
Regenerative Supervision: A Restorative Approach for Counsellors Impacted by Vicarious Trauma Supervision régénérative : une approche rétablissante pour les conseillers affectés par traumatisme vicariant

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ABSTRACT

Counsellors providing services for clients with traumatic material are vulnerable to vicariously experiencing emotional aspects of their clients' experiences (Jordan, 2010). This vicarious experiencing, a phenomenon known as vicarious trauma (VT), can impact the counsellor's functioning. The Regenerative Model is an expressive arts model of counselling supervision well-suited for processing the effects of VT. This article provides an overview of VT and its related phenomenon, vicarious posttraumatic growth (VPTG). An explanation follows of how the Regenerative Model may be employed to mitigate the effects of VT while facilitating development of VPTG. Case examples are included.

RÉSUMÉ

Les conseillers qui fournissent des services aux victimes d'expériences traumatiques sont vulnérables à vivre les aspects émotionnels de l'expérience de leurs clients (Jordan, 2010). Cette expérience du fait d'autrui, un phénomène connu aussi sous le terme traumatisme indirect (TI), peut avoir un impact sur le fonctionnement du conseiller. Le modèle régénératif dans la supervision des conseillers est un modèle des arts expressifs bien adapté pour traiter les effets de TI. Cet article donne un aperçu de TI et le phénomène connexe, la croissance post-traumatique vicariante (CPTV). Une explication suit décrivant comment le modèle régénératif peut être utilisé pour atténuer les effets de TI, tout en facilitant la CPTV. Des exemples de cas sont inclus.

Counsellors who provide services for clients with traumatic material are vulnerable to vicariously experiencing emotional aspects of their clients' experiences (Jordan, 2010). This vicarious experiencing, a phenomenon known as vicarious trauma (VT), can impact the counsellor's personal and professional functioning. Over the last two decades, research has focused on the debilitating impacts of trauma counselling, such as burnout and withdrawal, with a number of articles addressing the cognitive and emotional effects of working as a trauma counsellor (Cohen & Collens, 2013; Fahy, 2007 Harrison & Westwood, 2009). These effects may impact the counsellor's personal and professional functioning (Adams & Riggs, 2008; Branson, Weigand, & Keller, 2013; McCann & Pearlman, 1990; Trippany, Kress, & Wilcoxon, 2004). While much of the literature has discussed hazards related to working with trauma, some authors have also focused on the

potential benefits of providing trauma counselling (Harrison & Westwood, 2009; Hernandez, Engstrom, & Gangsei, 2010). These benefits have been identified as outcomes of vicarious posttraumatic growth (VPTG), a phenomenon that occurs in response to processing the client's posttraumatic growth (PTG; Cohen & Collens, 2013). Counselling supervision plays an important role in ameliorating the effects of VT (Harrison & Westwood, 2009) and in facilitating the development of VPTG (Linley & Joseph, 2007). Expressive arts supervision, in particular, appears to have implications for working with supervisees with trauma-laden caseloads.

This article provides readers with an overview of VT, identifying and describing symptoms commonly experienced by trauma counsellors. Concepts related to PTG and VPTG will follow. A brief discussion of the specific supervision needs of trauma counsellors will be included, followed by a detailed description of an expressive arts counselling supervision model, known as the regenerative model (RM). This model offers supervisors a framework for structuring supervision sessions to mitigate the effects of VT while eliciting dynamics of VPTG. Case examples are provided to illustrate the supervision process and rationale.

VICARIOUS TRAUMA AND POSTTRAUMATIC GROWTH

Identified by McCann and Pearlman in 1990, the term *vicarious trauma* (VT) denotes the phenomenon of emotional and cognitive shifts counsellors experience when working with clients who have experienced trauma. Examples of these cognitive shifts include disruptions in memory, beliefs, and perceptions of self and others, while emotional shifts may include emotional exhaustion and detachment of the counsellor from the client (Trippany et al., 2004). Over time, continuous exposure to client trauma and the need to consistently empathize with the emotional pain and injustices experienced by some clients may cause counsellors to develop maladaptive coping strategies such as hypervigilance or isolation as ways to protect themselves emotionally. Professionally, VT can manifest itself through counsellors' avoidance of discussing their clients' concerns (Pearlman & Saakvitne, 1995), thus halting the therapeutic process (Harrison & Westwood, 2009). It may evidence in boundary concerns related to the counsellor's work, such as working too many hours in a day or week, or by the counsellor unintentionally revictimizing his or her clients, debasing the profession, or misdiagnosing clients (Munroe, 1995).

