methodological framework. Yin mentioned the advantages of the multiple case study, such as its potential to provide more compelling evidences, constructing a more robust study. Yin pointed out that the risk of single cases could be that the researcher could concentrate all efforts in one case, putting all eggs in one basket. He advocated that when resources and time allowed, multiple cases were preferable, given that conclusions arising from two or more cases could be more powerful. Also, collective case studies allowed the researcher to contrast different situations (Yin, 2009).

In the book *Multiple Case Study Analysis,* Robert Stake (2006) identified the tension that existed in case studies between the focus on the case as a whole and the focus on the issue. The author proposed the use of the word “quintain” to refer to the issue (instead of the case as a

whole), to the condition to be studied. This word was used in ancient times to refer to a target; it is "a post or target set up for tilting exercises for mounted knights or foot soldiers" (Dictionary.com, n.d., ¶4). The author explained that the word had to be uncommon, generic and broad enough to represent different possibilities such as phenomenon, situation, condition or process. In short, quintain, as used by the author, was the collective target to be investigated through the multiple case study. In this study, the quintain was the vicarious resilience, the process that I aimed to investigate through the case studies.

Stake (2006) explained that the case-quintain dilemma involved a choice to be made in designing the study, and pointed out that the choice had costs. When the researcher chooses a multiple case design and focus on the quintain, there is a "move away from holistic viewing of the case toward constrained viewing of the cases – a viewing constrained by the dominion of the quintain over the cases" (p.6). According to Stake multiple case studies were about the quintain. However the researcher could still choose if the focus would be "the quintain with loose ties to the case or the quintain with vital ties to the case" (p.7).

To investigate how counsellors working with children survivors of CSA were positively affected by witnessing the resilience processes of their clients, I interviewed multiple individuals, and I hoped to learn from their diverse perspectives. Different experiences contributed to a richer understanding around the construct of VR. According to Creswell (2007), a multiple case study used purposeful sampling searching for variety among participants who could provide different angles through which the issue can be explored and illustrated.

To address the case-quintain dilemma mentioned by Stake (2006), my design privileged the study of the quintain, the VR processes. At the same time however I was interested in the

organic, holistic and unique ways in which VR is experienced by each one of the participants. Following Stake's suggestion, at first each case was understood as a separate entity, and I sought to understand what was unique in each case. In a later stage, the cases were related and cross case themes were developed, which allowed me to identify which were the common elements among the cases. During the second phase, I used thematic analysis methodology to analyse and make sense of the data, and its steps were described in the data analysis section of this report.

Selection Criteria and Recruitment Procedures

The criteria to select the site were based on intensity. I selected a site specialized in offering services to individuals survivors of trauma.

In order to gain different perspectives on how therapists were affected by the resilience processes of traumatized clients, the study recruited four participants. I used purposeful sampling, asking to the local supervisor, who represented the role of a key informant (Creswell, 2007), to indicate counsellors who meet the criteria.

The first criterion was that a participant should have at least three years of experience working with trauma. I intended, with this criterion, to exclude counsellors in the beginning of their career, based on the literature which suggests that those therapists often present challenges and characteristics that are unique to this stage of their professional development (Adams & Riggs, 2008; Neumann & Gamble, 1995).

The second criterion was that a participant should have, in the last 12 months of practice, a caseload composed by children and/or youth victims of abuse, including at least 50% of clients survivors of interpersonal trauma (e.g. sexual abuse). In a multiple case study it was considered

desirable that participants selected presented similar characteristics at some level (Stake, 2006), and at the same time present diverse characteristics to provide different perspectives. The common characteristic amongst my participants were their work specialty, their clientele and work setting.

The third criterion was to have demonstrated, possibly through supervision, that the potential participant had been positively impacted by their work with traumatized children. I asked the local supervisor to indicate counsellors who appeared to be inspired by the strengths and resilience of their young clients in coping with trauma effects, and to select, from those counsellors, which ones would be more likely open to share those stories, constituting a rich source for learning about the quintain (i.e., VR).

The first contact with the target organization was made through both electronic mail and conventional mail, after receiving the approval from the UVIC Human Research Ethics Board. In a package sent to the agency, I included a letter directed to the agency's directors (see appendix I) asking their permission to recruit participants through the agency, and a letter containing a brief description of the purpose of the study and its procedures (see appendix E). I exchanged a few electronic messages with one of the local clinical supervisors, when I explained his role in helping me recruit participants and I described the selection criteria, before meeting him in person. During our meeting we reviewed the selection criteria and purposes of the study (see script in appendix I). I left five copies of the participant's package at the agency, and asked the local supervisor to pass the material to each of the potential participants in my behalf. The package included: a) the Letter of Invitation (appendix H); b) a document explaining the study's purposes and procedures (Appendix E); c) the Participant's Consent Form (appendix B); and d) the Demographic Information Survey (appendix C). Potential participants contacted me by

electronic mail. The selection criteria were verified and the procedures were further explained through electronic messages. Four out of five of the potential participants were selected. The participant who was excluded met the criteria; however he was not included because he was the only male among the five potential participants. While certain level of heterogeneity was desirable to investigate different aspects of the phenomenon being studied, the decision to not include him was made considering that findings strongly influenced by the gender of the male participant could not be discussed in this case, given that there would be no other male voices or multiple data sources to support the authenticity and trustworthiness of participant contributions. In order to compose a more homogeneous group, I decided to include just females in the study.

Data Collection Procedures

Inspired by the view presented by Kvale and Brinkmann (2009), I understood that the knowledge gained through this study was produced by the researcher and the participants. Information was gathered and knowledge was produced through open ended interview questions.

> Interviewing is an active process where interviewer and interviewee through their relationship produce knowledge. Interview knowledge is produced in a conversational relation; it is contextual, linguistic, narrative, and pragmatic. (Kvale & Brinkmann, 2009, p. 18)

In accordance with the case study paradigm, I also considered that as researcher I was a primary instrument of data collection (Creswell, 2007, Gall, Gall & Borg, 2011).Among the nine characteristics of the qualitative research summarized by Creswell (2007), one was not be present in my study. My research did not collect data in natural settings, which in this case would be therapy sessions, due to confidentiality and ethical issues. Instead, I conducted individual interviews with counsellors. The interviews took place at counselling rooms of the target

organization. My aim was to be as close to the natural setting as possible, observing rigorous ethical standards that preserve the privacy and anonymity of my participants and the confidentiality involved in their work with clients.

The other eight characteristics were part of this research study: the study used multiple sources of data, collected through demographic information survey and through interview questions. The demographic information served as background information which helped me to contextualize my interpretation. I was a key instrument of the research process, collecting, interpreting and analyzing the data myself. I used inductive data analyze, searching for themes and organizing data into increasingly more complex units of information (Creswell, 2007). The data analyze, i.e., thematic analysis, and interpretation occurred with collaboration of participants through a validation strategy called member checking (further details about data collection and analyze are described later in this chapter). My design was flexible and open to change, as was demonstrated in my use of member checking and my commitment to the theoretical lens throughout my research study. For example, the initial procedure plans for member checking were discussed in research forum meetings and were modified in order to preserve both the anonymity of participants and the validity of findings. My theoretical lens was based on constructivism and narrative therapy theory (White & Epston, 1990). These theories were explicitly demonstrated through the language I used during the interview process and in my analysis. Finally, through the information collected, I hoped to provide a holistic view of the issues involving impact of trauma work on helpers.

The interview. I conducted one interview with each participant, which ranged in length between 55 minutes and 97 minutes. The interviews took place at counselling rooms of the organization selected, between April and May 2012. Despite that I offered an alternative space,

at the local university for the interviews, all participants chose to have their interviews at their workplace, which was more convenient for them. Also, despite that I mentioned the possibility of the emotional impact of the interview to interfere negatively with their work, all four participants chose to have their interviews during working hours, which revealed the support being given by the organization to the implementation of this project. The interviews were all digitally recorded and stored in my personal computer, which is password protected.

A copy of the Participant Consent Form (see appendix B) was given by the local supervisor to each participant prior to the interview for their consideration. At the beginning of each interview I reviewed with the participants the informed consent, inviting them to express any concerns that could emerge. In accepting the procedures and conditions of the study, they signed and dated two copies of the consent form, keeping one copy. The other copy I stored in a locked cabinet. Before asking the first interview question, I reminded the participants that my interest was in their perception around how their work impacted them, about their feelings and responses. I reminded that client confidential information should not be shared, since clients and guardians were not given opportunity to consent with this study. I reminded each participant that I would interrupt them in case they disclosed client identifying information. Examples from their work with clients should be framed according to their (the therapists) own responses.

Inspired in the research on VR (Engstrom et al., 2008; Hernandez et al., 2010), I composed an interview schedule including five main questions. In addition to the interview questions, protocol scripts were developed for each question. The protocol scripts were alternative phrases that were used to help participants understand what the question was about, and helped me to direct the interview to address my research interests. As an ESL speaker, I was concerned that accent could interfere with the proper understanding of the questions. To address

this concern I presented the questions, one by one, in both written and oral forms. The protocol scripts developed for each question were also presented in written and oral forms. The five interview questions and their respective protocol scripts were the following:

Question 1: Please tell me how your work with children and youth survivors of interpersonal trauma (e. g. sexual abuse) affected you.

Protocol script for question 1: The literature shows that trauma treatment of survivors of interpersonal trauma such as sexual abuse can have particular impact on helpers. Do you have examples of how your work with children and youth survivors of interpersonal trauma (e.g. sexual abuse) affected you, personally and professionally? How you changed as result of your therapeutic relationship with clients?

Question 2: How do you manage the stress related to your work? Do you engage in strategies to counteract it? Please describe them.

Protocol script for question 2: Please tell me examples of activities that you engage during your free time in order to lessen the impact of your work on you.

Protocol script for question 2: Please tell me examples of work related activities that you engage in order to address issues related with the impact of your work on you.

Protocol script to introduce question 3to 5: Please take a moment to think about what challenges you witnessed your clients overcoming. You may want to write them down, but you will not share this information with me. This reflection will help you to answer the following questions.

Question 3: Previous research on the impact of trauma work on therapists shows that therapists are affected by witnessing how their clients cope with adversity. The researchers called this process vicarious resilience. Do you have thoughts about how bearing witness to the resilience of your clients affected your personal life?

Protocol script for question 3: How you changed as result of witnessing your clients' resilience processes? By seeing how they cope with trauma and adversity? How those changes were expressed in your relationships?

Protocol script for question 3: Do you have thoughts on how your perception of yourself changed as a result of witnessing clients overcoming adversities? (Hernandez et al., 2010)

Protocol script for question 3: what did you learn from clients? How your clients inspired you?

Question 4: You just described how resilience of clients impacted your personal life. I am curious to know if you have thoughts about how bearing witness to resilience of your clients influenced your practice.

Protocol script for question 4: Do you believe that along the years your practice changed as result of witnessing your clients resilience? Do you have examples of how your work with clients changed?

Question 5: Do you have any thoughts on how this concept of vicarious resilience can be useful in your clinical practice and/or in supervision?

Protocol script for question 5: Do you have thoughts about how your clinical work can be impacted by an enhanced awareness about the vicarious resilience phenomenon?

My hope was that the open ended questions could invite participants to share, in rich details, their perception of how their work affected them. My rational for asking a broad question first, asking for general impact of trauma work was that I understood that story lines on positive impact of trauma work were usually accompanied by narratives around negative impact. The literature showed that VT processes and empathy responses often preceded the narratives on positive affect of working with trauma (Arnold, Lawrence, Tedeschi, & McCann, 2005; Hernandez, Gangsei & Engstrom, 2007). Positive and negative outcomes often were mentioned together (Shakespeare-Finch & Dassel, 2009). The literature showed also that working with

traumatized individuals often generated intense disturbing feelings and responses in the therapists (Adams, Boscarino, & Figley, 2006; Cunningham, 1999, 2003; Craig & Sprang, 2010; McCann & Pearlman, 1990; Mac Ian & Pearlman, 1995; Pearlman & Saakvitne, 1995; VanDeusen, & Way, 2006;), which I didn't want to minimize, but rather to demonstrate empathy and respect. I expected that participants could at first need to talk about negative impact of their work on them – for example offering their perception around how bearing witness to how the severe neglecting and sexual abuse that they young clients were victims impacted them. I wished to demonstrate also that by asking for their perception on rewarding aspect of trauma work, I was not expecting "Pollyanna stories", divorced from the painful side of their experience which is also valued in this study. The empathic process which could bring suffering to the therapist also could facilitate VR processes to occur and my intent was to invite the participants to reflect on the impact of their work on them in a holistic and complex way.

My second question reflected my interest in learning about the therapist's strengths and resilience. I was interested in learning what those therapists did in terms of strategies to prevent and counteract the negative impact of their work.

Questions 3 to 5 were focused on the VR construct. The rational for asking participants to reflect and write down examples of challenges they witnessed their clients overcoming was that I wanted their answers to be inspired by specific examples from their practice. Because of ethical issues regarding client confidential information, I asked them however to not share the specific details of the stories.

The third questions focused on the positive impact of witnessing the resilience of clients, in the therapists' personal lives. The forth question investigated how therapists perceived

changes in their practice as a result of witness the resilience of their clients. I wondered if their clinical approaches have changed, or if VR processes were used as strategy to counteract VT.

The last question reflected my interest in learning how the VR construct could be useful for therapists in their work with clients.

In addition to each question, I prompted in order to expand the narratives and to direct the conversation to the issues that I am interested in learning about. At the end of the interview, I asked:

> Do you have any other thoughts around how your clients' resilience, growth and how their healing journey impacted you?
>
> Do you have anything else to add?

During the interview three out of four participants mentioned spontaneously that the interview process was helpful and that the opportunity to reflect about the positive impact of their work was greatly appreciated. During this meeting participants gave me the Demographic Information Survey (appendix C) filled and at the end I explained that I would contact them in about six to eight weeks to book our second meeting to proceed with the member checking process.

Member Checking Procedures

The initial plan developed in the thesis proposal was to engage in cross case thematic analysis before proceeding with member checking. The purpose was to identify potential themes and during member checking, to ask each participant to endorse or not each theme, asking them if the description of the themes was consistent with their experience. After several meetings with

the supervising faculty members, in accordance with them, I refined and changed the methodology for member checking procedure in order to ensure that the anonymity and confidentiality of participants would be preserved. The decision aimed also to preserve validity of results. Instead of presenting the description of potential themes, I opted for presenting to each participant their own transcription and units of information (explained in details below) developed based on their own transcription. Due in part to the busy schedule of participants , and in part due to changes in member checking plans, the second meeting with the participants was delayed, and occurred eight weeks in average after the first interview.

After transcribing each interview, I read the transcriptions several times and reduced the data into units of information. According to Boyatzis (1998), this strategy allows the researcher to transform an overwhelming amount of raw data into manageable packets. The following extract of transcription and the correspondent units of meaning illustrate the process:

> "managing the stress, hard effect ... is being attentive to when I am particularly stressed, and using private moments even at work and with your door closed, even in two seconds if you can let your tears go and things shift. So, at times that happens and there is always the conflict, but it is a terrific thing, crying and certainly be..."
>
> The corresponded units of information for this data extract were:
>
> 1 – It is important to be attentive to when she is particularly stressed
>
> 2 - Uses private moments to let go of emotions
>
> 3 – To express emotions shifts things – releases stress

While I wrote the units of information using my words and my understanding, I made efforts to inhibit conceptual interferences (Boyatzis, 1998) and to keep as close as possible to the words used by participants.

During member checking, I presented to each participant their interview transcription numbered and the corresponding units of information. I explained that this was an opportunity for them to check if the units of information represented faithfully their transcriptions, and also to remove parts of the transcription and/or units of information if they wished to. All participants removed minor extracts that presented identifying information, such as specific hobbies they engaged and language expressions that could be a threat to their anonymity. Minor changes or clarifications were made to adjust differences between what they stated initially and my reduced version of the data. For example, one participant said:

> (…) but there are those aspects of stress and transference issues and so on that also give me an opportunity to process anything that might not have work out in my own history, and how that, best cleared out of the way into something positive or (...) be more present to the client. So that's rewarding.
>
> The units of information developed for this data extract were:
>
> 7 - Transferences and stress as opportunity to work and process aspects of therapist's own history
>
> 8 - Positive impact of resolving own issues in the relationship with clients – more positive relationship with clients – able to be more present

The way I initially wrote the unit of information 8 conveyed that the therapeutic session was time used to resolve the therapist's own issues. I knew that this was the case, so, the participant helped me to rewrite the unit of information 8, which was rephrased as:

> 8 - Positive impact resulting from working on transferences issues – issues brought up by clients allowed her to process own issues (transference) – resulting in more effective counseling relationship with clients – increased ability to be more present.

The unit 8 changed to convey that there was a positive impact resulting from working on transference processes activated by issues brought by clients. Working on transferences allowed the participant to have a more effective counselling relationship with clients. The change was considered a minor change because it had not altered the content initially conveyed by the participant. Rather, the change made aimed to increase the accuracy of the unit of information in representing the content of the transcript. Also, another participant chose to include the word "sometimes" to a few of the statements made, preferring to convey statements that were opened and flexible rather than judgemental and categorical ones.

Thematic Analysis

To analyze the data collected through the interviews, I chose to apply thematic analysis which was considered perhaps one of the most flexible and most frequently used methods for analyzing qualitative data (Braun & Clarke, 2006; Boyatzis, 1998). According to Boyatzis (1998), however, thematic analysis was not a method, but rather a process that could be used together with many different qualitative methods. Braun and Clarke (2006) said that it was a foundation method for qualitative analysis, but they disagree with Boyatzis and stated that thematic analysis was a method on its own. Boyatzis (1998) described four main purposes of thematic analysis: "1) a way of seeing; 2) a way of making sense out of seemingly unrelated material; 3) a way of analysing qualitative information; 4) a way of systematically observing a person, an interaction, a group, a situation, an organization, or a culture (pp. 4-5)."

Using thematic analysis required from the researcher specific abilities which I hoped to be able to develop and demonstrate through this research process. Boyatzis identified those abilities as a) pattern recognition; b) openness and flexibility to sense the patterns; c) the

competencies of panning and systems thinking, which was related to ability organize the patterns through a system that could also be identified by others; and, d) knowledge related to the topic being studied, which allowed the researcher to identify what was important, giving meaning to it. The author summarized and stated that cognitive complexity was the major prerequisite for the researcher aiming to use thematic analysis, which involved among other skills, the ability to recognize multiple variables and multiple causality patterns (Boyatzis, 1998). Pattern recognition, openness and flexibility helped me to identify, among the participants testimonials, themes related to how therapists were positively impacted by witnessing the resilience of their clients. Theoretical knowledge on impact of trauma work helped me to make connections between findings, theory and previous studies on related topics. Cognitive complexity helped me to understand each case in its depth and also to understand how the cases interconnected to talk about the issue I was interested in learning about. The ability to use language congruently with theory used and to name themes accordingly with a consistent way to see reality was another important skill valued in my study.

According to Boyatzis (1998), thematic analysis could be described as "a process for encoding qualitative information" (p. 4). Codes emerged in different forms, such as lists of themes or models composed by themes. Themes could be inductive, and be emerged from raw data or theoretical and be emerged from theory or previous research (Boyatzis, 1998; Braun & Clarke, 2006). Themes were defined as patterns that emerged through the data and that described, organized, and sometimes interpreted the information or phenomenon observed (Boyatzis). Themes could be composed considering its explicit (or semantic) level, or considering its latent meaning. The latent thematic analysis aimed to go beyond the descriptive purpose of the semantic approach, and according to Braun and Clarke (2006), it sought for the

"underlying ideas, assumptions, and conceptualizations – and ideologies that were theorized as shaping or informing the semantic content of the data" (p.84). Braun and Clarke explained that, because this approach recognized that the very process of identifying themes was a way to express a paradigm or a theory, this tradition was often congruent with the constructionist paradigm.