Effects on the counsellors' personal lives may include trauma counsellors distancing themselves emotionally from significant people in their lives and isolating from family and friends (Trippany et al., 2004). Counsellors experiencing VT may also experience a generalized sense of fear (Pearlman & Mac Ian, 1995), powerlessness (Pearlman & Saakvitne, 1995), distrust (Schauben & Frazier, 1995), loss of meaning (Pearlman & Saakvitne, 1995), psychic numbing (Saakvitne & Pearlman, 1996), nightmares (Adams & Riggs, 2008), or a decrease in sexual desire (Branson et al., 2013). Because VT impacts cognitive schemata (McCann & Pearlman, 1990), counsellors experiencing VT may find their beliefs significantly altered.

Previous beliefs about goodness in people and safety in the world may shift to focus more on negative attributes of humanity. Although the effects of VT such as these can be distressing and even debilitating, helping counsellors understand that these shifts in cognitive schemas are not unusual can help them more effectively manage perceptual symptoms of VT. Counsellors who have been affected by VT also need to be able to understand how these kinds of perceptual shifts occurred in order to ameliorate, as well as prevent, additional perceptual disruptions.

Recently the professional literature has also addressed the potentially positive implications of trauma work, including development of resilience and of new meaning-making (Abel, Walker, Samios, & Morozov, 2014). These more positive outcomes of working through trauma have been identified as *posttraumatic growth* (PTG), a “significant positive psychological change” that occurs as an outcome of an individual experiencing trauma (Cohen & Collens, 2013, p. 571). Similar to the process of experiencing VT in response to trauma work, counsellors may also experience *vicarious posttraumatic growth* (VPTG) as an outcome of processing client PTG. For example, Barrington and Shakespeare-Finch (2013) found during their research of counsellors working with refugee survivors that, in addition to developing negative effects of VT, the clinicians they studied also developed positive changes in their own life philosophies and a stronger connection to their advocacy efforts as an outcome of providing services to survivors.

Hernandez et al. (2010) additionally discussed benefits of VPTG, including counsellors engaging in new meaning-making as well as recognizing the positive outcomes of their work. In a study by Harrison and Westwood (2009), clinicians reported being “enriched, deepened, and empowered by their vicarious experiences of client posttraumatic growth” (p. 210). The research participants also indicated that consciously shifting their perspectives from those of despair to those of hope and holding on to the belief that healing can occur helped them to stay emotionally engaged with their clients.

While the potential for VPTG may exist as an opportunity for trauma counsellors, the negative implications of engaging in trauma counselling, particularly the potential for counsellors to develop symptoms of VT, remains an area of concern. A direct relationship between depression and the anxiety that counsellors experience in response to their clients’ traumatic material has been documented (Abel et al., 2014). Moreover, depression and anxiety stemming from VT also appeared to occur prior to counsellors experiencing personal growth. Current literature suggests that processing traumatic client content and having access to a safe environment where the clinician can make meaning of the material is vital for assisting counsellors in moving beyond their reactions to the traumatic material and for facilitating counsellor growth. Interventions that are suitable for supporting counsellors experiencing the debilitating effects of working with trauma survivors, and for encouraging the development of VPTG, are warranted.

Supervision is consistently recommended in the literature as a vehicle for mitigating the effects of VT, with peer supervision in particular recommended as an effective means of maintaining professional wellness (Harrison & Westwood,

2009; Pearlman & Mac Ian, 1995). Research also indicates that the supervisory relationship alone can serve as a significant resource for assisting counsellors in managing the effects of VT (Harrison & Westwood, 2009). It is the contention of the authors that supervision facilitating the process of VPTG would be beneficial for counsellors experiencing the effects of VT. We further contend that if supervision is perceived as a parallel process of the counselling relationship, as noted by Stoltenberg and Delworth (1987), it should also include the potential for meaning-making, restoration of hope, and the opportunity for counsellor growth as an outcome of the adverse effects of his or her work.