Braun and Clarke (2006) classified thematic analysis according to the epistemology guiding the study as a whole. The authors discussed two main epistemologies that often shaped thematic analysis, namely essentialism and constructionist. As already mentioned earlier in this chapter, I located myself closer to constructionist epistemology than to essentialism or phenomenology, and I considered that meaning was produced and reproduced rather than existed as essence. Potts and Brown (2005), in their article *Becoming an Anti-oppressive Researcher*, mention that:

> Recognizing that knowledge is socially constructed means understanding that knowledge doesn't exist "out there", but is embedded in people and the power relations between us. It recognizes that "truth" is a verb; it is created, it is multiple: truth does not exist, it is made. Therefore, in anti-oppressive research, we are not looking for a truth; we are looking for meaning, for understanding, for the power to change. (p. 261)

This view of reality hopefully could be evidenced in the way I conducted the thematic analysis which should search for social contexts and specific conditions that accounted for the thoughts and narratives provided by the participants (Braun & Clarke, 2006).

In this study, I followed the six stages of data analysis proposed by Braun and Clarke (2006). Their methodology was meant to provide structure without however restraining the flexibility which was considered one of the main strengths of thematic analysis.

In the first stage, "familiarizing yourself with your data" (p.87), I transcribed the interviews previously digitally recorded. I opted for a denaturalized transcription of the interviews, which aimed to keep a faithful transcription however removing involuntary vocalizations and idiosyncratic elements of speech. I chose this method considering that: a) this study did not involve analysis strongly based on language such as discourse analyses, and b) a verbatim or naturalistic transcript could potentially be a threat to anonymity and may be considered disrespectful to participants once it could reveal idiosyncrasies and speech mannerisms. Following, I reduced the data into units of information. According to Boyatzis (1998) at this stage the aim was to break the raw data into smaller packets, which hopefully would contain the same energy of the raw data, and would be more manageable than the whole raw information. This process allowed me to review my understanding of each piece of data. During member checking, my understanding expressed into the units of information was evaluated by the participants, who corrected me every time it did not correspond with what they actually expressed.

In the second stage, "generating initial codes" (p.88), I developed an extensive list of 177 initial codes in a systematic process which involved all data. In the third stage, "search for themes" (p. 89), I searched for ways in which different codes could be grouped to form overarching themes, sorting codes in broader levels of 41 potential themes. Among those, I discarded the ones that were supported only by three or less participants. From this process emerged 14 potential themes (reduced to 6 in the next phase). Next, I collated the data extracts to

each potential theme and I created a thematic map with all themes which showed relationships between themes, and a thematic map which contained only the primary themes.

During the fourth stage, "reviewing themes" (p.91), I revisited and refined each of the potential themes. During this phase, some potential themes revealed insufficient data to be considered an actual theme, or did not add information to my research question. Others were grouped to form a broader theme. Braun and Clark (2006) proposed that stage four was composed by two phases. The level one sub stage talked about reviewing all the extracts that were selected for each theme and on level two, re-evaluating the consistency between patterns found and potential themes. Similarly, on level two I evaluated if the themes identified worked, and I compared the whole set of data. The authors clarified that this procedure was a validity strategy, aimed to confirm that the thematic map that was being developed accounted as an "accurate representation" (p.91) of the narratives.

During the fifth stage, "defining and naming themes" thematic maps were used to visualize the consistency of a theme. This stage involved yet re-coding the information, given that during the first coding process the themes were not fully defined. The fifth stage started when the researcher was satisfied with the thematic map. The process of refining the themes continued, and at this point I analyzed the interviews again, and I looked for internal consistency and coherence of each theme as I read whole conversations. The themes should by then be sufficiently well defined, and as a test, the authors proposed that we described the content of the themes in few sentences, followed by a process of giving final titles to them. At this stage, I developed descriptions, labels and criteria to each potential theme, in order to further evaluate the consistency of themes. Potential themes refined consisted in four main themes.

The last stage, "producing the report" (p.93), involved the production of a "coherent, logical, non-repetitive and interesting account of the story the data tell" (Braun and Clarke, 2006, p. 93). The authors also highlighted that the report should not be merely descriptive, but rather should demonstrate an argument connected to the research question. Considering that as a qualitative researcher I participated in the knowledge production through the etic perspective (Gall, Gall & Borg, 2011), I included my own perspective to the report written on chapter 4. I used my background, based on empirical and theoretical knowledge, to write the report which connected the findings with my research question, i.e., how therapists working with children and youth victims of interpersonal trauma (e.g. sexual abuse) were affected by the act of bearing witness to resilience processes of their clients. Following the authors suggestion, I reproduced quotes from my data to provide evidence of prevalence of themes. Extensive use of quotations served also for the purpose of leaving space for readers to make their own judgment and evaluate the transferability of the findings for their specific setting (Creswell, 2007).

Finally it was important to make my understanding of prevalence explicit, as suggested by Braun and Clarke (2006). According to the authors, prevalence that generates themes could be considered the number of times that the theme emerged in all data or alternatively it could be counted as how many participants provided information relevant to themes. In my study I understood prevalence as number of participants that mentioned the theme, and I considered a theme if the specific pattern appeared in the interviews of all four participants.

Methodological Credibility

The trustworthiness, the strengths and the transferability of knowledge could be discussed in qualitative approaches in relation to analog terms of reliability, validity and generalization

(Kvale & Brinkmann, 2009), which were terms more commonly applied to quantitative methods. Lincoln and Guba (1985) indicated that qualitative approaches have discussed the use of terms more consistent with the qualitative paradigm, and proposed alternative terms.

Following the nomenclature suggested by Kvale and Brinkmann (2009), I adopted the terms validity, reliability and generalization. The authors argued that these terms were clear and were used in common daily language, and so these terns allowed larger audiences to understand its meaning. They proposed that instead of rejecting the concepts of validity, reliability, and generalization, qualitative researchers might re-conceptualize them, coherently with each study and each interview research. I used the term transferability interchangeably with generalization.

Validity refers to the question "whether an investigation investigates what it seeks to investigate" (Kvale and Brinkmann, 2009, p. 251). Kvale and Brinkman however highlighted that validation was not a verification procedure that occurred at the end of a research. Instead, they argued that it was an ongoing process that started from the beginning and permeated all stages of a qualitative research project. Questions to be asked at an early stage were if the theory that supported a topic was well aligned with the research question, if the design chosen was adequate to address the topic and to answer the research question, and if the research would produce knowledge that would benefit people and minimize harm (Kvale and Brinkman). Later, during the interviewing phase, validation would involve the quality of the interview questions and checking for the meaning of the information gathered. Validation would refer to the quality of the transcription, to logic involved in the interpretation made through the analysis of data. During the reporting stage, the question was if the report was a valid account of the findings. The authors did not dismiss however the importance of concentrated efforts to verify the credibility

of the process and findings; they suggested that validation strategies should be crafted for each specific study.

Validation strategies were considered activities that researchers engaged in order to check for the accuracy of findings. Creswell (2003; 2007) reviewed many of validation procedures commonly suggested in the literature, and summarized them into eight validation strategies. Among those, he suggested that researchers should engage at least in two of them. Creswell (2007) identified the following eight strategies: 1) triangulation of data, for example use of at least three quotes to support a theme; 2) member checking procedures to clarify the accuracy of the content; 3) the use of elaborated descriptions to convey findings; 4) clarification of research bias through reflexivity, for example the use of journaling to capture the perspective of the researcher; 5) presentation of negative or discrepant information, contradictory information; 6) spending prolonged hours in the field; 7) debriefing, for example with peers ; 8) external auditing, for example supervisors. Among those, I engaged in five out of the eight suggested strategies.

In accordance to the view expressed by Kvale and Brinkmann (2009), I considered validation as a process that started from the moment I chose my research topic, and continued through each step of my study. I addition to continuous validation reflexivity and questioning, I engaged in the following strategies as suggested and described by Creswell (2007) to ensure validity. My written report provided thick descriptions of the participants' narratives, providing information so readers would be able to determine the validity of my interpretation as well as the transferability of the findings. In order to use member checking participants were asked to confirm or disconfirm if the units of information developed to summarize their interview content were accurate in relation to what they wished to express. Contradictory information was

addressed in the and discussion section in order ensure validity or authenticity and trustworthiness of the findings. I engaged in journaling as a way to bracket my biases as a researcher and I identified my beliefs in a brief section seen in appendix A. I used multiple sources of data including interview questions and demographic information to support the trustworthiness of the information and of my interpretation.

I also engaged in strategies to ensure reliability. Reliability strategies in qualitative research were identified as activities the researcher engaged to ensure that their approach was consistent and reliable (Creswell, 2003). To address reliability I performed repeated coding/re-coding procedures, with a week between procedures, to compare them. As reminded Braun and Clarke (2006) "coding is an ongoing organic process" (p. 91) that would also be repeated in later stages of thematic analysis, adding to reliability of the study. As a second step to address reliability, I provided at least four quotations to support each theme that I developed. This constituted a triangulation strategy to strengthen the relevance of the theme, where I triangulated the quotations. In addition, as mentioned previously, I considered prevalence as how many participants provided information relevant to themes. I considered a theme when a pattern was identified by all four participants, and quotations from each participant were included to support each one of the four themes.

Finally, to address transferability of findings, I provided descriptions containing information about social/cultural background of the participants as a group in order to allow readers to evaluate if the findings could be applied to their specific settings (Creswell, 2007; Erlandson, Harris, Skipper & Allen,1993).

Ethical Implications

This study did not involve population typically characterized as vulnerable. However, Kvale and Brinkmann (2009) suggested that research involving humans is potentially hazardous to subjects. The authors indicated that it is an ethical responsibility of the researcher to minimize risks and to inquire whether the knowledge being produced could benefit society (Kvale & Brinkmann).

Participants were counselors, and it was expected that as part of their career development, these individuals were self-reflective, used to cultivate self-awareness and were more prepared than most of us to access resources when they need. It is also expected that they would receive supervision that would address personal issues and impact of work on them. However, the literature showed that the percentage of survivors of trauma among the population of counselors is higher than in the general population. An ethical issue considered in my study was that my participants, despite their training, could show vulnerability and high levels of distress during the interview. Even for those who were not survivors of trauma, I imagined that the process of reflecting about how their work affected them could bring painful memories. The impact of trauma experienced vicariously, as showed in the literature review, could be similar to trauma experienced directly. While some levels of distress were expected, it was my ethical issue to ensure that the interview would not cause harm by raising anxiety and distress level of participants to an excessively high level.

There are many stereotypes involving the counsellor profession and high expectations from society, which nurtures the idea that counsellors are less emotionally vulnerable, more capable of controlling and dealing with their personal issues and feelings. Given that, I considered that participants could feel embarrassed to show their vulnerabilities as human

beings. They were used to be in the helper's seat, and could feel uncomfortable to ask help for themselves. It also could be possible that they could feel ashamed or embarrassed telling me about unsuccessful stories, if for example, for any reason, they felt that they failed in helping their clients.

To address this risk, I was sensitive throughout the interview process. I informed the participants, by oral explanation and written document (informed consent) about their right to stop the interview at any point. In addition, I kept in mind that if I noticed that the interview was causing harm or raising the participant anxiety to unexpected levels, I would stop the interview, and offer information about resources at the community where the participant could find help. In case participants showed intense emotional reactions they would also be encouraged to talk in supervision about emotional issues that were affecting their professional and personal lives.

The other risk considered was that participants could expect from me what I could not, as researcher, offer to them that is peer debriefing sessions. The process of talking about their work would potentially open space to participants to see in me the role of a peer, listening to a debriefing, expecting from me some kind of feedback on their cases. To address this issue, I selected participants from an organization where proper supervision and training were locally offered. Also, I clarified my role and suggested that if they needed to discuss client issues or receive orientation they should seek supervision.

Another risk considered was that the focus of the research on positive impact of trauma work could be understood as a minimization of the negative impact of their work on them. To address this issue, I crafted an interview which started by exploring the impact of their work on therapists in general, including both positive and negative aspects. Just later I asked a specific question on how they were affected by the resilience of their clients. I intended to be empathic

in my interactions, careful to not dismiss sensitive issues. Also, I included a question about how they managed the stress and negative impact of their work on them right after asking the first question. This question, at the same time that collected research information about strategies used, could potentially have helped the participants to reflect about their own resilience as helpers, before jumping to questions about the positive impact of their work.

The anonymity of participants was protected. I changed names of the participant to fictional ones since the transcription phase, making sure that real names would not be revealed in any written material. Participants were colleagues to each other, working at the same organization. It was possible that even if names were changed, the quotes included in my report would present details that could reveal the identity of participants to colleagues that could recognize stories shared for example during group supervision. To address this risk, I clarified that the thesis report will be available to the public and that if they had concerns about being identified by colleagues, they should either disguise their stories or choose not to participate in the study. Their right to withdraw from the study at any point was also informed.

It was also possible that participants could reveal confidential information regarding their clients. To minimize the risk that the interview may lead them to violate their confidentiality contract, I highlighted that my interest was not related to the stories of their clients, but rather to the therapist's own perceptions of how they responded to the impact of their work. However, I imagined that participants would provide some context to explain their responses which could have contained client information. I informed the participants that I would interrupt them in case they disclosed client information, and I reminded them to reframe their narrative in ways to talk about their own experience only. In addition to interrupt them, any information that would

possibly reveal identity of their clients would not be transcribed or included in any written material.

I acknowledged that the duration of the interview could pose inconveniences to the organization, to participants and to clients. Participants could feel emotional exhaustion which could impact their work right after the interview. I discussed with the clinical supervisor ways to minimize this inconvenience, and I adapted my schedule to the availability of participants. Participants were encouraged to book the interview after their last session with clients.

Benefits of the study and potential risks were explained orally and through the Participant Consent Form (appendix B). In regards to benefits, the counselors would not have direct gains such as monetary compensation. However this research project was built on the hope that reflection about VR and other positive impact of trauma work could bring empowerment to both therapists and their clients.

To demonstrate my gratitude for their time dedicated to my research, I provided to all participants a hand painted and hand written thank you card (created by me), and a 25.00 dollar gift card from Starbucks.

Finally, in order to receive feedback that could help me refine procedures to minimize harm, I submitted an outline of the thesis proposal as an Application for Ethics Approval for Human Participant Research to the Human Research Ethics Board of the University of Victoria.

Chapter 3 Summary

In this chapter I discussed qualitative research characteristics and I explained why this approached was a better fit for my study. I presented the main elements characterising multiple case study design, and I explained why I chose this design to help me learn from the therapists

about VR and positive transformation resulting from their work with children and youth victims of interpersonal trauma (e.g. sexual abuse). I discussed the dilemma involved when the researcher uses multiple case studies to learn about an issue, named by Robert Stake (2006) as the "quintain-case dilemma", and I proposed a way to address this on my study. Following I described the participation criteria and the procedures taken to recruit participants. Then, I described the data collection and member checking procedures. Next, I discussed the thematic analysis method used to analyze the data, including a detailed description of its steps as proposed by Braun and Clarke (2006). Following, I discussed credibility in qualitative studies, and stated my understanding around validation as ongoing process that starts from the choice of the topic and permeated all research steps (Kvale & Brinkman, 2009). In addition, I presented specific strategies which I engaged to address validity, reliability and generalization. The chapter ended with a section describing ethical issues that could have emerged during this study and how I addressed them. In the next chapter I present the findings of this study. Within cases results are presented in form of portraits of each participant. I present also the cross case results, i.e., the four themes emerged though the thematic analyzes.

Chapter 4: Results

Introduction

In this chapter I present the results of the study. I begin by presenting the information on the characteristics of the participants, which were collected in the Demographic Information Survey (see appendix C), in a summarized form. Next, I present the results from within case; the results take the form of brief reports on each individual case and established a portrait of each participant. These reports were written in accordance with the categories based on the answers from the first four interview questions. Finally I present the results that emerged from the cross-case thematic analysis (Braun & Clarke, 2006; Boyatzis, 1998), which will see me establish the four primary themes and their supporting quotes.

Participants

The participants of the study were four female therapists working with children and youth victims of interpersonal trauma (e.g. sexual abuse). They operated in an organization that specializes in trauma treatment in the Pacific Northwest region. All participants met the three selection criteria, i.e., 1) at least three years of experience working with trauma; 2) in the last 12 months of practice, a caseload composed of at least 50% of children and/or youth survivors of interpersonal trauma (e.g. sexual abuse); and 3) demonstrated that they had been positively affected by their work with traumatized children and/or youth. They were all Caucasian and English was their first language. On average they were 57 years of age, with a standard deviation of 13.8. They had been treating children victims of trauma for 8 to 22 years. All of the participants had 50% of their caseload, over the past 12 months, composed of children and youth

victims of interpersonal trauma (e.g. sexual abuse). All participants had postsecondary education. All participants reported that they engaged in ongoing education and training in trauma treatment, including training in cognitive behavior therapy (CBT), somatic trauma treatment, expressive therapies, attachment approach, prolonged exposure therapy (PE), eye movement desensitization and reprocessing (EMDR), client centered approach, art therapy and solution focused therapy. Participants reported to have group supervision twice a month, individual supervision as requested and frequent peer supervision. The four participants worked 35 hours per week at the organization and reported to have between 13 and 20 week hours of direct client contact. One of the participants recently transitioned to an administrative role; at the time of the data collection she lacked a client caseload. She was included in the study because she had more than 20 years of experience in trauma work with this population and because she fit the selection criteria; she presented a satisfactory caseload composed by at least 50% of children and youth victims of interpersonal trauma (e.g. sexual abuse) in the past 12 months. Two of the participants had part time jobs outside the organization. Those jobs were not focused in trauma treatment.

As described in Chapter 3, I conducted interviews with the four participants. Before starting each interview, I invited the participants to choose a pseudonym to protect their confidentiality and anonymity. Three of them chose their own pseudonym and one expressed no desire in choosing a particular one. I explained that I was ethically obligated to maintain their confidentiality and suggested that I could choose a name for her, which she agreed. I will refer to participants by their pseudonyms “Rose”, “Anne”, “Mika” and “Joanna”. The interviews were digitally recorded and later transcribed in a denaturalized form, which removed involuntary vocalizations, mannerisms and idiosyncratic elements of speech.

Within Case Results

Rose

I first asked Rose about the impact of trauma work on her. She responded by stating that her work was exciting and rewarding and reported that, as a result of working with trauma she acquired an optimistic view of human beings' capacity for coping and recovering. She conveyed feeling inspired from witnessing her clients' ability to access their joy despite of what had happened to them, and reported an increased self-awareness that was achieved through the transference and counter transference processes. According to the participant, one of the most difficult aspects of working with children is their vulnerability and dependence on adults; Rose sometimes felt concerned about their safety as a result of working with the children. Over the course of her career Rose had become more realistic. Specifically, she had learned about the limitations of her work and to live with compromise. As an example, she had learned to accept that she cannot change the lives of her clients' caregivers.

Rose has experienced a change in her worldview as consequence of working with this population. She has acquired a broadened view concerning the historical and social aspects of oppression of children and women. This broader understanding surrounding abuse, and awareness that adults reenact a societal trauma through their disturbed patterns and behaviors, lets her see perpetrators *and* victims of abuse as victims. This perspective has helped her deal with people who are involved in her clients' lives. Moreover, her understanding of abuse as social oppression also lets her situate her work as part of a larger force working to end abuse.

Strategies engaged to deal with or counteract stress were described. The participant engaged in containment strategies at the end of the week. She dedicated some time to let thoughts and feelings come up, making a conscious effort not to restrain them, as a way to prevent work related feelings and thoughts from leaking into the rest of her weekend. This process may involve research, paying attention to dreams, reflections, fantasies, looking at transference issues and using private moments during work hours to express and let go of emotions. She also mentioned some structured work related activities, which included clinical supervision, conferences and seminars. She valued the opportunity to work with congenial colleagues who had similar interests and worldview. Other strategies mentioned included getting enough sleep, having frequent contact with family members, creating beauty in her immediate environment (e.g. decorating her office), engaging in artistic activities and limiting her exposure to traumatic contents in the media (e.g. in plays and movies) during her free time.

When asked about the impact of bearing witness to her clients' resilience, Rose mentioned that as a result she had an increased awareness about human beings' capacity for change, greater appreciation for the children's uniqueness and wholesomeness beyond their dysfunctional behaviors and appreciation for her clients' attitudes. Despite the multiple adversities faced, her clients were frequently caring and compassionate. Further, the clients often showed great desire for growth and were able to make progress through the treatment, to be playful and creative. She reported appreciating the children's acceptance and trust of her in spite of their negative experiences with other adults. Rose also found that her perception of herself had changed as result of her work. Specifically, witnessing her clients' successful recoveries helped her to make meaning of her own life and to reframe her own coping behaviors in the past. She experienced a sense of reward from working with First Nations clients and an increased

appreciation for the complexity and healing strengths of their culture, which she applied in her personal life. Witnessing the resilience of clients has affected her personal relationships, including more confidence and insight when interacting with family members and an increased acceptance towards the imperfections of people in her life.