VICARIOUS TRAUMA AND SUPERVISION

Counselling supervisors working with counsellors at risk for VT will need to be alert to the potentially debilitating impact of trauma-heavy caseloads, as well as for opportunities to assist counsellors in meaning-making and professional empowerment as an outcome of their work with trauma survivors (Linley & Joseph, 2007). Sommer (2008) argued that counselling supervisors are ethically bound to practice supervision that is “trauma-sensitive” (p. 61), explaining that reflective supervision activities and interventions, such as guided imagery, can assist counsellors with addressing concerns related to VT. Other writers have suggested employing narrative techniques when supervising counsellors with trauma-heavy caseloads (Etherington, 2009; Fahy, 2007). Warren, Morgan, Morris, and Morris (2010) detailed a five-step creative process, *Writing for Wellness*, as an effective vehicle for calming the counsellor’s mind and reframing clinical dilemmas associated with trauma work.

Current supervision literature also supports the employment of expressive arts as an effective vehicle for facilitating deeper reflection and conceptualization of client problems (Deaver & Shiflett, 2011; Koltz, 2008; Newsome, Henderson, & Veach, 2005). Expressive arts interventions have also been used to elicit the counsellor’s articulation of intersession dynamics that may be difficult to verbalize and to encourage the supervisees’ employment of wellness strategies (Neswald-Potter, 2005; Newsome et al., 2005).

Deaver and Shiflett (2011) identified additional benefits specific to employing expressive arts in supervision, such as the reduction of counsellor anxiety, as well as increasing the counsellors’ awareness of themselves and others. Shepard and Guenette (2010) described employing collage within their supervision sessions to encourage their counselling students’ feelings of competency, while O’Brien (2006/2007) illustrated the application of an eco-map to facilitate the supervisees’ deeper understandings of their counselling sessions. Jackson, Muro, Lee, and DeOrnellas (2008) employed mandala-making within their supervision sessions to encourage their supervisees’ development of multiple perspectives as well as to facilitate the supervisees’ personal growth. Other authors (Brockhouse, Msetfi, Cohen, & Joseph, 2011) have additionally suggested that the supervisory relationship serves as a relevant resource for facilitating VPTG.

Increasing counsellors' feelings of competency, as well as encouraging the counsellors' personal growth, are intentions that appear well-suited to facilitating VPTG and reducing negative impacts of VT. Moreover, a number of professionals in the field have published works describing expressive arts interventions they are currently employing in their supervision sessions (Jackson et al., 2008; O'Brien, 2006/2007; Shepard & Guenette, 2010).

In addition to a review of the current literature illustrating specific expressive arts supervision techniques and interventions, what might prove useful for counselling supervisors is a model of expressive arts counselling supervision designed specifically to facilitate counsellor growth, meaning-making, and empowerment. Such a model could serve as a framework for counselling supervisors who are interested in employing expressive arts supervision interventions but are uncertain how to integrate expressive modalities into a supervision context. A model that encourages self-disclosure, meaning-making, and developing multiple perspectives could additionally assist counselling supervisors with addressing the unique needs of counsellors experiencing some of the debilitating cognitive and emotional symptoms of VT.

THE REGENERATIVE MODEL

The *regenerative model* (RM) was originally conceived in 1999 as a culturally responsive supervision model for working with graduate counselling practicum students (Neswald-McCalip, Sather, Strati, & Dineen, 2003; Neswald-Potter, 2005). In the past 15 years, the RM has been employed with dozens of masters' and doctoral counselling students, on and off university campuses, as well as with practicing counsellors, art therapists, career counsellors, HIV counsellors, and clinical social workers. The model is currently in use with a long-term supervision group for practicing counsellors that has been running consistently since 2006. While some models of counselling supervision focus on the development of the counsellor (Stoltenberg & McNeill, 2010; Watkins, 1995), the assumption of roles (Bernard & Goodyear, 2013), or the foundation of a specific counselling theory (Stoltenberg, 1993), the RM is more concerned with supervisee awareness, empowerment, meaning-making, and the authentic expression of intersession dynamics. This model is characterized by a humanistic foundation, application of expressive arts, and supervision outcomes that include dynamics of cultural and spiritual awareness and expression.