The resilience of client led to changes in her clinical practices. Such changes included an increased capacity to see clients in their uniqueness and strengths instead of projecting stereotypes related to abused children onto them. Also, by embracing the idea that clients are strong rather than fragile she learned to be more straightforward in approaching clients' abuse issues. She explained that the direct approach gives clients permission to talk about subjects that they often keep silent about. Particularly important has been Rose's appreciation for children's innate capacity in using humor and art; to notice these capacities have helped her identify the inner resources already developed and learn to rely more on children's initiative, trusting their ideas instead of providing suggestions. Rose understood humor as beneficial, to her and to her clients, because it lets children put oppressive situations in humorous form and gain a sense of control. Rose also valued the First Nations' culture for having a potential for enhancing resilience. To this end, she has incorporated facets of their culture in helping aboriginal clients to reclaim and reinforce their cultural identity as a way to counteract oppression issues.

Anne

Anne, in answering the first interview question concerning how trauma work had affected her, reported that there were multiple consequences. They included an appreciation for the strength and resilience of children; an appreciation for being part of a supportive environment that provides children with the means to heal; a sense of reward derived from her awareness about the positive impact that a trusting relationship can have in the recovery of clients and a

sense of hope and optimism from working with this age group. Anne noted that work can be exciting and energizing. The negative impact of work was reported as intense sadness from learning about the multiple forms of abuse that children are victim to and frustration with communities, families and systems when they fail to protect and support children. She also reported acquiring a more realistic perspective of her work which, according to her, is only one part of a large group of systems working with her clients.

She identified several strategies and activities that are intended prevent and mitigate stress related to work. These included her own supervision, debriefing sessions with colleagues and having regular breaks when she went for a walk or had a quiet time alone in her office. She mentioned that the work environment was very supportive. Her colleagues' use of humor helped her counteract the seriousness and heaviness of her work. At the end of the day she frequently engaged in a containment strategy; this strategy entailed lighting a candle, imagining her clients in the light, and allowing thoughts to come up. Then she makes a conscious effort to let them go, blowing the candle. The ritual let her leave client-related thoughts at work while also giving her a sense that she "held the children in the light". She also engaged in strategies in her free time, which included singing with friends, taking vitamins regularly, having enough sleep and doing physical activities. Anne also reported that friendship and use of humor in her daily life helped. She emphasized her spiritual practice and beliefs as very important to keep her in this field; according to Anne, her spiritual practice was linked with her work with traumatized children because it is about love, and counselling within this population is about healing through trusting loving relationships. The participant also highlighted the importance of creating balance by having a rich life outside of work.

When asked, Anne stated the main outcomes of bearing witness to clients' resilience

were increased enthusiasm, hope and optimism. She explained that witnessing clients facing adversities, moving through them and being victorious strengthened her sense that her work can be done and increased her motivation at work. The therapist mentioned a sense of reward that came from working with children. It was her belief that all human beings have an innate yearning for growth but, according to her, in children this urge is more spontaneous and evident. She reported increased awareness about her own challenges and potential for growth; if kids can grow despite of the horrible experiences that happened to them, then she could change too. Anne's personal relationships benefited from her increased sense of hope that followed from witnessing the strength of her clients. Her work, in essence, emphasized to Anne that all of people have an innate urge to be healthy and this, in turn, increased her belief in the potential of her friends. Her work regularly revealed (to her) evidences that supportive relationships are essential in healing and growth, which motivated her to be encouraging when friends face challenges.

When asked how the resilience of clients affected her clinical practice, Anne mentioned increased "trust in the process" during the sessions; increased trust that small interventions can result in positive changes for clients; and increased flexibility in terms of counselling methods and strategies. She reported that the inspiration gained from witnessing the strengths of some clients was essential in keeping her motivated and hopeful when working with difficult cases, and when working with children and families who feel hopeless. She reported also that over the course of her career her approach shifted – from focus on the abuse issues and damages to the focus on the strengths and resilience. When talking about the causes of positive changes in her clinical practice Anne mentioned the resilience of clients, basic spiritual beliefs and theoretical approaches as the roots of those changes. For her these three elements were complexly related; it

was not possible to differentiate the impact of a single variable.

Joanna

When asked how her work affected her, Joanna reported that time, experience and having achieved positive outcomes increased her efficiency and confidence at work. She conveyed experiencing pride and excitement when clients take actions that result in positive changes for them. Her worldview had been broadened as result of her work. The awareness about the demographics of abuse has informed how she raised her own child: she explained that she used skills learned through her work in teaching about abuse prevention The participant appreciated her relationships with co-workers; Joanna shared a common language about trauma and abuse with them, as well as unique ways of communicating and being together.

When we turned to negative effects several items were mentioned. She reported that along the years she had experienced a few unusually difficult cases that caused to feel like she was on the edge of developing Vicarious Trauma (VT). She enumerated situations when distress could hit her, such as when she feels stuck due to the inefficiency of systems such as police, family, and legal systems; when working with clients who are actively suicidal; when there are concerns about the safety of children; when there are many complex cases in the caseload; and when she witnesses a client's struggles without seeing positive changes. For Joanna it was important to be aware that feelings of vulnerability and experiences of being stuck in the immobility of systems mirrored the negative experiences of families who were powerless and trying to get support. The participant identified decreased interests in talking on the phone at home and in initiating social activities that resulted from her work; she explained that her work involved communicating with people constantly and that she needed to find balance.

Strategies to deal with and prevent work related stress occurred during work hours and during free time. At work, she followed an organized schedule and made efforts not to stay at work longer than necessary. She also changed clothes when returning home as a way of changing her internal mode. Other strategies included regular outdoor physical activities, hobbies, learning new skills such as playing an instrument, dancing, getting involved in the community, and being among plants, animals and nature. She enjoyed slowing down during the weekend, spending time alone creating. She also saw having a partner who had an understanding of trauma work as being helpful. She added that having co-workers with whom she can share the joys and positive moments of sessions was essential in order for her to integrate and make meaning of those good experiences. Supervision and peer debriefing were also mentioned as greatly valued.

When speaking to the personal effects of witnessing her clients' resilience processes, Joanna mentioned that she received inspiration from seeing people face and overcome big challenges. She also stated an admiration for how much people can endure life challenges. It was inspiring to witness the times when clients did not give up as well as when little changes started happening. She reported an increased capacity to "trust the process" and increased belief in change as resulting in part from working with clients. When facing adversities both at work and in her personal life she trusted that working on positive interventions would eventually result in positive outcomes. Her innate sense of gratefulness for her own life was reinforced by her work with clients, insofar as she witnessed them facing significant challenges and still appreciating life, being able to smile and laugh despite their negative experiences. In very difficult times Joanna reported that it helped her to remember the difficulties that clients had overcome and to remember that she was also connected to that strength of the human spirit capable of managing adversities. During the interview she recognized that her work was most meaningful when she

advocated with clients by helping them to have a voice with systems, stating that her altruism increased as result of her work and that she can be stronger for her clients. During the interview process she also stated that she held a reinforced belief in the value of self mastery, a belief that was enhanced by watching clients' lives getting better when they developed new skills, such as anger modulation. Other positive effects of her work, for her personally, included hope and optimism despite hundreds of stories of abuse she heard; reinforced confidence in the strengths-based approach to counselling; and greater sense of meaning derived from being able to help clients' lives improve. Joana reported that she was affected by the uniqueness and richness of therapeutic relationships that enhanced her own growth and affected her social development. The resiliency model that informed her clinical practice influenced how she approached life and personal relationships. The therapist saw a significant amount of clinical evidence that demonstrated that to build on clients' strengths can produce positive outcomes, which reinforced the motivation to apply the model in her life. To be more specific, this meant that when Joanna was coping with personal issues, she looked for what she had already developed and reflected on how she could build on that. She offered examples of how focusing on the positive side of a situation without getting stuck in the damage helped in her relationship with her partner. According to the participant the strengthening of her resiliency was probably related to the fact that she taught skills and strategies to clients, and it was also connected with that, in the course of her work, she engaged in strategies to mitigate negative effects of trauma work.

Joanna, when speaking to how her clients' resilience affected her clinical practice, conveyed that witnessing clients achieving positive outcomes during treatment reinforced her confidence in the resiliency model and in her competency. When working on cases that involved ongoing abuse and complex trauma it was hard for her to remain in the resiliency model. At

times when she was close to giving up she remembered that she had seen positive outcomes in other cases and that she was capable of helping clients to promote positive changes. She also learned to accept the fact that there are rare cases when, despite good interventions, there are no positive outcomes.

Mika

Mika explained that the most significant personal effect of her work, on herself, was an increased hopefulness derived from learning how children and youth victims of severe trauma still had strengths, could still connect and build relationships, and were still very capable. Despite the abuse, those children could go on and become successful and happy citizens. She noted other positive outcomes as well, which included increased awareness about self care needs and an increased ability to be authentic in her relationship with clients. There were also negative consequences of her work, on herself, which she identified as feelings of sadness from learning that people were capable of terrible acts against children, frustration with inability of systems to support and protect children and hyper vigilance related to her children's safety. Mika reported that stories of past clients were often in her mind years after cases closed. She explained that those memories remained with her because the relationships built during treatment were very intense and because she invested a huge amount of effort in helping her clients to feel heard.

She relied on clinical supervision and frequent debriefing sessions with colleagues as work related strategies to deal with stress. During her free time she used her commute to purposefully release tension; she practiced Buddhist chanting and engaged in creative crafting activities to counteract stress. In addition, she appreciated having congenial friends who were

from the same field and profession, and with whom she could discuss issues relevant to her work and have similar shared working experiences.

When asked how witnessing the resilience of clients affected her personal life, Mika said she felt a huge sense of honor from being the person who believed in the potential of her clients and to be the one to walk side them during their recovery. She indicated, with conviction, that she experienced an immense sense of reward from witnessing her clients shift from being victims to becoming strong resilient individuals. Mika reported being inspired after witnessing clients face multiple forms of adversities on daily basis and still do well. She also stated she experienced a sense of wellness from seeing clients connect with the goodness in themselves during the treatment. Moreover, working with this population helped Mika put her own challenges into perspective and thus let her experience a sense of gratitude for her own life. When asked about the impact of her work in personal relationships, Mika stated that helping clients reflect on their choices and achieve a less reactive attitude led her to become motivated and do the same thing in her private life. For example, inspired by positive changes in clients, Mika decided to actively improve the communication with her partner, family members and friends. The participant also offered examples of how she learned from watching clients using creative self care strategies.

As an example of how the resilience of clients affected her clinical practice, Mika reported that when working with new clients and with challenging cases she sometimes shared stories of successes and stories of positive outcomes of therapeutic strategies with new and/or resistant clients as a way to counteract hopelessness.

Cross Case Thematic Analysis Results

Four main themes emerged from the process of thematic analysis (Braun & Clarke,2006) and its five phases (described in detail in chapter 3).These themes addressed the research question: "How therapists working with children and youth victims of interpersonal trauma (e.g. sexual abuse) are affected by the act of bearing witness to resilience processes of their clients?" The four themes were: "Hope and Optimism," "Inspired by the Strengths of the Children and Youth," "Putting Our Own Challenges and Strengths into Perspective," and "Incorporating What is Encouraged And Taught to Clients in Our Own Lives."

Hope and Optimism

When asked how their work with children and youth victims of interpersonal trauma (e.g. sexual abuse) affected them, all participants reported that they felt a higher sense of hope. Throughout the interviews, participants mentioned factors that influenced their respective senses of hope and optimism. Some of the following factors were mentioned as contributing to these senses: their clientele age group, the understanding about their work as meaningful, and the richness of the therapeutic relationship. In the following quote Joanna expressed that her optimism remained, despite all stories of trauma and abuse to which she has been exposed:

> Joanna: "So I think there is an optimism that I came with here, despite of what I hear, despite hundreds of stories I've heard, what happens to people, it's a negative world if you take it in. I still see these wonderful families and these wonderful kids and there is optimism and a hopefulness that they are going to have a better life and I take it home I

still remain optimistic and I don't think I've become cynical and it would be very sad if I did."

Joanna explained that hopefulness, in part, likely resulted from seeing positive outcomes in clinical practice. According to her, however, the innate traits of her personality also likely contribute to her sense of hopefulness. She conveyed that the secondary exposure to the traumatic events suffered by clients could have transformed her world view in a negative way. Instead of becoming cynical after all terrible stories heard along the years, she had retained her ability to notice the strengths of clients. She chose to focus on the positive attitude of children and families and to hope for positive future outcomes, which shows the participant's optimistic way of understanding and explaining situations. Per Joanna, her optimistic view towards her work affected also her personal life. In another example, Mika conveyed that despite the negative reality that she is exposed through her work, she had become more hopeful:

Mika: "Despite the fact that abuse exists, and that abuse is horrible, it gives me hopefulness. People are strong, and children and youth can go on and be very successful and happy citizens in the world. And I think that is something I really strongly hold on to, and makes it easier."

Mika developed hopefulness from witnessing the strengths of children and youth and identified that hope sustained her work with this population. Similarly to Joanna, Mika also chose to focus on the positive aspects of work in creating meaning around it.

All four participants expressed optimism in the way they perceived the challenges and frustrations related with their work. In the following quote, Anne conveyed her hopefulness even though she became more aware of the factors that constrain her work:

> Anne: "I am realistic but with hope attached, and insistence that there is health somewhere in there that we can work together with, even if it is just one small step, that's enough."

Anne remained hopeful despite of becoming more realistic along the years. Hopefulness for her seemed to signify the capacity to foresee positive changes in the future even when facing obstacles in the present. Her optimistic attitude seemed to be related to her increased sense of self-efficacy and with her belief system that lets her notice and value small changes.

All participants mentioned enthusiasm, joy and/or a sense of reward from working with this age group. Most of the participants stated that hopefulness in their work was related to knowing that the work done with clients at this stage of their development could have significant positive outcomes later in their lives. The following quotation expresses the relationship between hope and the age group of the clients:

> Anne: "And sometimes kids, there is a lot more, there a lot of hope because they are young. Because, if we can make a difference now, they will have a life, right, they will go and have a life. That is what keeps me going and doing the work."

Anne stated that providing a supporting relationship for children and youth lets the therapist make a difference in the clients' lives. This, in turn, linked the perception of hope and the positive consequences of the support she provided with her work. Similarly, all participants mentioned a sense of reward from being part of their clients' journey, as well as positive impact derived from building rich and unique relationships with clients which could promote positive changes to the lives of children, youth and their families. Joanna talked about the uniqueness and connectedness of the therapeutic relationship:

> Joanna: "The therapeutic relationship is an incredible unique relationship unlike anything else. And it is an oddity in some ways in that the client is expected to share with you and you would be there and listen to their stories, and also think of ways of intervening, and ways, that's going to really help them, suggestions they may try. I am talking about kids but it is often that you work with families and systems."

Joanna conveyed appreciation about the opportunity to relate with people in such a unique way. For her, the reward seemed to arise from hearing stories and being able to intervene in effective ways to help people. In another example, Rose mentioned that it is rewarding and inspiring to see their client's trust and acceptance towards the therapist despite their negative experiences with other adults in their lives. Meaningful relationships with clients and families and the sense that the therapist helped the client achieve a better quality of life contributed towards a positive and optimist perspective of the therapist's work. In a further example, Joanna mentioned that the strong, personal, positive impact of her work derived from enriching ways to connect to clients:

> Joanna: "We probably, definitely, gained some wonderful things from that, some very enriched ways of connecting with people, some amazing things, we got joys and tears and wonderful experiences that come up from clients.(...) So there are those amazing experiences that we carry with us as well. (...) That I buy, absolutely that such an enriching thing (…) that is not available to many people and it is a very big gift, in being in someone's life in that way (...) and that resiliency, it maybe comes up out of that."

Several times in her interview, Joanna highlighted that this level of connection with clients was enriching, and possibly contributed to her resilience as counsellor.

During the interviews the participants often described how hope and optimism were related to the meaning that they created of their work. In the following quotation, Rose expressed appreciation that resulted from understanding how her work was extended to the world through her clients:

> Rose: "the work is to my mind always a privilege and exhilarating and marvellous to be with people and to see their resiliency or and in a sense that there is some influence on society and in the world or each of these wonderful people that go away with some tools and having acknowledged their own strengths, they will have a good impact on them. So they will be modeling that to others, that is kind of a nice vision to have, that your work is not just isolated to this office but extends out into the world through these wonderful people"

Rose acknowledged that, by helping children and youth develop strengths and internal resources, she was also contributing for the wellness of the families of those clients and for the wellness of social groups that those clients will form in the future. In essence, her optimism was grounded on a belief that her work will positively impact society. Rose also mentioned in her interview that she understood her work as part of a bigger collective effort to end abuse. Other participants expressed similar ideas, where the optimism was associated with hoping that the impact of their work would be extended to the families and/or to society and to the future.

Inspired by The Strengths of The Children and Youth

This theme is composed of four aspects: 1) being inspired by how much children and youth can endure without giving in; 2) being excited and proud after witnessing client's victories; 3) seeing clients beyond their dysfunctional behavior; and 4) transferring inspiration from

working with resilient clients to difficult cases. All of the participants in the study conveyed admiration and senses of being inspired after witnessing clients cope with high adversities, such as multiple forms of abuse, changes in foster homes, and dysfunctional families. Also, all participants mentioned the word "excitement" to convey the feelings they experienced when they witnessed clients make improvements during treatment and being victorious in their life challenges. Each of the therapists was able to see their clients beyond their dysfunctional behaviors as a result of noticing their particular strengths. Specifically, this entailed seeing the clients in their uniqueness and wholeness rather than as abused children who were products of a dysfunctional environment. Noticing and reinforcing clients' resilience and strengths let therapists draw on those clients' experiences to gain inspiration for when working with difficult cases. In the following quotation, Mika spoke about being inspired by clients who faced constant highly challenging circumstances:

> Mika: "the two that I am thinking of in particular were long term clients that were just seemingly constantly bombarded with ongoing adversity, they were just constantly facing adversity and challenges, relating to trauma but then, dealing with grief and loss and self image and sexuality and addictions. And it was, for many people, they're just too far gone, they're high risk clients engaging in really dangerous activities. There comes emotional part …Just feeling so proud of knowing how just every day sometimes, something would happen to them and they would still make it through. That strength and that core, was pretty amazing to be able to witness their experience."

The participant mentioned the multiple issues faced by those clients. While people in the clients' lives would see only dysfunctional and high risk behavior she could notice their small acts of resilience. The close therapeutic relationship let her to hear about the clients' challenges,

which let her empathize with their struggles and notice their strengths. She mentioned a sense of pride for being the one person who believed in their potential. In the following quotation, Anne expressed a sense of being inspired and excited from working with this population:

> Anne: And it is almost miraculous, there is a sense of, it is amazing to witness that..the growth despite of (...) It gives me energy. I feel more energized when I think of these three (clients). (...) I feel energized, I feel hopeful, I feel excited (...) there is an innate sense in each of us that want to be healthy and growth.

Anne chose three specific difficult cases to reflect about. For her, it was a miracle to see the children's growth in spite of what happened to them. Witnessing positive change in these clients produced a positive impact for Anne, as translated into an increase in physical and emotional energy. Also, the quotation demonstrated the effect of reinforcing the participant's belief system, a system which affirms that every human has a healthy core and an urge to grow.

All the therapists expressed that they found their work exciting when they witnessed progress during treatment and when clients made decisions that brought positive outcomes to their lives. The word excitement was mentioned by all the participants, some mentioned it several times along the interview. Below, Joanna expressed a sense of pride and excitement from witnessing client's progresses:

> Joanna: "Positive, some positive things, boy it is a really very big high when things go well for the clients. It's a very unique relationship when you are working with children and youth to both separate that you are not their family and you are not their parent, but that you take great pride and excitement and everything that they do that brings positive things to them."

The therapist mentioned that she felt as proud for her client's victories as a close relative would, even though she was not a member of her client's family. In this quotation there is the explicit idea that the closeness of the therapeutic relationship contributed to feelings of excitement and pride for clients. During the course of the interview Joanna also commented that she was excited to see the strength of the clients' struggles, at times when the struggles result in change.

Throughout their narratives, all the participants mentioned that it was inspiring to see that clients who were survivors of interpersonal trauma (e.g. sexual abuse) were more than the labels attributed to them. They were also more than their dysfunctional behavior. Some mentioned the uniqueness and wholeness of clients, whereas others talked about the core, or healthy part of children and youth underneath their dysfunctional behaviors. In the following quotation Rose spoke about how she perceived clients beyond their problematic behavior:

> Rose: "One of the things is the uniqueness that I appreciate in children and often of course they have come from a very troubled or dysfunctional environment and yet they needn't be identified as that. It does not have to be a label or something and I think in the recovery world they get that sense that they are free agents, that they are not identified by the environmental hell to their parents or whatever"

For the participant, it was rewarding to see the changes in clients' self-identify, moving away from a victimized identity towards an active attitude. In a further example, Rose explained how her approach, which values resilience, helped her work with clients:

> Rose: "Rather than thinking about them as someone injured I see them as somebody who has a lot of strength and muscle as a result of (...) having brought them to this point in

> life. They are still functioning and intact and amazing people, so, this really, embracing that idea that they are not at all fragile, but that they are strong and the stronger I can be the more we will match (...). So that gives me more confidence that in seeing their resiliency, in acknowledging to myself, it gives me more confidence to be able to address directly to these issues and the trauma through the art or through talking about it."

In the above quotation Rose conveyed that the act of noticing the resilience of clients contributed to her increased confidence when subsequently helping them to work on abuse issues. Noticing the strengths of clients also reinforced the participant's own strengths.

The feelings of inspiration that followed from witnessing clients' resilience affected the therapist's practice. Inspiration and learning from resilient clients was often transferred when therapists work with difficult cases. Participants mentioned circumstances when work seemed fruitless, when they were close to giving up, and they intentionally reminded themselves that they have seen positive outcomes under similar situations in the past. Some participants offered specific examples of how clients' resilience helped them to keep motivated when working with difficult cases. In the following quotation, Mika described how she notices the strengths of clients:

> Mika: "When I witness someone growing and making improvements in their lives and identifying and recognizing strengths from within, like, *I did this and this to protect myself, so even though this was happening to me I was engaging in self protection without even acknowledging*…what happens is I find myself sometimes, for new clients that are coming that are feeling stuck feeling hopeless, feeling they just can't see any positivity in their lives I will sometimes refer, often something, like, *so, I've worked with*

> *some people who had shared, that they were stuck, but they've discovered that through counselling, this and this happened for them*.

Mika noticed the small actions that clients undertook to protect themselves even during very challenging situations and even if the clients did not realize at the time that they were actively being resilient. Mika identified and named those actions as strengths. Continuing, she explained how those examples of small actions of resilience inspired her work with new clients:

> Mika: "And so not sharing detailed information, but sharing the strengths that other clients and the discovers that they've made and positive choices that they started to make for themselves… I found that sharing those things with new clients helps to, encourage them to continue with the counselling process and contributes to them not feeling alone, not feeling they are the only person who is going through that."

Here, the participant conveyed the importance of sharing stories about positive outcomes. Such sharing can increase hope in new clients and create a sense of belongingness. Mika later explained that she believed that sharing stories of successes can create a sense of connection between peers, even if clients don't know each other. According to Mika, such stories could foster the sense that the therapeutic work could be fruitful in new clients. Moreover, these stories could inspire clients because the clients realized they could also achieve similar successful outcomes and discover latent new qualities in themselves. The quote above is an example of many narratives provided by all participants, showing that resilience of clients was transferred to their practice and served to counteract hopelessness both in themselves and in clients.

Putting Our Own Challenges and Strengths into Perspective

All participants conveyed that witnessing clients face highly challenging situations helped therapists to alter their perspectives regarding their own challenges. It should be noted that Joanna reported that the perspective that everyone has challenges in life and the value of not exaggerating the severity of a situation functioned as an innate trait of her personality. This said, she also conveyed a sense of gratitude for their own life, when comparing her own challenges to the challenges faced by clients and their families. In another example, Rose conveyed a sense of acceptance about the existence of imperfections in others and in herself. All participants conveyed that their perspective about their own challenges had softened and that they had developed higher acceptance about negative life experiences. The following quotation represents the altered perspective of personal challenges demonstrated by all participants:

> Mika: "it just makes me put things into perspective and, so I don't get stuck in that "oh poor me" kind place. Like, ok actually I do have a pretty good life, I face challenges, but what can I gain out of that challenge? How can I change something, into something else? So that's good."

For Mika, putting her challenges into perspective helped in acquiring a sense of gratitude for life. She also expressed an optimistic view of challenges; they became opportunities that could be transformed into positive changes. This optimism reflects another aspect of this theme that is related to higher awareness about one's own strengths. Therapists reflected on their own abilities when witnessing clients coping and being victorious in facing challenges and concluded that they have similar strengths. Joanna expressed this position in relation to her perspective around challenges and strengths:

> Joanna: "we all have adversities, we all have these things that we go through, very difficult times and remembering how people got through this and how they managed in that human spirit and reminding yourself, I'm connected to all of that"

In this quotation she demonstrated acceptance of the fact that all humans have adversities. At the same time, as result of seeing people coping with challenges there was an increased awareness that, as a human being connected to the strength of the human spirit, she also had similar strengths. In a further example, Anne compared her life situation with her clients', and reflected on her own potential for growth:

> Anne: In my own life there are challenges and there are places where I still need to growth and change (...) so, if kids can do it, and teens can do it and have that, things in their lives that are just horrible than maybe I can continue to do it."

The quotation seemed to indicate that Anne reinforced her basic belief about her own potential for positive transformation by witnessing children and youth making substantial improvements in their lives despite tremendous life challenges. Similar to Joanna, Anne compared adversities and strengths and ultimately became inspired to keep working on her personal development.

In the following, Rose mentioned awareness about having similar strengths to her clients and described how she acquired a more compassionate view about her own childhood behavior:

> Rose: "… that sense that I too have similar strengths and capacity to overcome adversities, and have done so, and having acknowledged that more meaning by seen other people doing that wonderful recovery and reflecting on ones' life and how one coped at

the time, if you think about it really, even thought it might have looked a bit odd it was a way as a child to deal to the situations and survive."

By witnessing clients' recovery processes and their coping mechanisms Rose managed to reframe her own odd past behaviors, re-signifying them. For all participants in the study, to bear witness to challenges faced by clients helped them put their own challenges into perspective and to achieve an increased awareness about their own strengths.

Incorporating what is Encouraged and Taught to clients in Our Own Lives

All the study's participants reported positive changes in their personal relationships as a result of their work with this population. Changes included deeper understandings of issues that are faced by children in their own families, acceptance of the imperfections of others, higher capabilities of being supportive in relationships, increases in compassionate ways to communicate with one's partner and family members, and incorporation of the resiliency approach to counselling in personal relationships. Rose talked about how witnessing the resilience of clients affected her interactions with young members of her family:

Rose: "And certainly, because I have a number of children in my family, and some have their own issues, I think it gives me greater insight in my interactions with them, and greater confidence in there, the amazing capacity to witness the people who come here and how well they do."

By noticing the strengths of clients, Rose developed an appreciation for her young family members' capacity of coping and a greater understanding about her role in supporting their

strengths. Similarly, Anne reported that her belief in the power of resilience led to changes in her personal life and her relationship with friends:

> Anne: "As a result of counselling work, my relationships have changed a lot through gaining awareness. (…) If I have the view that everybody wants to be who they are, if they want to strike, somewhere in them there is the flower in the cement, right, then, I expect that for myself, and I also encourage it, in my friendships and relationships."

Anne conveyed that she was hopeful that people in her personal life would have the strengths and resources to deal with challenges. This, ultimately, expressed her belief concerning the importance of her role in encouraging resilient attitudes in her friends.

Most of the reported changes in personal relationships were related to incorporating what the therapists taught and/or encouraged in clients during treatment to their own lives. In the following Joanna described how the resiliency model impacted her relationship with her partner:

> Joanna: "And I think that comes up in so many ways for me at home as well, not Pollyanna.(...) I still think it is about balance as well, a really expensive wine glass at one time that I've been given (...). I think it was 80 dollars, 20 years ago, to buy one, and one of them got broken by my partner a couple of years ago and he was just horrified (…) and later I *said you expected me to have a really strong reaction?* And I said, *it is not that I did not experience a loss, I am sad that they went. They are beautiful glasses (...) but they are just glasses and it's ok,* and I do think it, in a emotional level even in that little thing is you could focus on getting angry, frustrated, be disappointed, which changes relationships or whatever, or

> you can take in a balance and well, it is not to deny that's been a bit of loss but , it is not a big thing."

Joanna described how the resiliency model was integrated into her life and how her worldview helped her to re-signify situations in a resilient way. Embedding this model into her life and letting it affect her worldview let her regulate emotions and prevent damages to relationships. Mika also experienced positive changes as a result of working with this community. Specifically, she described how her relationship with her partner, friends and family members improved when she chose to improve her communication skills with them:

> Mika: "My partner and I because of the work that I've done with clients here have chosen to ah, go and take like a compassion communication course with each other so that we could improve upon the way that we speak to each other and I don't think I would necessarily have done that if I hadn't always been encouraging and helping my clients to try to find more positive ways of communicating with their people. And watching them and their successes, and going *hey, I could use that success in my relationships too*, so, that's been a really good thing. Not only with my partner but also with my friends and with my family members as well."

For Mika, witnessing her clients' successes as result of practicing what she encouraged in them led her to become motivated to incorporate similar strategies into her personal life. The interview with her revealed the impact of witnessing a client's successes; it ultimately was extended to her relationship with partner, friends and family. In conclusion, for all of the participants the process of bearing witness to clients' positive outcomes during treatment influenced positive changes in the therapists' personal relationships.

Chapter 4 Summary

In Chapter 4 I presented the findings for this study. The characteristics of the participants were presented, followed by case reports where per Stake (2006) I sought to understand each case as a separate entity. The unique contribution of each participant in the study added a different nuance to the understanding of how those counsellors experience the vicarious resilience process being investigated. Next, I presented the findings from the cross case thematic analysis (Braun and Clarke, 2006; Boyatzis, 1998), where four primary themes were identified and described, supported by quotations taken from interviews with the participants. The four primary themes, "Hope and Optimism," "Inspired By The Strengths of The Children and Youth," "Putting Our Own Strengths and Challenges into Perspective," and "Incorporating What is encouraged and Taught to Clients in Our Own Lives" will be examined in-depth in the next chapter when I compare my finding with previous results from the related literature.

Chapter 5: Discussion

Introduction

In this chapter I discuss the four themes in relation to the current academic literature. I begin by demonstrating how the present study addresses gaps in the literature concerning on the impact of trauma work, as well as how my research findings support research findings in the literature. Next, I discuss the results in relation to the concepts of Vicarious Resilience (VR) and Vicarious Posttraumatic Growth (VPT). Following, I describe my study's limitations and provide recommendations for future research. Lastly, I address the study's implications for counsellors, supervisors, educators, as well as for clients and families. The chapter ends with a final summary of findings and conclusion.

Cross-Case Themes in Relation to Previous Literature

Hope and Optimism

The therapists in this study used the words "hope" or "optimism" when discussing the effects of bearing witness to their clients' resilience. They reported an optimistic perspective towards life. These results are congruent with the studies on VPG (Arnold, Calhoun, Tedeschi, & Cann, 2005), which show that higher appreciation for human resilience results in the reinforcement of therapists' innate optimism. In the present study, hope relates to positive meaning making. Participants experienced senses of reward on the basis that their work makes a difference in the lives of children and families. For example, Rose mentioned her expectation that her work would have a positive impact in the world on the basis that her clients, by becoming better persons, could become positive models for others. Mika conveyed appreciation

for seeing clients shift from being identified as victims to being seen as happy citizens of the world. The counsellors in this study were constantly exposed to the dark sides of human behavior through the stories that they hear. They were exposed to graphic narratives of physical and sexual abuse of vulnerable people. They were more aware than most of us about the prevalence of abuse and oppression of women and children in society. In spite of the darkness they routinely were shown, they chose to focus on positive experiences lived through their practice with clients to signify their work. According to the literature about positive psychology and optimism (Alloy, Abramson & Chiara, 2000; Aspinwall & Brunhart, 2000; Peterson & Seligman, 1984; Scheier & Carver, 1985; Schulman, Castellon & Seligman, 1989), their ability to understand and explain causes and implications of events is called "optimistic explanatory style" (Peterson & Seligman; Schulman et al., 1989). Optimism, or a disposition of optimism, has been defined as "an individual difference variable that reflects the extent to which people hold generalized favorable expectancies for their future" (Carver, Scheier & Segerstrom, 2010, p. 879). Additionally, the term "optimistic explanatory style" was adopted by this research field to define typical patterns of explanations that an individual makes for bad and good events in life (Schulman, Castellon & Seligman, 1989). According to the theoretical framework based on the learned hopelessness model (Abramson, Seligman, & Tesdale, 1978), an individual using a pessimistic explanatory style to understand a bad event in life sees causes and implications of a bad event as internal (the bad event is one's fault), stable (the bad event will last a long and indeterminate time) and global (the bad event will affect many areas of one's life) (Schulman et al.). In contrast, an optimistic explanatory style allows the individual to see causes and explanations of bad events as external to themselves (the bad event is not in one's control), as transient (the bad event will pass) and as specific to the context (the bad event will not affect my whole life) (Schulman et al.). Similarly,

two different patterns were identified for making sense of good events in life. A pessimistic explanatory style attributes causes of good events as external, transient and specific, while a positive style sees causes of good events as internal, stable and global.

There are extensive empirical evidences linking both dispositional optimism and optimistic explanatory style with positive outcomes in individuals facing challenges or adversities such as academic exams, assignments, and deadlines (Boyer, 2006), physical health crises (Scheier & Carver, 1985; Peterson, 1988; Peterson, Seligman & Vaillant, 1988), traumatic events (Segovia et al, 2012), suicide ideation and depression (Abramson et al., 2000; Hirsch,Wolford, Lalonde, Brunk & Parker-Morris, 2007; 2009). Theoretical frameworks have being developed to explain how optimism operates leading to successful outcomes. Optimistic individuals, holding favorable expectancies towards the future, would be less prone to give up when facing obstacles, showing higher ability to control their behavior, and would be more persistent in pursuing a goal (Aspinwall & Brunhart, 2000). In addition, there are empirical evidences showing that optimistic individuals tend to engage in proactive attitudes when facing obstacles (Shepperd, Maroto & Pbert, 1996; Aspinhall & Brunhart). The benefits of optimism, being mediated by higher self-regulation capacities and more proactive attitudes towards problems, have been demonstrated by the literature. Such benefits include better positive coping, increased physical health and psychological well-being, and better academic performance (Aspinwall & Brunhart; Boyer, 2006; Carver et al., 2010; Shepperd et al., 1996).

Hope and optimism also shaped how participants framed frustrations and challenges. Joanna reported a sense of reward from helping clients and families have a voice and to navigate systems. Despite acknowledging many problems with systems such as the legal system, police forces and government agencies, she conveyed optimism. Specifically, she said that “I don’t give

up on that, there are really good people out there and a lot people want change too." Joanna also expressed hope that new projects being implemented would bring positive systemic changes. All participants mentioned frustration when working with systems, conveying that this was one of the factors that sometimes leads to an experience of hopelessness in their work. However, they did not demonstrate cynicism. Rather, they conveyed acceptance for the limitations of their work, understanding around the difficulties involved, and commitment to doing their part of the work. All expressed an ability to adapt their work to what is possible to do. These reports seemed to suggest that participants engaged in a proactive attitude towards the problems that negatively affect their practice, and the presence of what researchers called "dispositional optimism" (Carvet, Scheier & Segerstrom, 2010; Scheier & Carver, 1985). The term refers to the individual's general positive expectative about future (Scheier & Carver). The literature in this area suggests that optimism may confer a variety of benefits, including: increased emotional well-being, more effective coping strategies, better ability to engage in productive efforts to solve relationship problems, and better outcomes in physical health (Carvet et al., 2010). Other studies reveal evidence of psychological benefits with regards to dispositional optimism and optimistic explanatory style mediated by more active ways to deal with stress (Carver et.al., 1993). From my study, we see several examples from the narratives of participants suggesting that their optimism was mediated by an active attitude when participants deal with challenges. As such, their experiences resonated with those found in the academic literature. For example, Joanna said that at times when she feels stuck by the immobility of the systems she returns to one of her core beliefs: "If there is one thing we can do for them." This belief conveys the importance of being persistent and the value of small steps in promoting change. In a further example, Anne conveyed that she perceives herself as more hopeful today, despite being less idealistic over her

years of practice surrounding what can be done through her work. Anne's optimistic attitude related to her confidence in her ability to promote small incremental changes and indicates that she expected positive outcomes in the future.

Experiences of hope and optimism (despite frustrations with systems) were often achieved by witnessing clients' resilience and the positive results of therapeutic interventions; as a consequence the participants reported that their core belief around the strengths of human beings was reinforced. Hopelessness, as a consequence of being paralyzed by the immobility of systems, was counteracted by the act of seeing movement in the processes of clients. It can be inferred that the act of bearing witness to resilience of clients reinforced the participants' dispositional optimism. Such optimism strengthened the therapists' confidence in that conducting therapeutic work with clients can lead to changes. Such changes were possible even when therapists did not have control of negative systemic factors affecting their work. My findings suggest that, for these therapists, hope mediated their capacity to adapt to difficulties in their work. As such, my findings confirm previous research that explores theories of hope. This prior research demonstrated that hope predicts indices of psychological adjustment and wellness (Ciarrochi, Heaven & Davies, 2007; Du & King, 2012; Snyder, Crowson & Early 1998).

The increased sense of hope reported by participants was also related to the closeness of the therapeutic relationship, a relationship that lets therapists notice small actions of resilience and notice clients' strengths. Therapists reported a sense of meaning and reward derived from acknowledging their role in facilitating positive outcomes, from being with clients through their healing journey, and from building deep relationships with clients. Some of the participants also mentioned being enriched by the uniqueness of their connections with their clients. For example, Joanna conveyed that her resilience was probably highly related to connecting with clients such

that she was with them in moments of pain and joy. She talked about the privilege of being in people's lives at such a deep level. Rose mentioned great appreciation for the clients' ability to trust her despite of the negative experiences that they had with other adults. Mika conveyed feeling honored from being the person trusted to hear the clients' painful stories, to walk with them on a path to recovery and from being the only one to believe in their potential. These findings support the results of a recent qualitative study (Hunter, 2012) that investigated the importance of the therapeutic bond in the experiences of therapists working with couples and families facing traumatic experiences. Results from that study (Hunter) show that therapists value the opportunity to connect with people in deep and meaningful ways. The deep satisfaction derived from the therapeutic bond seemed to counteract the negative consequences of witnessing traumatic experiences, and also promoted compassion satisfaction in those therapists, as oppose to compassion fatigue (Hunter, 2012). In the present study the closeness of the therapeutic relationship led therapists to frame their work as meaningful. Also, by being a close witness to the accomplishments of clients, therapists could better notice clients' strengths, which contributed to increased optimism and belief in change.

Another aspect of hope derived from my findings stems from working with this specific age group. All participants mentioned the age of the clientele when discussing the positive effects of their work. Some participants mentioned how pleasurable it was to work with children and the rewards of working with caring and loving young people. Participants also mentioned the fact their clients' youth, and potential had a long life ahead of them, contributed to the therapist's positive meaning making of their work. These findings represent a unique aspect of vicarious resilience processes among this specific population of counsellors working with children. Participants reported a strong sense of hope associated with a shared belief that positive

interventions early in clients' lives may result in positive outcomes later in their lives. They envisioned the impact of their work being extended to the future of children.