In the RM, the supervision environment is carefully managed by the supervisor. If the model is being employed as a group supervision model, the group is generally limited to five or fewer counsellors. Whether used in an individual or in a group format, counselling supervisees are initially encouraged to self-direct and to identify on their own the strengths and weaknesses they hold that affect their clinical work. Supervisees are also encouraged to interact within the environment as authentically as possible via intentional supervisor self-disclosures that model authenticity and risk-taking. Each subsequent supervision session is

crafted around the supervisees' individually identified goals and in the service of deeper supervisee reflection and growth. The idea of supervision occurring as a regenerative process was initially described by research participants who illustrated their supervision experience within this model as a continuous and dynamic process. In addition to providing an established structure, the RM employs expressive arts, which are intentionally selected and employed by the supervisor to catalyze the supervisees' reflection and to initiate supervisee growth and development. The model has been proven effective for focusing counsellors on meaning-making and for recognizing multiple perspectives. It is also useful for ameliorating feelings of powerlessness, for identifying boundary concerns, and for reducing counsellor fears, all concerns trauma counsellors may experience at some point in their professional careers.

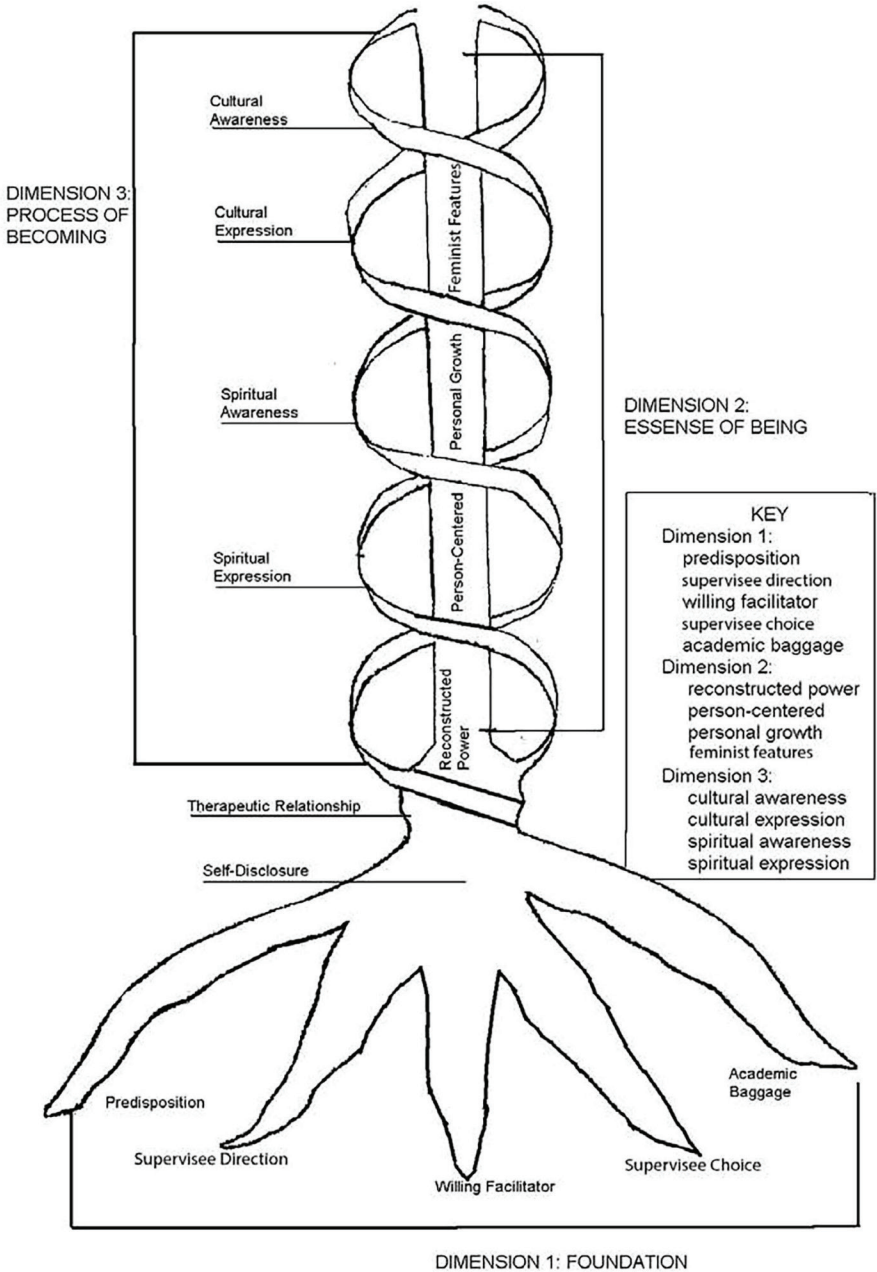
Conceptualization of the Regenerative Model