In the examples above we see that dispositional optimism, or the individual's positive expectance about events in the future (Scheier & Carver, 1985), was evident in the participants' narratives. In a further example, Anne explained her thought process for when she could not see positive change during a treatment. In such instances she reminded herself that she was contributing to build a foundation, planting a seed that may grow in the future. She adopted this mindset despite the absence of positive changes for the client at the time. In my findings hope was also associated with an awareness that by building a trusting and positive therapeutic relationship with their young clients, therapists could help children recover their ability to trust others and seek support from adults. Consequently, therapists could help children heal from the trauma of being abused by adults who were supposed to love and protect them. The participants in the study were probably well informed about the importance of building safety and trust in therapeutic relationships in the context of healing from interpersonal trauma (e.g. sexual abuse), which is extensively reported by related literature (Colangelo & Keefe-Cooperman, 2012; DiLillo, 2001; Haskell, 2003; Herman, 1992; Pealman & Saakvitne, 1995). For example, Pearlman and Saakvitne highlighted the interpersonal aspects of psychotherapy with survivors of childhood sexual abuse (CSA): "Childhood sexual trauma occurs in an interpersonal or relational context, and therefore the context of healing must be interpersonal" (Pearlman & Saakvitne, 1995, p.58). For Herman (1992), because survivors of childhood sexual abuse are often exposed to unsafe situations and often depend on untrustworthy parents, the relationship with the therapists is crucial to the efficacy of the treatment. Transparency, collaboration and partnership in the therapeutic process are fundamental to help children to counteract the effects of an abuse

of power to which they were victims, and to achieve safety. Focusing on this final characteristic, achieving safety is the main task of the first stage of recovering from trauma (Haskell, 2003; Herman, 1992). Hope in this present study seemed to derive from the participants' evidences, acquired from their clinical practice, about the efficacy of positive therapeutic relationships in achieving positive outcomes in treatment. Having said this, hope could also be informed by the participants' theoretical framework (which highlights the importance of the therapeutic relationship) that was developed in the course of their education in trauma treatment.

Inspired By The Strengths of The Children and Youth

The theme "Inspired By The Strengths of The Children and Youth" captured a trend that was strongly emphasized in all of the participants' narratives. Therapists reported that one of the major negative impacts of work was sadness. Such feelings followed from learning about the terrible experiences that children go through and from realizing what people are able to do to children. Along with reports of sadness, the four therapists spoke of how deeply they were affected by witnessing how their young clients could experience serious adversities in their earlier lives, yet still could go on and do well during treatment. Participants mentioned their admiration towards the children; their retained abilities to experience joy in spite of adversity, to make art and creatively express themselves through self-care strategies resonated with the hope the therapists retained in their work (as noted in the previous section).

My findings supported previous studies on VR research. In a qualitative study (Engstrom, Hernandez & Gangsei, 2008) designed to investigate vicarious resilience processes in therapists working with survivors of torture, one of the three themes emerged was "A Recognition of the Human Capacity to Thrive." This theme revealed how therapists were significantly affected by

their clients' abilities to survive torture and start a new life. Similarly, in the present study, the strengths of vulnerable children coping with multiple ongoing challenges inspired counselors' reflections around the psychological strengths of the human spirit.

Further association with the study by Engstrom et al.(2008) were noticed. In my study, one of the aspects that composed the theme "Inspired By The Strengths of The Children and Youth" was being excited and proud after witnessing client's victories (as described in chapter 4). The feeling of excitement reported by the participants seemed to be linked with being personally involved with the processes that resulted in victories for clients. In the VR study (Engstrom et al., 2008), the authors commented on the fact that the mental health providers were co-creators of positive outcomes in the therapeutic process:

> These mental health providers were both witnesses of their clients' ability to overcome adversity and participants in the co-creation of a therapeutic dialogue that contributed to the identification, strengthening, and expansion of stories that grounded clients in their own resources and hope (Engstrom et al., 2008, p. 5).

The VR study has bearing on the present study, insofar as counsellors were seemingly aware of their participation in facilitating processes that resulted in victories and increased wellness for their clients. Perhaps the victories of clients, witnessed by those therapists, allowed therapists to evaluate the efficacy of their work in positive ways, leading to other benign affects. In fact, a recent quantitative study (Bozgeyikli, 2012) showed that the counselors' perceptions of their self-efficacy predicted compassion satisfaction, when counsellors perceived themselves as competent in their professional roles.

My findings also suggested that "walking the sacred space of the therapeutic relationship" (Hunter, 2012) with clients caused counsellors to be vulnerable to feel their clients'

sadness and hopelessness, as well as prone to feel personally proud for the victories. For example, Mika became emotional during the interview when she reported how proud she felt when she witnesses clients overcoming constant challenges on daily basis. Mika described how hearings stories of victories, sometimes post-therapy stories that she heard from former clients, had a positive impact in her well-being: "Being with them as they discover that, and reconnect with that goodness within themselves, it contributes to me feeling good about myself". In another example, Joanna stated that she feels very proud for clients when they act in ways that result in positive changes for their lives, even though she isn't a family member. Specifically, she said "You are not their family and you are not their parent, but you take great pride and excitement and everything that they do that brings positive things to them and you actually feel pretty bad for them when things don't go well." This findings may reveal a unique aspect of vicarious resilience in counsellors working with traumatized children. Differently from being enmeshed identified with the rescuer role, the participants in my study demonstrated their caring attitudes towards their clients; this could reflect a natural tendency that concerned adults express towards vulnerable children, though the limited scale of my study preclude definitive conclusions on this point. Regardless, for this study's participants, these protective feelings towards children and youth seemed to establish a personal identification with their victories, and promote work satisfaction when positive outcomes were achieved.

The participants conveyed a sense of reward from noticing and helping to reinforce the strengths of their clients. It is important to notice that these participants work in an organization which adopts the strength-based approach to counselling. According to Smith (2006), while many theories and approaches value the resilience in clients, the strength-based model is unique insofar as it focuses on identifying and nurturing client's strengths as a basic therapeutic

intervention (Smith, 2006). It is possible that the participants' theoretical orientation influences their ability to notice strengths and, as consequence, they feel rewarded by the victories of their clients. Such victories seem to nurture the confidence of participants in their theoretical model and promote a higher sense of professional self-efficacy.

My findings concerning the importance of the theoretical orientation in promoting sense of self-efficacy supported the results of a recent qualitative study (Viviani, 2011) that explored the meaning making of counsellors who work with adults survivors of childhood sexual abuse. The study found that a solid theoretical foundation, whatever the theory followed, had a strong positive effect on therapists (Viviani). Similar to the findings of my study, participants in the previous research mentioned that in addition to a strong theoretical foundation, a trauma counsellor needs to have a strong belief system to be effective in their work (Viviani).

It is possible to establish a relationship between this theme and "Hope and Optimism". Hope theory asserts that individuals adjust their hopes according to their experiences of successes or failures in pursuing goals (Feldman, Rand & Kahle-Wrobleski, 2009). Findings of the present study suggested that by witnessing the victories of clients and by having experiences of positive outcomes from their clinical practice, these counsellors experienced heightened degrees of hope than had they not experienced positive outcomes.

The participants of my study expressed how they drew inspiration from their clients; this was, in part, facilitated by their perception of clients as more than the labels used to describe them and as more than their dysfunctional behavior. Underneath their clients' problematic behavior(s) some participants noticed the clients' "uniqueness" and "wholeness;" other participants referred to the same elements of the clients as a "healthy core". The therapists found that focusing on the uniqueness and strengths of their clients, rather than on the history of abuse,

helped their work with clients. Specifically, therapists seemed to perceive that through the healthy core of clients they can establish a therapeutic alliance, which facilitates the therapeutic process. Rather than denying the history of abuse, or engaging in a Pollyanna's attitude, the participants of this study purposefully chose to highlight their client's healthy behaviors and to work on strengthening them before addressing the trauma issues. For example, Rose stated that the act of noticing clients' resilience in early stages of treatment helped her realize that the clients are not fragile and that she could approach their abuse issues in a direct way later. This kind of objective approach seemed to be beneficial to clients because it provided a model for them to mirror. Moreover, it lets them talk openly about their traumatic experiences.

Being inspired by the strengths of clients resulted in positive changes in clinical practice. Participants stated that the inspiration gained from working with resilient clients was transferred to difficult cases, which, in turn, acted as a layer of protection against the hopelessness that could otherwise prevail. Some participants offered specific examples of how they used inspiration from resilient clients to foster hope in new or resistant clients. Mika, for example, described how sharing stories of successful counseling outcomes encourages a sense of connection between peers, promotes hope in new clients and breaks the sense of isolation common in children and youth victims of interpersonal trauma such as sexual abuse due to the terrible secrets they are often forced to keep.

Putting Our Own Challenges and Strengths into Perspective

The findings emergent from my study showed that a major consequence of witnessing clients facing and coping with tremendous adversities was an increased ability to put one's own challenges into perspective. This is congruent with previous research on VR (Engstrom et al.,

2008). All participants conveyed a deeper understanding or a softened view towards their own challenges. Some mentioned gratitude for their life when they contrasted their own experiences with those of their clients. Exposure to their clients' stories, stories rife with traumatic experiences and tremendous adversities, caused the therapists to expand their perspective and evaluate their own challenges in a more objective way. All of the participants of this study stated that they altered their perspective in relation to their own challenges after witnessing clients facing challenges and being victorious. For example, Joanna expressed acceptance of the fact that all humans have adversities and became more aware that she is connected with the strengths of the human spirit.

In a previous study on VR with counsellors working with survivors of torture, findings showed that trauma therapists altered how they view their problems as a result of their work. Specifically, they acquired courage and increased motivation to work on their challenges (Engstrom et al., 2008). In the present study the clientele of counsellors was not composed of courageous political leaders who experienced torture, but rather by children and youth. Regardless, therapists compare their lives against those of these children and find inspiration in children to address their personal challenges. For example, Anne stated that there were challenges and places for growth in her life, and "if kids can do it and teens can do it and have things in their lives that are just horrible, then maybe I can continue to do it".

The literature on VT shows that trauma therapists are at risk of developing disruptions in their frame of reference and cognitive schemes (Jankoski, 2010; McCann and Pearlman, 1990; Pearlman & Mac Ian, 1995, Pearlman and Saakvitne, 1995). The direct or vicarious exposure to traumatic experiences often challenges how people see the world. Beliefs such as "bad things do not happen to good people", or "God protects good people" are often shattered. In the present

study, however, the findings show beneficial aspects of altered perspectives of reality. As Joanna stated, "Bad things happen to good people, everyone is going to have some kind of trauma in their life, how we are going to deal with it, some are more resilient than others, we know there are factors in it, (…) and you can build on that." This excerpt showed that, for the participant, realizing that bad things happen to good people did not negatively affect her anymore. If on one hand she was at the time better informed about the demographics of trauma and abuse, on the other she was convinced of the strengths of resiliency in people and is well educated about the factors that can enhance resilience.

For the participants of the study, witnessing the resilience processes of their young clients let them as therapists to reflect on their own capabilities and they realized that they could also overcome difficulties in life. Perhaps for these counsellors, this resilient view of challenges acted as a protection factor against fear and helplessness, both of which are common responses associated with trauma work. These counselors were perhaps more aware than most about the likelihood of bad experiences occurring in anyone's life, but they seemed to trust that they had enough strength to face what life may present to them.

Incorporating What is Encouraged And Taught to Clients in Our Own Lives

This theme addresses reports made by all the participants about the positive changes in personal relationships that resulted from working with children and youth victims of interpersonal trauma (e.g. sexual abuse). The changes reported by the study's participants included an increased quality of interactions with children in their families, improved and more compassionate ways of communicating with a partner, friends and family, more constructive ways to respond to conflicts in relationships, abilities to apply a resilience approach when dealing with distress in relationships, increased abilities to be supportive to friends, and higher

degrees of acceptance towards people. For example, Rose stated that "clients are always dealing with an imperfect world and imperfect human beings and I think that that acceptance is a strength to me in my personal life." The participant regarded her ability to accept the imperfections in herself and in others as a strength. In a further example, Anne stated that her belief in the power of resilience in her clients affected how she related with friends.

Mika offered an example of how she acquired a more open attitude when reflecting upon conflicts in relationships: "When I am at home and having a disagreement with my partner and, sometimes not always in the moment, but after the fact I sat back, and I'm like, *ok how can I reflect upon this differently*?" Mika also reported that she also decided to take actions to improve levels of constructive communication with her partner, friends and family. Her decision was the result of seeing positive outcomes in clients and families that adopted some of the communication skills taught during treatment.

Results emerged from this theme supported previous findings in the literature. These findings showed how the personal lives and relationships of those working with victims of trauma were positively affected by their work (Arnold et al., 2005; Ben-Porat & Itzahaky, 2009; Johnson, 2010; Splevins et. al, 2010). An early qualitative study on VPG by Arnold et.al. (2005), with psychotherapists working with traumatized clients, found that their vicarious experiences with trauma led to positive changes similar to those changes reported by individuals who experienced trauma directly. Those changes were previously conceptualized into three basic categories of posttraumatic growth (PTG): positive changes in self-perception, interpersonal relationships, and philosophy of life. Similarly, in the present study the therapists, who experienced trauma vicariously, reported positive changes in all the three categories, including positive changes in relationships. Another qualitative investigation on VPG (Splevins et. Al,

2010), this time among interpreters for refugees who experienced traumatizing situations, found that those workers were more altruistic, placed more value in relationships, were more open and intimated in relationships, and reported being more respectful and less judgmental towards others as result of their work with refugees. Another study (Ben-Porat & Itzahaky, 2009) showed that therapists working with family violence reported higher anger management abilities, higher levels of assertiveness, more constructive communication skills, and increased awareness about the needs of their spouse and children (Ben-Porat & Itzahaky, 2009). A narrative qualitative study (Johnson, 2010) that explored alternative narratives of trauma work revealed the theme "deepened personal relationships" where participants shared stories of positive transformations in the relationship with loved ones as a result of their work with survivors of trauma (Johnson).

Often, reports of positive changes in relationships in my study were related to incorporating what the therapists teach or encourage in clients during treatment into their own personal lives. By witnessing positive outcomes from clients when practicing resilience enhancing strategies, therapists have gotten motivated to incorporate similar strategies or approaches in their lives, resulting in positive changes in relationships. The incorporation of what they teach in their personal lives also suggested that the therapists had confidence in the resilience model. For example, according to Joanna, the positive impact of working on her relationships followed from the integration of the resilience model with her professional and personal identities. The therapist reported that frustration and anger in relationships can be prevented by searching for the strengths of a distressful situation instead of being stuck in the damage model. Throughout the interview she reported that her work involved constantly searching for the strengths of clients, situations and relationships. Consequently, she developed skills which have become second nature also in her private life. Her experience of seeing positive

results (change in clients) from using the resiliency approach increased her overall confidence in the model.

The Concepts of Vicarious Resilience and Vicarious Posttraumatic Growth

In the chapter 2 I stated that the review of literature so far did not offer evidence of significant differences between the concepts of VR and VPG, which are at times defined in similar ways. The findings of my study reveals that counsellors experience specific positive transformations as a result of their experiences with the stories of resilience and growth of their young clients. Specifically, they experience hope and optimism, being inspired by the strengths of children and youth, putting one's challenges and strengths into perspective, and positive changes in relationships. The core of the content of those themes presented significant parallels to findings derived from the PTG and VR research fields. I now proceed to discuss these parallels.

This study's findings supported some of the previous findings in the literature of VPG. For example, as in previous findings (Arnold et al., 2005) all of the therapists in this study presented positive changes in the three areas of Posttraumatic Growth (PTG), i.e., positive changes in self-perception, interpersonal relationships, and philosophy of life. All participants reported positive changes how they perceive themselves. For example, Rose reported that witnessing her clients' successful recoveries helped her make meaning of her own life. It also led her to reflect on her past coping behaviors and reframe some own odd behaviors as "a child's way to cope and survive". In another example, Mika reported that the therapeutic relationship with this population made her aware of the need to be authentic. She explained that children who suffered abuse often experienced negative relationships in their lives, and sometimes were further traumatized by people who did not listen or did not believe in their stories. Mika learned

that children need to see genuine behavior in her to be able to form a trusting relationship. On the other hand, Joanna reported that several personal desirable characteristics, such as optimism and ability to not exaggerate the severity of a situation, were traits that might be innate to her or were developed based on the theoretical approach that she adopted. Regardless, she identified that her confidence and efficacy as counsellor increased in part because she saw positive changes in clients' lives. She also reported becoming more altruistic and stronger when she advocates for clients.

Positive changes in how the therapists perceived themselves were not necessarily strongly related to witnessing the resilience processes of clients. However, all participants reported that watching clients' resilience facilitated an increased awareness of their own strengths and altered their perspectives of their personal challenges. Also common with the VPG literature, all of the participants in my study reported positive changes in personal relationships as result from their work with traumatized children and youth, as discussed previously.

The participants of this study also reported experiencing the third major category of PTG, "positive changes in philosophy of life". All participants mentioned hope and optimism as one of the major positive consequences of their work. This suggested a positive change in their perspective of life. For example, Joanna described how her attitude, congruent with the resilience model, influenced how she perceived human experiences. Joanna reported that when she hears about the high statistics of sexual abuse in other countries, she also noticed the positive actions done by the communities in those places.

Some findings emergent from previous studies on VR were also supported by my study. Despite the fact that the vicarious resilience process has not previously been investigated in the

context of trauma treatment provided to children and youth, nor in the context of sexual abuse trauma, themes that emerged from previous studies showed parallels with themes in my study. For example, the theme "Being inspired by the Strengths of Children and Youth" retained similarities with the theme emerged on a VR study with therapists working with survivors of torture, "A Recognition of the Human Capacity to Thrive" (Engstrom et al., 2008; p.17). Also, the theme "Putting own Challenges and Strengths in Perspective" had a similarity with the theme "Altering Perspectives about One's Life" (Engstrom et al., p. 17). Such commonalities suggested that the element about transforming one's perspectives on challenges and strengths was a trend in therapists working with people who face tremendous challenges in life, and that such transformations were independent of the specific type of trauma or age group of clientele. Participants of my study demonstrated appreciation for the concept of VR and mentioned that awareness about the phenomenon of VR made evident the positive impact of their work. The theory on VR asserts that VR is a phenomenon that does not always occur spontaneously; instead, it is a process that can be purposefully cultivated and enhanced. VR studies also suggested that therapists who are familiar with resilience research and approaches are probably better able to experience VR. In my study the participants had independently adopted the resiliency counselling approach in their work. For some of them the concept of VR made sense as soon as they heard about it. All participants could think of ways in which the concept could be useful in both clinical practice and supervision.

The findings of my study revealed how therapists were positively transformed by their interactions with their clients' stories of resilience. This bears commonality with similar positive changes that were reported in previous studies of both VR and VPG research. My results seemed

to support the idea that there are significant overlaps between the concepts of vicarious resilience VR and VPG, and idea that I previously suggested and discussed tentatively in the chapter 2.

Implications

Implications for Clinical Practice

The literature on VR suggested implications regarding the concept of VR for clinical practice. The findings of the present study also expanded the knowledge on VR processes because it demonstrated the positive and empowering effects of the client stories and change process on therapists working with children and youth who are victims of interpersonal trauma. Particularly, this study has shed some light on what makes counsellors passionate about working with children and youth who have experienced interpersonal trauma, what inspires them to stay in this field, and what contributes to their own resilience processes.

Results suggested that trauma work can bring positive changes in personal lives of therapists, reinforcing previous findings (Arnold e. al, 2005; Ben-Porat & Itzahaky, 2009; Splevins et. al, 2010). More specifically, this study adds to the literature in that it shows the affects of VR processes in therapists working with a specific type of trauma and specific clientele: children victims of interpersonal trauma and sexual abuse. This study also suggested that the counselling approach adopted by therapists plays an important role in how the therapists frame their work experience and how their personal lives are affected by their clinical practice.

Using the language of resilience in clinical practice. The participants of this present study thanked me for the opportunity to participate and to reflect on the positive aspects of their work. At the end of the interview, each participant was asked about their input on the potential usefulness of the concept in clinical practice or supervision. All participants agreed that the

concept can be useful, and that the VR term can help counsellors to purposefully enhance the positive effects of VR processes. For example, Mika stated that "when people think of trauma work they think of trauma, of tragedy, of victims and focus seems to lay more on the negative. (…)". Her statements expressed a position that there is a socially constructed perspective of this type of work, and that this construction is saturated by negativity and that it blocks the visibility of stories of strengths, inspiration, and positive transformation. Mika reflected that by learning about Vicarious Resilience processes, she acquired language to express something that was there but was not consciously noticed before:

> "I was not familiar, until I read your package, with the (VR) term and it just (...) brought my attention to that term and to the impact that seeing my clients and talking about their resiliency and how that affects me in a positive way, watching that, and watching them grow. It just brought it to the surface a little bit more, because I think it was there but being more aware of its presence has definitely, become something that I think of a lot."

As conveyed by Mika, the term generated increased awareness, brought positive stories to the surface and stimulated more frequent thoughts on the positive effect of witnessing the resilience of clients. According to the Narrative Therapy theory we give meaning to our experiences through the storying of the experiences (White & Epston, 1990). Often aspects of experience go untold because they don't fit the dominant story being told or because there is a lack of vocabulary and narrative resources to express the aspects of the experience (White & Epston). The introduction of the term VR to the counsellors' vocabulary can help counsellors to shape their thoughts around the positive impact of their work on them and to make meaning of it.

Counteracting helplessness when working with difficult cases. This study can inspire counsellors working with this specific population to use the VR concept when working with difficult cases. Families and children that are affected by the effects of interpersonal trauma

(e.g. sexual abuse), often come to counselling feeling disempowered, helpless, and unable to believe in the possibility of positive changes in their lives. Such attitudes are especially common when the abuse was only recently disclosed. Such attitudes pose challenges to establishing alliance and trust in the therapeutic relationship. Moreover, the therapist is often affected by the client's hopelessness as a result of transferences and counter transference processes. Participants in this study conveyed that reflecting on stories of resilience was very helpful at such times. They reported feeling empowered by sharing stories of resilience and victories with peers, and that their renewed motivation contributed to their ability to foster hope in clients.

The power of sharing stories of hope. The power of shared stories mentioned by some participants suggests another implication of this study for counsellors. In a Canadian qualitative study on alternative narratives of trauma work Johnson (2010) commented on the power of hope-filled narratives in fostering sustainability of trauma work. Similarly, findings from my study suggested that sharing stories of victories and resiliency with peers can highlight the strengths of the work and cause the hope and optimism linked with cases to be more self-evident. Like in other findings (Segovia, Moore, Linnville, Hoyt, & Hain, 2012), my study showed that hope and optimism seemed to be related to the resilience of counsellors; it could be inferred that sharing stories of hope could increase the counsellors' resilience. In addition, as suggested by White and Epston (1990), performing new or alternative stories to an audience enhances the power of meaning re-creation. Telling of stories about the positive impact of work to an audience of peers and supervisors can help counsellors to recreate meaning of their work.

Enhancing optimism. In this study, hope and optimism seemed to be both cause and effect of witnessing the resilience of clients. Optimism in counsellors led them notice the strengths of clients; by witnessing clients' resilience and victories, participants strengthened their

own innate optimism. Counsellors in the field can be inspired to pay closer attention to the resilience of clients, which will likely have a booster effect on their optimism. Also, the literature suggested that optimism can be learned using techniques such as cognitive behavior therapy. Such therapy can help individuals acquire an increased optimistic explanatory style through which they can interpret their experiences (Seligman, 2002, Segovia et al, 2012). The benefits of optimism include an increased personal agency, more active ways of dealing with problems at work, and positive meaning making. Together, these benefits can counteract the harmful effects tied to counsellors' and while simultaneously increasing their work satisfaction.

The bright side of empathy. The findings of this study, congruent with previous research (Canfield, 2003; Hernandez, Gangsei & Engstron, 2007; Hunter, 2012; Johnson, 2010), revealed that reports of negative feelings such as sadness and anger were frequent, and often mixed with narratives about resilience and positive feelings. In the present study, reports of sadness were often followed by reports of immense admiration for the strengths of clients when dealing with horrible life situations. However, for the participants of this study, it was not the relationship with clients that caused negative feelings. Rather, what made therapists sad or angry was learning from clients about their bad experiences and the horrible acts that others did to them. Rather than negative effects, the relationship with clients was reported as bringing positive transformations and expanding the sense of hope in therapists. These findings support previous literature (Reynolds, 2010a). In addition, Engstrom et al. (2008) pointed out the relationship between empathy and VR processes, concluding that empathy is needed for VR responses to develop. They highlighted that empathy has been commonly linked with negative or toxic effects from clients' trauma on therapists, and that the positive aspects of empathic responses are poorly explored in the literature (Engstrom et al.). I hope that the findings of this present study can add

to the understanding of empathy and can help counsellors normalize sadness and anger as responses that arise from witnessing clients who have been victims of oppression, abuse and violence. Such normalization would counteract perceptions of their responses as pathological symptoms. While the link between empathy and VT can be frightening to counsellors, the potential relationship between empathy and VR processes is inspiring.

Offering a more inclusive picture to inform career decisions. An inclusive conceptualization of trauma work can also inform the counsellors' career. The VT concept is well known and extensively reviewed in literature and training provided to future trauma counsellors. These counsellors should be informed about the risks of this area of specialization and practice. However, it is important to recognize that the VT concept only offers a single perspective; as such, it may not be particularly motivating for future counsellors who are deciding whether they should dedicate their career to helping children and youth to heal from their interpersonal trauma. The narratives presented in my study showed the participants' passion for what they do, as well as how their view of the world and personal lives were positively transformed as a result of their work. Their stories talked about the joy of working with children and youth, as well as the satisfaction from witnessing this client group's amazing coping abilities. They also reported an immense sense of reward derived from the connectedness of the therapeutic relationship. Their perspective, discussed through the lens of my study, adds another layer to the discussion of trauma. Together with the concept of VT I believe my work helps to compose an inclusive picture of working with young victims of interpersonal trauma and that, as such, it could help counsellors when they are making their career decisions.

Implications for Training and Supervision

Informing VR conversations in supervision. The participants of this study highly valued the opportunities offered by their organization to have frequent peer debriefing, group supervision and individual supervision. All participants commented on how important these supports were for their work; such comments reinforce the idea of solidarity and collective ethics in fostering sustainability of trauma work as proposed by Reynolds (2009). The author defines collective sustainability as:

> (...) an aliveness, a spirited presence, and a genuine connectedness with others. It requires more than resisting burnout, more than keeping a desperate hold on hope, and yet it encompasses both of these capacities. We are sustained in the work when we can be fully and relationally engaged, stay connected with hope, and be of use to clients across time. I see sustainability in our therapeutic work as something that we promote relationally, not in a series of individual projects running in isolation. (Reynolds, 2010, p.270)

Reynolds, in effect, proposed that collective sustainability occurs relationally among professionals in the field. She discussed the concept called 'supervision of solidarity', as an example of a practice that fosters collective sustainability (Reynolds, 2010).

Some of this study's participants reported that group supervision sessions focused on sharing client victory stories were helpful to maintain their motivation. The findings of this study may inspire supervisors to promote VR conversations during group supervision; conversations where VR responses would be remembered and nurtured. As suggested by the literature, VR is a constructed perspective that can be reinforced and its effects can be enhanced (Engstrom, et al., 2008). It is a process that is co-constructed by clients and their families, counsellors, and supervisors. The article by Hernandez, Engstrom and Gangsei (2010), reviewed in Chapter 2, discusses a workshop designed to promote discussions on the positive impact of trauma work,

and to enhance the effects of VR. The article provides specific questions presented to groups, including:

> What challenges have you witnessed your clients overcoming in the therapeutic process? (p. 78)
>
> What did your client stimulate in you that you want to nurture and expand? (p. 78)
>
> In examining how you may have been positively impacted by your clients' ways of coping with adversity, do you have any thoughts about how your perception of yourself may have been changed by your client's resilience? (p. 78)

The responses were discussed among the group and the impact of witnessing their clients' resilience processes was highlighted. According to the facilitators of the group, for many participants this was their first opportunity to reflect about how these experiences and the questions facilitated the processes of making meaning. It was also a first opportunity, for many, to articulate their perception of how bearing witness to clients overcoming adversity affected them (Hernadez, Engstron & Gangsei, 2010). Similarly, the participants of my study demonstrated an appreciation for the opportunity to reflect on the positive impact of their work. This study can offer a contribution to adapting the previously mentioned workshop for application with the specific population of counsellors working with children and youth victims of interpersonal trauma and sexual abuse. For example, counsellors can be asked about how they make meaning of their work with children and youth victims of interpersonal trauma; counsellors may be encouraged to reflect on what it takes for a child to cope with the effects of ongoing and multiple forms of abuses, and what it takes for children to trust other adults after being victimized. Counsellors may be encouraged to notice and reflect on their clients' small acts of resistance against sexual abuse and violence and about their small acts of resilience and strengths.

Offering a balanced perspective of trauma work for training and supervision. The findings of this study can help educators foster hope in counsellors who are entering the field by providing a perspective of trauma work where stories of positive transformation and optimistic meaning making would be also included. Accompanying these stories would be relevant information about the risk factors, symptoms and prevention of vicarious traumatisation, compassion fatigue and burnout. The results showing that VR can counteract hopelessness can inform supervision, insofar as supervisors can make use of the concepts to empower counsellors. It is worth noting that the use of the VR concept in training and supervision should not lead to dismissing the negative effects of this type of work. Instead, VR could add a dimension that has been neglected.

Implications for Survivors and Families

Nurturing a cycle of hope in clients and families. The findings emergent from this study could have implications for children and youth victims of interpersonal trauma, as well as for their families more generally. Hernandez, Gangsei and Engstrom (2007) stated that "because clients often worry about the toxic effect of their trauma on their therapists, introducing the concept of VR to clients may facilitate the clinical work" (p. 11). Reinforcing this idea, when asked how the concept could be useful to clinical practice in the future, one participant of my study suggested that clients can benefit by becoming aware of the positive impact of VR on therapists:

> Mika: "for the client, for the parent (...) to know that we benefit from watching them learn and grow I think it is going to have a really positive impact on them, and sort of contributes to their sense of hope, and their sense of hope for the future (...) My hope is that if we address that with the parents a little bit more, (...) and saying *this is what I gain*

> *from it*, hopefully it can help the parent to start to look in that kind of light and have a more positive impact on their relationship, and how they function in the home environment and just a whole positive sort of circle and cycle."

Mika conjectured that the concept of VR can nurture a cycle of hope in clients and families. Vicarious resilience can be experienced not only by therapists, but by family members and friends close to the survivors who have the chance to witness the strengths of their resilience in coping with the effects of trauma. Counsellors familiar with the term can purposefully share stories of VR with parents and inspire them to notice the strengths of their children. As Mika proposed, sharing the impact of witnessing the resilience of clients with parents could potentially transform family dynamics in positive ways. Such transformations would probably contribute to better therapeutic outcomes for clients.

Fostering optimistic attitudes in clients. The literature shows how trauma can affect one's ability to have an optimistic approach. Children who are the victims of abuse of power, neglect, physical and sexual abuse, may have plenty of reasons for not developing dispositional optimism towards reality and human beings. If optimism predicts resilience in the survivors of trauma (Segovia et al, 2012), it could be inferred that lack of optimism in children and youth victims of interpersonal trauma (e.g. sexual abuse) can impair their resilience processes, as well as their ability to search for resources and support that is needed to heal and grow. Counsellors who use optimistic attitudes to strengthen their resilience and to deal with the vicarious effects of trauma can help clients to use similar approaches. As discussed previously, optimism can be learned through cognitive behavior techniques.

Activating a resilience feedback loop. As another implication of the findings for clients, it is worth to note that VR processes can potentially activate a feedback loop that can benefit clients. Based on findings, it appears that two factors, i.e., the theoretical model adopted

by counsellors and the act of witnessing clients' resilience, are involved in a cycle in which therapists and clients inspire each other. In this present study results suggested that the theoretical approach to counselling adopted by the organization, based on the resiliency model, encourages therapists to pay closer attention to the strengths of clients; to notice clients' strengths reinforces the counsellor's confidence in their approach and increases their optimism. Those two factors would result in increased hope and increased sense of self efficacy in the therapist. The VR responses, i.e., the enhanced optimism and hope (resulting in part from increased capacity to notice the resilience of their clients), are used in clinical practice to encourage clients to acquire an optimistic attitude and a more resilient view of their behavior and situations. For example, in a hypothetical case of working with a new client who recently disclosed their experience of being victimized. The client comes to counseling feeling powerless. A hypothetical counsellor trained in vicarious resilience language and strategies would notice and point out all the small actions of resistance and resilience, such as their ability to seek for help and their willingness in starting treatment. Such intervention results in positive outcomes for the client who starts perceiving themselves as resilient, and starts to reinforce skills, resources and strengths already available, as they make progress in their treatment. This progress in treatment is also witnessed by the therapist. This type of intervention (i.e., noticing and pointing out strengths), combined with bearing witness to positive outcomes and to client resilience processes, promotes the development of VR processes in the professional and personal life of the therapist.

Limitations

This study possessed a number of limitations. First, I chose to only include counsellors working in an organization. The choice is linked to the multiple case study design that was adopted, a design that strives for a certain homogeneity across cases which can hold cases together. As such, overall variables were limited to allow an in-depth and focused discussion of findings. My criteria were also based on intensity: I engaged with counsellors who had caseloads that were mostly composed of children and victims of interpersonal trauma (e.g. sexual abuse).

Second, the recruitment was exclusive to a geographic location in the Pacific Northwest region. In addition, all of the participants worked together at one locale. Despite of differences due to training and theoretical orientation they share many trauma treatment approaches.

Third, due to the selection criteria only four participants were recruited. Because there are so many threats to participant anonymity when working with such a small sample size, many measures to preserve anonymity where taken, which imposed costs on the study. For example, to ensure anonymity, detailed demographic information was not included and the mean age and standard deviation of participants was presented.

Fourth, the sample was only composed of female counsellors. The only potential male participant was not selected with the rationale that a single male voice would not be sufficient to compare results, since there was no other male voice to support possible inferences based on gender. Consequently, this study presented an important yet exclusively feminine perspective.

Recommendations for Future Research

Through this research process I found several gaps related to the understanding of vicarious resilience in counsellors working with children and youth victims of interpersonal

trauma. Not all of these gaps were addressed by this study. First, hope and optimism emerged as a very strong theme and were identified by the participants as effects of witnessing the resilience in their clients. However at times it seemed that hope and optimism mediated VR responses, i.e., that an innate or previously developed sense of hope and optimism in counsellors let them pay closer attention to the strengths of their clients. Further investigation is needed to better understand the relationship between hope, optimism and VR processes, and to investigate if optimistic counsellors would have an increased tendency to notice the resilience in clients and consequently would be more prone to develop vicarious resilience responses.

Second, as discussed previously in this chapter, the findings suggested that the theoretical counselling orientation adopted by the participants and by the organization influences how participants perceive the impact of their work on them. It appears that the resiliency theoretical model trains counsellors to acquire a strength-based perspective towards clients, and that this model also extended to the way they perceive their own emotions, attitudes, their lives and their relationships. Also, all participants reported that they apply to themselves what they teach and encourage in clients during the treatment. This was an unexpected finding since I only became aware about the theoretical orientation adopted by the organization when I started the interviews. More research designed to explore the relationship between different approaches to counselling adopted by counsellors working with children victims of interpersonal trauma (e.g. sexual abuse) and VR processes would help to understand how theory influences meaning making in trauma work and whether it facilitates the occurrence of VR processes.

Third, one participant reported that when she became aware of the VR concept, the stories of resilience of clients came to the surface and thoughts concerning the positive impact of work become more prominent in her mind. This empirical finding is congruent with the theory in

the field that assumes VR responses would increase with the enhanced awareness about the concept. However, as only a single person reported this fact no conclusions can be derived from her reporting of this. However, to date, there is no research to demonstrate the veracity of such assumption; research akin to my own could be used to investigate whether if familiarity with the term and the purposeful use of VR concept in clinical practice actually increases the VR responses in counsellors.

Fourth, as discussed in the limitation section of this report, this study did not include the voices of male counsellors. Further research is needed to understand the role of gender in the VR processes of counsellors working with this population.

Fifth, considering that all participants identified themselves as Caucasian or as having a European descent, it would be interesting to explore how counsellors from other cultural and ethnical backgrounds are affected by witnessing the resilience of their young clients victims of interpersonal trauma (e.g. sexual abuse).

Lastly, as outlined previously, this study was limited to investigate VR processes in counsellors working at an organization. It did not include counsellors working in private practice with children victims of interpersonal trauma (e.g. sexual abuse). Those counsellors experience different work conditions and may not experience the same level of peer support, or have the same supervision opportunities compared with counsellors working at an organization. They may not have the benefits of working collaboratively with a clinical team usually composed by victim service workers, intake workers, supervisors, and therapists. On the other hand, they may have higher incomes, more balanced caseloads composed also by clientele facing issues other than interpersonal trauma such as sexual abuse and more flexible working schedules than those working at an organization. Those differences in working conditions and caseload composition

could influence the way that counsellors working in private practice perceive the impact of their work on themselves, and therefore further research to explore VR processes in this population is warranted.

Summary and Conclusion

The literature on the impact of trauma work on counsellors working with children victims of interpersonal trauma (e.g. sexual abuse) has typically focused on negative effects, such as vicarious traumatization and burnout. On the other hand, even though research on positive impact of trauma work, such as vicarious resilience (VR), has grown recently, there has been, to date, no previous study that explores the VR processes in specific cases where counsellors are working with children and youth victims of interpersonal trauma (e.g. sexual abuse). As such, my study has filled a gap of the literature of VR and helped to understand how the professional and personal lives of counsellors working with this specific clientele are positively transformed as a result of the act of bearing witness to the resilience of clients.

Four themes were developed and endorsed by quotes from all four participants of the study over the course of thematic analysis. In the first theme, increased sense of hope and optimism was seen as resulting from the therapist's work with this clientele. These effects were related to positive meaning making of trauma work. The therapists conveyed an increased sense of meaning from being with clients through their healing journey, from acknowledging their role in facilitating positive outcomes and from building unique, deep relationships with clients. All participants mentioned the joy of working with children, and hopefulness was related with working with this age group. In addition, we saw how hope and optimism shape how the participants deal with obstacles that limit their work and how they deal with their feelings of frustrations with the inefficiency of systems.

The second theme captured an intense sense of being inspired by the strengths of children and youth, and a sense of being excited and proud from witnessing the victories of clients. Therapists developed an increased ability to see each client in their uniqueness as a consequence of noticing the strengths of clients; this let them see beyond dysfunctional behaviors. The theme revealed that the participants transfer the inspiration from working with resilient clients to their work with difficult cases.

The third theme revealed that witnessing clients face highly challenging situations helped therapists put their own challenges into perspective. Also, the act of witnessing the strengths of clients in coping with the effects of trauma helped therapists to become more aware of their own strengths.

The fourth and last theme demonstrated positive changes in relationships as a result of the therapists' work with this clientele. Examples of such changes elicited in the therapists were better understanding of issues faced by children of their families, acceptance towards imperfections of others, greater ability to be supportive in relationships, increased compassionate ways of communicating with partners and family members, and the incorporation of the resiliency approach to counselling with personal relationships. Positive changes in personal life were related to incorporating what therapists encourage and teach to clients in their own lives.

Ultimately, this study suggests that therapists can be positively affected by their work when they use and develop VR clinical practices when working with children and youth who have experienced interpersonal trauma. The findings of the present study lend credence to different perspectives about this type of work, and reinforce a choir of alternative narratives of trauma work captured by an emerging body of literature in the field (Arnold et al., 2005; Ben-

Porat & Itzhaky, 2009; Engstrom et al., 2008; Hernandez, Gangsei, & Engstrom, 2007; Hunter, 2012; Johnson, 2010; Reynolds, 2010; Viviani, 2011). This study has the potential to provide an inclusive conceptualization of trauma work and, as such, its lessons can assist trauma counsellors, counsellors educators and supervisors, families of children and youth victims of interpersonal trauma and the children and youth who were victims of interpersonal trauma (e.g. sexual abuse).

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Appendix A: The Researcher Context

> Engaging with a spirit of collective sustainability invites us to witness and connect with the important work of others, witnessing our spirited successes while also holding onto the knowing that much more must be done. This collectivity helps us to envision our collective work as both doable and sustainable. (Reynolds, 2010a, p.81)

My interest in working with victims of interpersonal trauma and sexual abuse started in 2010, when I worked as a counsellor-in-training at an agency specialized in attending women survivors of sexualized violence and childhood sexual abuse (CSA). As a crisis counsellor, although I was receiving training to work with both, victims of recent sexual assault and victims of historical trauma, my caseload was typically composed mostly by women who were abused during their childhood or adolescence. Through my practice I learned about the devastating long term effects of CSA in survivors. I became passionate about helping this population and interested in early clinical interventions with children and youth victims of interpersonal trauma and sexual abuse. This work had a very intense impact in my clinical practice and research interests. Coming from a theoretical background heavily based in psychodynamic theories, I discovered that theories and approaches such as narrative therapy, feminist, strength-based and response-based were more useful for me in assisting these women in their recovery.