The RM (Figure 1) comprises three interconnected and dependent dimensions: (a) foundation, (b) essence of being, and (c) process of becoming. Each dimension builds upon the others in a continuous and cyclical process culminating in increased levels of counsellor growth. The model was originally developed to work with masters'-level counselling students and over the years has been developed to more accurately support the needs of practicing counsellors.

Dimension 1, the foundation, assumes supervisees initially enter a new supervision environment uncertain about what to expect. There are five elements contained within the foundation of this model: (a) predisposition, (b) supervisee direction, (c) willing facilitator, (d) choice, and (e) academic baggage. Each element in the foundation supports the quality and characteristics of subsequent supervision dynamics. *Predisposition* refers to the supervisees' predispositions. Because this model lends itself well to counsellors who are open to deep reflection, humanistic principles, and self-exploration, it does not work well with counsellors who prefer a more didactic and supervisor-directed experience. Supervisees who respond well to the RM are therefore predisposed to engage in reflection in an environment that encourages self-disclosure. *Supervisee direction* reflects the power supervisees have within this supervision model to decide their supervision goals. The element of the *willing facilitator* refers to the counselling supervisor, who must be open to modelling self-disclosure and facilitating verbal as well as nonverbal processing. This in turn fosters the working alliance between the supervisor and his or her supervisees and supports the development of the second dimension of this model.

Choice represents the supervisees' options to choose whether or not to participate in specific supervision interventions, as well as the choice to decide how intensely they may elect to process their work. *Academic baggage* acknowledges the theoretical biases of the supervisor and the supervisee, as well as academic and professional histories that may affect the supervision relationship. All five of these foundational elements are congruent with supervising counsellors who may be questioning their professional abilities, or experiencing feelings of helplessness because the supervisee is provided with an environment in which he or

Figure 1
Illustration of the Three Dimensions of the Regenerative Model and Their Related Elements



she is empowered to voice his or her own needs and to decide the outcome of the supervision work.

When the foundation of the supervision experience is established to include all elements of Dimension 1, elements of Dimension 2 emerge as the supervision progresses. Dimension 2 elements include (a) reconstructed power, (b) person-centred, (c) personal growth, and (d) feminist features. *Reconstructed power* is an outcome of supervisor self-disclosure and refers to the recognition of power dynamics within the process of the supervision meetings as well as the facilitator's willingness to encourage shared power between himself or herself and the supervisee or supervisees. This is particularly important for trauma counsellors who may have vicariously witnessed clients' feelings of powerlessness, fear, and hopelessness. *Person-centred* depicts the skills used most often by the supervisor when processing the counsellors' session content, and *personal growth* occurs within the supervision meetings as the counsellor begins to develop new understandings of his or her work and the meaning inherent within trauma counselling in particular. *Feminist features* represent the collaboration between the supervisor and supervisee, shared power, and the importance of mutually shifting roles within this supervision experience.