One of the major negative impacts of my work on me at the time was an intense concern about the safety of my clients. Most of them presented multiple issues related to their traumatic experiences, such as eating disorders, self-harm behavior, dissociation, personality disorders and suicidal ideation. Perhaps because I experienced the suicide of a very close member of my family, I was frequently especially concerned about suicidal clients. I was very lucky to work in a placement where I had support from a knowledgeable supervisor and from a very experienced multidisciplinary team. The agency adopted a feminist philosophy and clinical approach which was evident also in the caring work environment. One of the lessons that I got from this experience was related to the importance of a supportive environment and working relationships for the sustainability of trauma work. At that time, one day I had a wonderful dream: “at the entrance of the agency there were huge stairs, which were very unstable, dangerous and terribly difficult to climb. In each of the steps however there were beautiful items such as plants, clay

sculptures, delicate clay hands, and candles. My clinical supervisor was just arriving, coming from the market with new items for the stairs. Then, in the dream I realized that this was part of her job - to make sure that the steps, despite of being very hard to climb, were in a way still gentle and beautiful. It was part of my supervisor's job to bring kindness to the hard work that had to be done." I believe the dream illustrates my inner experience during my practicum. The work was emotionally challenging, that was clear. But even then, the stairs, i.e., the work, was incredibly beautiful to me. The dream symbolically represented my sense that I could only do this type of work with the help of a supportive team, holding on the sense that this was a collective work.

At that time I had several career decision questions which followed me after the end of my practicum. I needed to know if I had what it takes to be a trauma counsellors and to stay for a long time in this field; I thought about my children and my partner and wondered about the possible impact of my work on my relationship with them. I needed to know the possible impact of this work in my life in order to decide if I should continue working with trauma. I started to research about negative impact such as VT and burnout. If on one hand the information on VT helped me to answer some of my questions and to normalize my experience, on the other hand it increased my feelings of vulnerability. Also, it did not answer an important question: what makes counsellors choose to work with trauma survivors despite of the challenges of this profession and the risks of development of VT? Interestingly, I found some information among the VT literature which partially addressed this question when it talked about the positive meaning making of trauma work, the sense of reward from helping people and about how the lives of trauma counsellors were deeply positively transformed by their work with survivors (McCann & Pearlman, 1990). This was the first clue that initiated my interest in researching about the positive impact of trauma work and more specifically, about vicarious resilience processes in therapists. The search for alternative ways to make meaning of trauma work led me to the work of the trauma therapist and activist Vikki Reynolds, and I had the opportunity to attend a workshop on trauma and resistance facilitated by her. When reading about Reynolds' thoughts on collective ethics as a way to sustain trauma work (Reynolds, 2009), I could not help but make meaningful associations with my dream.

After two years of emersion in the literature of impact of trauma work, I conclude that, despite of my research focus, I don't dismiss the use of constructs such as VT and compassion fatigue. I believe that VT can be a normal response in those who witness the horrendous experiences that happened to their clients (McCann & Pearlman, 1990). To dismiss the negative impact of trauma work could mean to dismiss painful feelings of caring counsellors that should be expressed and processed with the help of supportive supervisors and peers. I perceive VT as valuable, but incomplete piece of information, which was helpful but not enough for me to make sense of my experience.

Through the process of conducting this study I was honored with the opportunity to hear meaningful stories of trauma work from the counsellors participating in the study, who were also inspiring professional models to me. The positive effect on me of the stories of positive transformation and hope shared by the participants reaffirmed my belief in the power of sharing stories of vicarious resilience. The inspiration gained through this research process nurtured my plans to contribute to the implementation of services for victims of interpersonal trauma, sexual abuse and sexualized violence in Brazil, where those services are very limited and in most cities, inexistent. The participants' reports about the importance of working relationships and work environment reinforced my belief in the power of solidarity and collective care among professionals, and enhanced my passion for the collaborative team work done in public, non-profit organizations.

I believe this study fulfilled the potential of qualitative research designs for revealing stories that would otherwise have remained untold. It gave voice to alternative narratives in a field which has not been previously explored. The results of this study also reinforced my belief that qualitative research, in addition to its purpose related to knowledge production, can be an interesting intervention tool when, for example, the questions asked help participants to re-create meaning (Denzin & Lincoln, 2005).

Appendix B: Participant Consent Form

University of Victoria

Department of Educational Psychology and Leadership Studies
PO Box 3010 STN CSC
Victoria British Columbia V8W 3N4 Canada
Tel 250-721-7799, Fax 250-721-6190

Participant Consent Form

Project Title: The Impact of Witnessing Client Resilience Processes on Therapists Working with Children and Youth Victims of Interpersonal Trauma (e.g. sexual abuse) – A Qualitative Multicase Study

Researcher(s): Fabiane Silveira, Graduate Student - Email: ---- Tell:------
Supervisor: Dr. Honore France-Rodriguez - Email: ------- Tell: ---------

Purposes and Objectives of the Research: The purpose of this study is to investigate how therapists working with children and youth victims of interpersonal trauma such as sexual abuse are impacted professionally and personally by the act of bearing witness to the resilience process of their clients. The purpose of this research is also to fulfill part of the requirements for the primary researcher's graduate degree.
Please note that our interest is to learn about the impact of your work on you. This study is not a clinical assessment of your counselling skills.

The Importance of the Research: This research is important because it t may generate knowledge that could promote a more inclusive conceptualization of trauma work, where negative and positive effects of trauma therapy can be viewed in a broader perspective. It may contribute to the development of additional strategies to counteract negative effects of trauma work such as vicarious traumatisation and compassion fatigue. The awareness about vicarious resilience processes may contribute to the expansion of this phenomenon.

It may lead to contributions to training and supervision in the field of trauma work with children and youth survivors of interpersonal trauma (e.g. sexual abuse). By addressing both positive and negative impact of trauma work, such as vicarious traumatisation and vicarious resilience, supervisors may help practitioners to decrease negative effects of trauma work. By cultivating vicarious processes, supervisors may allow space for the rewarding and meaningful aspects of helping victims of trauma to emerge.

My hope is that clients, children and youth victims of interpersonal trauma (e.g. sexual abuse) could benefit from a more positive revaluation of trauma work. In treatment of interpersonal trauma, the therapeutic relationship is essential for the survivor's healing process. Therapists aware of vicarious resilience processes may intentionally use it to nurture back the client's own resilience and growth processes.

Participation: You were identified through your clinical supervisor as potential participants because you meet the selection criteria: you are a trauma therapist of children and youth victims of interpersonal trauma (e.g. sexual abuse), you have at least three years of experience working with trauma, and you have demonstrated that you have been inspired or impacted by the strengths/resilience of your clients. Your participation this project is entirely voluntary. Whether you choose to participate or not will have no effect on your position [e.g. employment, class standing] or how you will be treated.

Procedures: You will be asked to fill a questionnaire with demographic information at your own time. After filling the questionnaire, you will meet with the primary researcher (Fabiane Silveira) for an individual interview. The interview will consist of five main open-ended questions. I may ask you additional, pre-scripted questions as follow ups to address each one of the five main questions.

You will be asked to reflect and share your perceptions surrounding how your work with trauma has impacted you, both personally and professionally. You will be asked to describe the strategies that you have engaged so far to counteract, or prevent the negative impact of your work on you. You will be asked to reflect about how the act of witnessing your client's resilience processes and growth has impacted your life and your practice.

Interviews will be audio-recorded for transcription purposes, and written notes may also be taken. After the first interview, you will be asked to meet with the primary researcher a second time when you will be given the opportunity to review how the researcher interpreted what was said during the interview, and you may add or change anything that does not fit with your experiences.

Duration: It is expected that you will take approximately 20 to 30 minutes to fulfil the survey; 1 ½ - 2 hours for initial interview; ½ - 1 hour for follow-up; 2 ½ - 3 ½ hours total. You are encouraged to book a slot for your interview for after your last session of the day.
Location: The interviews will take place at your organization, in a room to be arranged. If you prefer to be interviewed elsewhere, outside your workplace, I will book your interview at the local university.

Compensation: It is unethical for me to provide undue compensation to research participants. If you would not participate if the compensation was not offered, then you should decline. I will offer however to cover your costs for public transportation to University or parking at the local university in the days we meet for interviews, in case you choose to have your interview outside of your workplace. As a way to demonstrate my appreciation for the time dedicated to my research, I will provide to all participants (whether they fully complete the necessary interviews or not) a 25.00 dollar gift card from Starbucks.

Benefits: The participation in this study may offer you the opportunity to reflect on the impact of your work on you, the opportunity to reflect about strategies you have been using to counteract and prevent the negative impact of trauma work. Also, it may offer the opportunity to reflect on the rewarding aspects of your work and to articulate how you make meaning of it. It provides opportunity to reflect about how you have been impacted by the resilience of your clients in coping with adversity. In addition we hope that this study would offer you furthering understanding around the construct of vicarious resilience and how the awareness about this process can influence your practice.

Risks:
It is anticipated that there will be minimal risks to you by participating in this research; however, due to the personal nature of the interviews, you may experience intense emotional responses when talking about how your work impacted you. **This risk will be addressed by:** The researcher will be as sensitive as possible throughout the interview process. Either the participant or the researcher can stop the interview at any time if proceeding with the interview may be harmful.

As a counsellor-in-training, the researcher is aware about confidentiality issues regarding client's information. Also, because your clients and their guardians were not given the opportunity to consent with this study, their stories cannot be included. Despite the fact that you are not going to be asked to share your client's stories, it is possible that you may want to provide adequate background to talk about how your clients impacted you. **This risk will be addressed by:** I will ask you to refrain from mentioning client's information. I may interrupt you in case you disclose details about clients that

may reveal their identity. In addition, in case clients' information that may reveal their identity is mentioned, it will be removed from the transcription and will not be included in any document.

Because the interviews will occur at your work place, it is possible that your colleagues will know that you chose to participate in this research. Despite that your name will be changed for a fictional one, it may be possible that colleagues who know you enough may recognize your testimonial among the quotations on the thesis report, which will be available to the public.
This risk will be addressed by*: In case this represents an issue for you, you may choose to not participate in this research. Also, you may withdraw at any time.*
It is possible that you feel emotional exhaustion, which may impact your work right after the interview. **This risk will be addressed by:** The researcher will discuss with the clinical supervisor and with each participant a way to conduct the interview that would not interfere with participant's work. You are encouraged to book a slot for your interview for after your last session with clients.
It is possible that, while reflecting about your client's impact on you, you feel the need to get feedback or supervision about a case. **The risk will be addressed by:** If that happens, you would be encouraged to seek supervision from your local supervisor. Please note that would be unethical from me to offer any feedback on your clinical work.
Researcher's Relationship with Participants: It is possible, though not anticipated, that you may have a previous relationship with Fabiane Silveira, the primary researcher. If you happen to know me, unfortunately you will not be eligible to participate in this study.

Withdrawal of Participation: You may withdraw at any time without explanation or consequence. If you choose to withdraw, your data will not be used and any record of your participation (e.g., audio-tape, field notes, etc.) will be destroyed. If you choose to withdraw, you will still receive the gift card from Starbucks as a thank you gift for the time you spent.

Continued or Ongoing Consent: Before beginning the previously described follow-up interview, you will be asked to initial and date your original consent form to show your ongoing consent.

Anonymity and Confidentiality: Due to the nature of the interviews, the primary researcher will know your identity. To keep your anonymity beyond these interviews, you will be asked to take on a pseudonym of your choice during the interview, which will be used on all subsequent data and records. The organization characteristics will be described, however its identity and specific location will not be mentioned on the thesis report or in presentations.

All records (e.g., audio-tapes, transcripts) will be labelled with participants' pseudonyms and kept in secure locations, either in locked filing cabinets for hard-copies or password-protected personal computers for digital records, to which only the principal researcher will have access. Any personally identifying information will be removed from the transcripts and formal documents.

You will be instructed to not provide identifying information about your clients during the interviews. Any client's identifying information will be imediatelly removed from the transcripts.

Once the analysis is completed and thesis is presented, all the audio records and transcriptions will be destroyed.

Exceptions to confidentiality: Everything you say during the interview will remain confidential with the following exceptions: if you inform that a child is currently suffering abuse and in need of protection, or if you inform me that you intend to harm yourself or another person.

Be aware that your case will be described and fragments of your narrative may be quoted in the study report; however as mentioned previously, all identifying information will be removed.

Because interviews may occur at your work place, it is possible that your colleagues will know about your participation in the study.

Other participants (your colleagues) that know you enough, possibly through group supervision, may recognize fragments of your narratives quoted in the research report (which will be available to the public at the UVIC library), if they choose to read it.

The research team cannot be responsible for other study participants' actions. The primary researcher will encourage all study participants to maintain confidentiality.

The researcher may need to talk with the supervisor/coordinators if necessary, to collect relevant information about the services offered through the organization and about clientele general characteristics, such as age range and number of clients per year. The clinical supervisors may know about your participation in the study. However possible conversation between researcher and supervisors/coordinators will be limited to collection of data about the organization. Content of the interview with participants will not be shared.
Dr. Honore France-Rodriguez and Dr. Wanda Boyer will have access to confidential information and will adhere to ethical standards required by their governing professional body, the Counselling Psychology program, and the University of Victoria to maintain confidentiality.

Research Results Use and Dissemination: The research results may be used/disseminated in the following ways: directly to participants for confirmation of interview analysis; as a published article; in a Masters-level thesis & class presentations; in presentations at professional meetings.

Questions or Concerns : If you have any questions or concerns please contact the researcher(s) using the information at the top of page 1; or contact the Human Research Ethics Office, University of Victoria, (250) 472-4545 ethics@uvic.ca

Consent: Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

_____	_____	_____
Name of Participant	*Signature*	*Date*

Consent to participate in the survey on demographic information: Your signature below means that you consent in participating in the survey on demographic information, and indicates that you understand that the questions on the survey are required to describe the individuals participating in this study as a group, and that no individual will be identified in any report of this study. This part of the study and answering all the questions is also voluntary.

_____	_____	_____
Name of Participant	*Signature*	*Date*

Ongoing Consent: (To be signed and dated in the day of our second meeting, prior beginning of the follow up interview)

_____	_____	_____
Name of Participant	*Signature*	*Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Study ID: _____ **Date:** _____

Appendix C: Demographic Information Survey

University of Victoria

Department of Educational Psychology and Leadership Studies
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Tel 250-721-7799, Fax 250-721-6190

Participant Demographic Information

Study ID: _____ **Date:** _____

The information collected through this survey will be used to describe the characteristics of the participants of this study as a group. No individual will be identified in any report of this study. The characteristics of the group will be presented, summarized, in the thesis report. Your participation in this part of the study is also voluntary and you can decline providing responses to any of the questions.

1. Age: _____ (years)
2. Gender: _____
3. Ethnic or cultural background: _____
4. Language spoken at home? (please circle one)
   1 English as first language
   2 Other language as first language; please specify _____
5. Do you have children under 12? _____ Do you have children inder 19?_____
6. Religion/Spiritual Orientation:_____
7. Professional Degree:_____
8. Years of Clinical Experience_____
9. Years of Experience with Trauma Treatment_____
10. Years of Experience with Traumatized Children and Youth_____

11. How many hours do you work per week at this organization? Please specify, among those hours, how many are client contact._____

12. Do you work elsewhere? If so, please specify how many hours and if the work involves trauma treatment.
    _____
    _____

13. Theoretical Orientation – Conceptualization of the Work:
    _____
    _____
    _____

14. Professional Expertise and Training in Trauma Treatment
    _____
    _____
    _____

15. Frequency and Form of Supervision Received in this Organization:
    _____
    _____
    _____

16. Years working in this organization_____

17. Full or Part time _____

18. Years working with traumatized children and youth in private practice_____

19. Current Percentage of Traumatized Youth and Children Victims of Interpersonal Trauma (e.g. Sexual Abuse) in your caseload_____

Appendix D: Interview Questions

Inspired in the research on VR (Engstrom et al., 2008; Hernandez et al., 2010), I composed an interview schedule including seven main questions. The questions were presented below, followed by the protocol script used with each one. The protocol scripts were alternative phrases that could help participants understand what the question was about.

Protocol for before starting asking the interview question: I reminded the participants that I was interested in their perception around how their work impacted them, about their feelings and responses. I reminded that client confidential information should not be shared, since clients and guardians were not given opportunity to consent with this study. I reminded each participant that I would interrupt them in case they disclosed client identifying information. Examples from their work with clients should be framed according to their (the therapists) own responses.

Question 1: Please tell me how your work with children and youth survivors of interpersonal trauma such as sexual abuse impacted you:
Protocol script for question 1: The literature shows that trauma treatment of survivors of interpersonal trauma such as sexual abuse can have particular impact on helpers. Do you have examples of how your work with children and youth survivors of interpersonal trauma (e.g. sexual abuse) impacted you, personally and professionally? How you changed as result of your therapeutic relationship with clients?

Question 2: How do you manage the stress related to your work? Do you engage in strategies to counteract it? Please describe them.
Protocol script for question 2: Please tell me examples of activities that you engage during your free time in order to lessen the impact of your work on you.
Protocol question 2: Please tell me examples of work related activities that you engage in order to address issues related with the impact of your work on you.

Protocol script to introduce question 3 to 5: Please take a moment to think about what challenges you witnessed your clients overcoming. You may want to write them down, but you will not share this information with me. This reflection will help you answer the following questions.

Question 3: Previous research on the impact of trauma work on therapists shows that therapists are affected by witnessing how their clients cope with adversity. The researchers called this process vicarious resilience. Do you have thoughts about how bearing witness to the resilience of your clients impacted your personal life?
Protocol script for question 3: How you changed as result of witnessing your clients' resilience processes? By seeing how they cope with trauma and adversity? How those changes were expressed in your relationships?
Protocol script for question 3: Do you have thoughts on how your perception of yourself changed as a result of witnessing clients overcoming adversities? (Hernandez et al., 2010)
Protocol script for question 3: what did you learn from clients? How your clients inspired you?

Question 4: You just described how resilience of clients impacted your personal life. I am curious to know if you have thoughts about how bearing witness to resilience of your clients influenced your practice.
Protocol script for question 4: Do you believe that along the years your practice changed as result of witnessing your clients resilience? Do you have examples of how your work with clients changed?

Question 5: Do you have any thoughts on how this concept of vicarious resilience can be useful in your work with clients?
Protocol script for question 5: Do you have thoughts about how your clinical work can be impacted by an enhanced awareness about the vicarious resilience phenomenon?

At the end of the interview, I will ask:

Do you have any other thoughts around how your clients' resilience, their growth and their healing journey impacted you?

Do you have anything else to add?

Appendix E: Information about the Study

Presented to the Selected Organization

The Impact of Witnessing the Resilience Processes of Clients on Therapists Working with Children and Youth Victims of Interpersonal Trauma – A Qualitative Multicase Study

Researcher: Fabiane Silveira - Graduate Student Faculty of Educational Psychology & Leadership Studies - University of Victoria -**Supervisor:** Dr. Honore France-Rodriguez - Faculty of Educational Psychology & Leadership Studies - University of Victoria

About this study

If in psychotherapy, both client and psychotherapist are transformed by their relationship and by the therapeutic process, what are the impacts of working with trauma for the therapists? How the therapeutic relationship in the context of trauma work impacts the therapist's personal life, their counseling skills and ability to help others?

This study aims to investigate the impact of witnessing the resilience processes of young clients victims of interpersonal trauma (e.g. sexual abuse) on therapists.
Many studies investigated the costs of working with trauma for therapists and helpers. Common responses developed by practitioners as result of being exposed to a highly stressful and potentially traumatizing type of work were identified, described and named, such as secondary traumatic stress, compassion fatigue, and vicarious trauma. Those studies brought light to the importance of self-care and development of strategies to prevent and counteract the negative effects of therapy and trauma work.

While there are no doubts about the great importance of investigating the negative effects of working with trauma, research on effects of therapy on therapists invested much less attention to positive and rewarding aspects of working with trauma.

Recent studies on impact of trauma work shows evidences that this type of work also presents positive effects, namely vicarious resilience and vicarious posttraumatic growth. Findings on those studies can help practitioners to conceptualize their own work in a more inclusive way. The awareness about the existence of a process through which therapists are transformed by the stories of resilience and growth of their clients can allow helpers to pay closer attention to that process, enhancing the sense of appreciation for their client's attitude and growth.

My interest in conducting the present study is motivated by a belief that the exploration of rewarding aspects of trauma therapy can promote a shift in perspective and revaluation of the therapeutic work for many of those who work with traumatized clients.

Purpose of the Study

The purpose of this multiple case study is to investigate the perception of the therapists who work with children victims of interpersonal trauma (e.g. sexual abuse) about the effect of their work on them, emphasizing the positive effects. I intend to fill a perceived gap in the existing literature on effects of trauma work on therapists by exploring how the professional and personal lives of therapists are positively affected by the act of witnessing the stories of resilience of their clients. My hope with this study is to generate knowledge that could promote a more inclusive conceptualization of trauma work, where negative and positive effects of therapy can be viewed in a broader perspective.

The implications of this study for the counselling field include development of additional strategies to counteract negative effects of trauma work such as vicarious trauma and compassion fatigue. It may lead to contributions for training and supervision. By addressing both positive and negative impact of trauma work, such as vicarious trauma and vicarious resilience, supervisors may help practitioners to decrease compassion fatigue and vicarious traumatization symptoms. By cultivating stories of vicarious resilience processes, the rewarding and meaningful aspects of helping victims of trauma may emerge.

This study also intends to contribute to the existing literature on vicarious resilience, extending the knowledge about this construct by focusing on therapists who work with children and youth victims of interpersonal trauma (e. g. sexual abuse). My hope is also that the expansion of literature related to positive effects of trauma work on therapists may potentiate those effects, contributing to the purposeful expansion of the phenomenon of vicarious resilience. The awareness of vicarious resilience processes and the conscious exploration of this phenomenon by therapists may strengthen the impact of vicarious resilience on them, what may help them to reinforce their motivation to work with victims of trauma and create meaning in their practices.

Furthermore, my hope is that clients, children victims of interpersonal trauma (e.g. sexual abuse), could benefit from a more positive revaluation of trauma work. In treatment of interpersonal trauma, the therapeutic relationship is essential for survivor's healing process. It is my belief that therapists aware of vicarious resilience processes may intentionally use it to nurture back their young clients' own resilience and growth processes.

Why were therapists of children and youth survivors of interpersonal trauma (e.g. sexual abuse) chosen as participants?

This type of trauma and the age of clientele can potentially instigate both intense negative and positive effects of therapy on therapists. Studies showed that the treatment of survivors of interpersonal trauma such as incest and sexual abuse may be particularly disruptive and painful for the therapist, resulting in profound changes on beliefs and assumptions about themselves and others. On the other hand, my curiosity in exploring vicarious resilience among therapists working with children is also inspired by the testimonials of youth therapists who often talk about how inspiring it is to see their clients' resilience in facing adversity.

According to Pearlman and Saakvitne (the authors who proposed the term vicarious trauma) three elements contribute to the development of vicarious trauma in therapists working with victims of sexual abuse: the graphic descriptions of the rape/abuse, the intentional cruelty of human beings exposed through clients' horrific stories which confronts the therapist's own safety schemas, and the client's tendency to engage in unconscious re-enactments of the traumatic experiences, which may invite therapists to respond in complementary ways. In addition, the authors mention that nature of the trauma, which involves

sexuality and powerful social taboos, can affect the therapist who is also part of the social context that generates the abuse.

While there are several studies exploring negative effects of working with adults and children victims of interpersonal trauma (e.g. sexual abuse), there is a gap on the literature about positive impact of therapy on therapists working with children and youth victims of interpersonal trauma (e.g. sexual abuse).

McCann and Pearlman reminded that despite of the hazards of trauma work, there are also important positive effects of it, such as enhanced empathy, increased hopefulness from realizing the potential of human beings to endure, and sense of meaning resulting from knowing that they are contributing to ameliorate the impact of violence on people's lives.

Anecdotal evidence demonstrate that helpers working with traumatized children feel enriched by knowing that they are part of their client's recovery, or inspired by their clients tremendous resilience, despite of young age, in facing the effects of traumatizing events in their lives. However, there are no empirical studies exploring such positive impact yet.

Procedures

- We will select as participants in this study 4 counsellors with at least 3 years of experience working with trauma, and who have a caseload composed by at least 50% of children and/or youth victims of interpersonal trauma (e.g. sexual abuse).
- The participants will be asked to fill a questionnaire with demographic information.
- After filling the questionnaire, participants will meet with the primary researcher (myself) for an individual interview.
- The interview will consist of a few pre-scripted questions; however, the majority of the interview questions will be open-ended, allowing freedom in responses.
- Participants will be asked to reflect and share their perception surrounding how their work with trauma has impacted them, both personally and professionally.
- Participants will be asked to describe the strategies that they have engaged so far to counteract, or prevent the negative impact of work on them.
- Participants will be asked to reflect on how the act of witnessing their client's resilience processes and growth has impacted their lives and their practice.
- Interviews will be audio-taped for transcription purposes, and written notes may also be taken
- After the first interview, participants will be asked to meet with the primary researcher a second time when they will be given the opportunity to review how the researcher interpreted what was said during the interview. At this point they may add or change anything that does not fit with their experiences.
- Duration of interviews: 1 ½ - 2 hours for initial interview; ½ - 1 hour for follow-up; 2 - 3 hours total
- Location: the interviews will take place at your organization, in a room to be arranged or at the local university. My intention is to give each participant the opportunity to choose the location for the interview, based on their convenience or privacy needs.

Appendix F: Protocol Script - First Contact with the Partcipant

The following is an example of a script used when participants (P) initiated contact with the researcher, Fabiane Silveira (FS). Exact wording changed slightly depending on participants' responses:

FS: "Thank you for taking the time to call. Can I tell you a bit more about this study before we talk about setting up an interview time?"
P: "Sure"
FS: As I wrote in the letter about the study that you received in your package, I am interested in learning about the impact of your work on you. My research is about the rewarding and positive impact of working with traumatized children, victims of interpersonal trauma such as sexual abuse. More specifically, I am interested in how witnessing your client's resilience process impacted you, both in your personal life and in your practice.
P: hum hum.
FS: Please note that the interview questions will ask you to reflect about your relationship with your clients. However, because clients and guardians did not get the opportunity to consent with the study, I will ask you to not share client information. Instead of their stories, I am interested in your own experiences. Do you have questions about this part?
P: No, I think that's clear./ Yes, could you clarify ….
FS: I will tell you now why you were invited to participate in this study. You were identified by your clinical supervisor as a potential participant because you are a trauma counselor working with children and youth victims of interpersonal trauma such as sexual abuse, and because you demonstrated to be inspired by the way your young clients cope with adversities. Is that right?
P: Yes
FS: "To confirm if you meet the criteria for participant's selection, please tell me: do you have at least three years of experience working with trauma and at least 50% of caseload composed by children or youth victims of interpersonal trauma such as sexual abuse?"
P: "Yes, I do"/"No, I have less than 3 years of experience working with traumatized individuals." / No, I have a fewer victims of interpersonal trauma such as sexual abuse, less than 50 % of my caseload."
FS: "Great, thank you" or "If you have less than three years of experience/if you have less than 50% of your caseload composed by children or youth victims of interpersonal trauma such as sexual abuse, unfortunately you cannot be selected as participant in this study. Thank you very much for calling, I appreciate the time you spent. "
FS: "In this case, you meet all criteria, and if you agree, we can arrange a time and location for our first interview. First I would like to ask you: did you have the chance to read the participants consent form?"
P: "Yes, I did"/ "No, I did not have time."
FS: "Great, I will just highlight a few things now, and we will go through the whole consent form together before the beginning of our first interview, ok? or "No problem, I will highlight now a few things, and we will go through the whole consent form together before the beginning of our first interview, ok?"
P: ok.

FS: Your participation is voluntary. You have the right to withdraw from the study at any point. The appreciation gift mentioned in the consent form, a gift card from Starbucks and covered costs for parking and/or bus transportation, will be offered to you even if you choose to withdraw.

P: yes, I understand that.

FS: Your participation will be anonymous beyond the interview – that means that your name will not be mentioned in any document. You may choose a fictional name to replace your real one.

P: ok.

FS: Please note however that your colleagues may know that you chose to participate, in case our interviews occur at your work place. For your convenience, you may choose to have your interview at your organization, or, if you are concerned about privacy, you may choose to have your interview at a room at the local university.

P: ok.

FS: Before we decide time and location, I will explain briefly the procedures that would involve your participation. Is that ok? First, I will ask you to fill the demographic information that was sent to you. It is expected that you would take around 30 minutes to do that. Next, we will meet for the first interview, which will take approximately 1 ½ to 2 hours. In this interview you will be asked to reflect and share your perceptions on how your work with trauma has impacted you, both personally and professionally. You will be asked to describe the strategies that you have engaged so far to counteract, or prevent the negative impact of your work on you. You will be asked to reflect about how the act of witnessing your client's resilience processes and growth has impacted your life and your practice. Next, around 2 weeks after our first meeting, we will meet again for a follow-up meeting. I will ask you to confirm or disconfirm if what I have written captured your experience. This second interview will take between 30 minutes and 1 hour. Do you have questions about your participation in the study so far?

P: "No, I believe it is clear" or "Yes, could you tell me more about…"

FS: "Are you willing to participate in this study?"

P: "No, thanks, I would rather not " or "Yes, I would like to participate"

FS: "No problem at all. Thank you for calling, I really appreciate that." or "Great. Can we go ahead and book our first meeting?

P: Yes, sure

FS: About the location, where do you prefer to have your interview?

P: "It would be more convenient for me at my work place." Or "I would feel more comfortable having the interview at the local university."

FS: "Ok, no problem. We can arrange to have our meeting at the local university/at your work place. Now, because it is possible that the interview may impact you emotionally, I would encourage you to book your interview for after your last session with a client on that day. What times do you have available this week or next week?"

P: "I am free on Thursday 6:00 pm."

FS: "That would work for me, great. So I will meet you at 6:00 at the local university (give specific location)/So I will meet you at 6:00 at your work place. Do you have any other question?"

P: "No, thank you, I am fine for now." /"Yes…"

FS: "Well, if anything comes up between now and when we meet, please feel free to e-mail me. Thank you for taking the time to call and talk with me. I'm looking forward to meeting with you in person. I'll see you next Thursday at 6:00."

Appendix G: Protocol Script – Before Starting the First Interview

The following is an example of the script used before the beginning of the first interview, when I (Fabiane Silveira) reviewed the participant's consent form with the participant. Exact wording and order changed slightly depending on participants' responses:

FS: "Hello, It is a pleasure to meet you in person."
P: "Hi Fabiane. Nice to meet you."
FS: "Before we start our interview, did you read the participants' consent form?"
P: "Yes, I did" /"No, sorry, I did not."
FS: "If you didn't, no problem, you may take a moment now to read it."
FS:" Now, I would like to go through some parts of the consent form with you. Is that ok?
Your participation is in this study is voluntary. You may withdraw from the study at any point with no explanation or consequences. In case you choose to withdraw, all your data will be destroyed and I will not use it on the analysis. If you choose to withdraw, you will still receive the gift card from Starbucks as a thank you gift as a token of appreciation for the time you spent.

It is expected that your participation in this study will pose minimal risk for you, however, due to the personal nature of the interviews, you may experience intense emotional responses when talking about how your work impacted you. I will be sensitive throughout the interview. In addition, either you or I may stop the interview at any time if proceeding with the interview may be harmful.

I am aware about confidentiality issues regarding client's information. Because your clients and their guardians were not given the opportunity to consent with this study, their stories cannot be shared by you or included in my study. Despite the fact that you are not going to be asked to share your client's stories, it is possible that you may want to provide adequate background to talk about how your clients impacted you. I will ask you to refrain from mentioning client's information. I may interrupt you in case you disclose details about clients that may reveal their identity.
It is possible that, while reflecting about your client's impact on you, you feel the need to get feedback or supervision about a case. If that happens, you would be encouraged to seek supervision from your local supervisor. Please note that would be unethical from me to offer any feedback on your clinical work.

Do you have questions so far?

P: "No, I'm fine for now"/" Yes, …"

FS: "Ok, about confidentiality: every thing you say will be confidential. However there are some exceptions to confidentiality. If you inform that a child is currently suffering abuse and in need of protection, or if you inform me that you intend to harm yourself or another person, it is my ethical obligation to inform authorities.

Also, please note that your case will be described and fragments of your narrative may be quoted

in the study report; however all identifying information will be removed and your name will be replaced by a fictional one of your choice.

Please be aware also that it is possible that your colleagues will know about your participation in the study.

Other participants (your colleagues) that know you enough, possibly through group supervision, may recognize fragments of your narratives quoted in the research report (which will be available to the public at the UVIC library), if they choose to read it. So, you may want to filter your stories, and that's fine.
I cannot be responsible for other participants' actions, but I will encourage all study participants to maintain confidentiality. For example, I will ask you to not comment with others about if someone you know is participating in the study.

I may need to talk with the clinical supervisors/coordinators if necessary for ethical or research purposes or concerns. The clinical supervisors and coordinators will know about your participation in the study – however identifying content of your interview will not be shared.

Dr. Honore France-Rodriguez and Dr. Wanda Boyer will have access to confidential information and will adhere to ethical standards required by their governing professional body, the Counselling Psychology program, and the University of Victoria to maintain confidentiality."

I would like to remind you also that if you have concerns, at any point, that your participation on this research may impact your work or your relationships at work in negative ways, or if you become concerned about being identified by your colleagues as participant of this study, you may choose to withdraw, at any point.

Your interview will be audio recorded – later I will transcrib it for analysis. "

FS: "Do you have questions about this part or about any other part of the informed consent form?"
P: " Yes, actually I am not sure if I understood the part which talks about….can you clarify that?" or "No, I believe It is all clear".

FS: "Sure, …" **"**Well, if it is all clear, we can start the interview after you sign here."

Protocol Script - Before Starting the Second Interview:

At the beginning of the second interview, I reminded the participant that she/he had the right to withdraw at any point. I reminded them also that in case they choose to withdraw, all their data would be destroyed and I would not use it tin the analysis. I reminded that if they choose to withdraw, they woul still receive the gift card from Starbucks as a thank you gift for their time. Before starting the second interview, the participant were asked to sign the on-going consent, at the original copy of the Participant's consent form.

Appendix H: Letter of Invitation

Would you Like to Help us with a Study Exploring the Impact of Witnessing Client Resilience Processes on Therapists Working with Children and Youth Victims of Interpersonal Trauma (e.g.Sexual Abuse)?

My name is Fabiane Silveira, and I am a counseling student at UVic. I would like to invite you to help me in a study I am doing for my Master's thesis.

I am very interested in studying the impact of trauma work on therapists. Recently, I have been especially interested in the positive impact of working with traumatized individuals. I believe that an inclusive conceptualization, considering both the negative impact and the rewarding aspects of this work can be beneficial for therapists and can bring interesting implications for training and supervision.
I am interested in the processes that other researchers called "Vicarious Resilience", which refers to "the positive meaning-making, growth, and transformations in the therapists' experience resulting from exposure to client`s resilience in the course of therapeutic processes addressing trauma recovery" (Hernandez, Engstrom, & Gangsei, 2010, p. 72).
The awareness about Vicarious Resilience processes can potentially help therapists to counteract negative impact of trauma work, such as Compassion Fatigue and Vicarious Trauma.

You are receiving this invitation to participate in this study because your clinical supervisor has identified that you meet the selection criteria. The criteria is to have a caseload composed of at least 50% of traumatized children and/or youth victims of interpersonal trauma (e.g. sexual abuse) and to have at least three years of experience working with trauma.

Your participation includes to fill the demographic information form included in the package that you received; meeting with the research for one interview which will take approximate 1 ½ to 2 hours; meeting with the researcher for a follow-up interview around two weeks after the first interview. The second meeting would last between 30 minutes and 1 hour.

Your participation in this study may offer you the opportunity to reflect on the impact of your work on you, about the strategies you have been using to counteract and prevent the negative impact of trauma work. Also, it may offer the opportunity to reflect on the rewarding aspects of your work and to articulate how you make meaning of it. It provides opportunity to reflect about how you have been impacted by the resilience of your clients in coping with adversity. In addition we hope that this study would offer you furthering understanding around the construct of vicarious resilience and how the awareness about this process can influence your practice.

If you are interested, please contact me, in up to 10 days, by:
e-mail: ------ or Phone: -----
For detailed information about the study, about procedures and about your participation, please see "Information about the Study" letter and "Participant's Consent Form", both included in your package.

Appendix I: Protocol Script for First Contact with the Directors of the Target Organization

My name is Fabiane Silveira. I am student from the Faculty of Educational Psychology and Leadership Studies, from the University of Victoria. As part of my program requirements, I am conducting a research on the impact of bearing witness to the resilience of clients on therapists working with sexually abused children and youth. I am interested in the processes that other researchers called "Vicarious Resilience", which refers to "the positive meaning-making, growth, and transformations in the therapists' experience resulting from exposure to clients resilience in the course of therapeutic processes addressing trauma recovery" (Hernandez, Engstrom, & Gangsei, 2010, p. 72). I believe that the awareness about Vicarious Resilience processes can potentially help therapists to counteract negative impact of trauma work, such as Compassion Fatigue and Vicarious Trauma.

I received the approval from the Uvic Human Research Ethics Board to conduct this study, pending your permission. **Please see a copy of the Certificate of Approval attached**.

I am writing to ask:

1) Your permission to recruit participants through this organization;
2) Your permission to ask to the local clinical supervisors to pass information and documents on my behalf to potential research participants; the counselors working at the organization who meet the selection criteria.
3) Your permission to collect general information about the organization.
4) Your permission to release information about the organization in summarized form in thesis report and thesis presentation.

The data about the organization which I am interested in collecting will be used to describe the general characteristics of the work environment of the participants in the thesis report and refers to: a) age range of clientele; b) number of clients the organization attends in a year; c) types of services offered at the organization; d) how the organization's staff team is formed; e) type of organization (profit or nonprofit).

In addition, to minimize inconvenience for the participants, I would like to discuss the possibility to conduct interviews at a room available at the organization work space. Please note that another place will also be offered as option. If participants prefer, they may have their interviews at a room at the local University.

The identity of the organization and participants will be protected.
My co-supervisors are Dr. Honore France-Rodriguez and Dr. Wanda Boyer

For additional information about this study, please see the document attached – "Information about the Study".

Thank you very much for your time. If you are interested, please contact me at:
E-mail: -------- (preferred) or Phone: ------

Respectfully,

Fabiane Silveira

Appendix J: Script for Meeting with Clinical Supervisors

The following is a script for the meeting with the organization local clinical supervisors. I asked them to pass invitation and the package with other documents to potential participants to this study who would meet the following criteria:

First criterion: To have at least three years of experience working with trauma.

Second criterion: To have a caseload composed by at least 50% of children and/or youth victims of interpersonal trauma (e.g. sexual abuse).

The third criterion: To have demonstrated, possibly through supervision, that the potential participant had been positively impacted by their work with traumatized children.

I asked local supervisors to think about counsellors who appeared to be inspired by the strengths and resilience of their young clients in coping with trauma effects, and from those counsellors who would be more likely open to sharing those stories, and hence were a rich source for learning about Vicarious Resilience. During a meeting with local supervisors, I to asked questions such as:

I am interested in learning from counsellors working with children victims of interpersonal trauma such as sexual abuse about the impact of their work on them, and I am especially interested in how their work inspired them positively. I am interested in how the process of witnessing their client's resilience in coping with trauma impacted them. I will not ask you to indicate names to me. Instead, I will ask you to pass the invitation to participate in my study to counselors who meet the selection criteria. In addition to the criteria, please consider the following question when identifying potential participants:

When thinking about counsellors being inspired by the strengths of their clients, are there specific names coming to your mind?

Please pass this package to the counsellors that you identified as potential participants and please instruct them to read the material and, if they are interested, to contact me through the E-mail and/or phone number provided in the package.