Dimension 3 of the model includes outcomes of the second dimension. These outcomes have been described by supervisees as take-aways or "gifts" (Neswald-Potter, 2005) that the supervisees take away from the supervision meetings and employ within their own counselling sessions. Elements included in Dimension 3 include (a) cultural awareness, (b) cultural expression, (c) spiritual awareness, and (d) spiritual expression. As the supervisees engage in deeper processing and personal growth experiences during Dimension 2, they are encouraged to identify how they make sense of their counselling work from their own cultural understanding of the world. In Dimension 3, supervisees are then encouraged to identify how their views of the world and of client trauma may be impacting their work in session. Supervisees are also encouraged to identify how the trauma work has affected them spiritually and how their responses to clients processing traumatic material may in turn affect the clients' spiritual awareness and expression of the trauma. Supervisees are challenged to consider how they can encourage their clients to express themselves and their understandings of the trauma through their own cultural lenses. For a more detailed explanation of the RM, the reader is referred to previously published research (Neswald-McCalip et al., 2003; Neswald-Potter, 2005).

Employment of the Regenerative Model

Supervisors who employ the RM design the environment to encourage supervisees' exploration of intersession dynamics via a nonthreatening progression of increasingly complex expressive art exercises that focus primarily on interactions between the counsellor and client that may be difficult for the counsellor to verbalize. Authenticity between the supervisor and his or her supervisees remains an important area of focus, and supervisor self-disclosure is often key during the first few meetings because, ideally, the supervisor models his or her own vulnerability

in the service of encouraging authentic supervisee self-disclosure. As supervisees bring sensitive content to supervision and allow their vulnerabilities to emerge, the supervisor continues to model his or her own vulnerabilities to encourage deeper supervisee processing. As supervisees develop comfort and familiarity with the intensity of the supervision, the supervisor reduces the frequency of his or her own disclosures. Generally expressive arts are integrated into every supervision session not only to encourage nonverbal processing but also as a means of fostering and accelerating development of a working alliance between the counsellor and supervisor. This working alliance supports even deeper verbal and nonverbal exploration about how the counsellor affects the client and is in turn affected by the counselling relationship.

The process of the RM continues in this way each week as the supervisees begin to uncover known and unknown dynamics of their work, culminating in personal and professional growth of the supervisees seen in the second dimension of the model. As the counsellors develop new understandings of their work, the supervisor begins to encourage mutually shifting roles within the supervision sessions and, depending on whether the supervision occurs in an individual or group format, supervisees will also be encouraged to engage in at least some self-supervision or peer-supervision. Empowering the supervisees in this way catalyzes additional personal and professional growth and helps to facilitate not only a continuous process of growth and reflection but also empowerment in the knowledge that the supervisee has the resources and capacity to understand the intersession dynamics and to facilitate his or her own growth beyond the supervision sessions.

Growth of the supervisee beyond the supervision context is the ultimate goal, and the intent of this model is that the counsellor is able to translate his or her cultural and spiritual awareness and expression of the trauma into future work with clients. Supervisees who experience the RM tend to employ the same expressive strategies within their counselling sessions that they engaged in during the supervision meetings. This cyclical process has been perceived by research participants as regenerative because supervisees may return to the supervision environment weekly, biweekly, or monthly, cycling through the experience multiple times by engaging in additional exploration, self-disclosure, and authentic understanding of self verbally and nonverbally. This in turn catalyzes additional personal growth, which is experienced by the supervisees as cultural and spiritual awareness and expression and then taken back to their clinical settings to employ with clients. Generally the process continues as long as the supervisees attend the supervision sessions. In some cases the growth the supervisees experience may also extend beyond the counsellors' trauma work to advocacy in the local and regional community.

Case Examples: Ameliorating Vicarious Trauma

The RM is well suited to working with trauma counsellors due to the potential for growth and understanding of the supervisee's professional role and work. It also appears to be well suited to ameliorating the effects of VT and facilitating

VPTG. The following case examples are based on real supervisee experiences working with trauma-laden caseloads and were selected to illustrate the process of working through VT during regenerative supervision sessions as well as facilitating the development of VPTG.

The case of Ally: Delayed vicarious posttraumatic growth. Ally worked with a grant-funded counselling program for college-aged men and women who had been sexually assaulted, sexually abused, or involved in violent relationships. Each client included on Ally's caseload had experienced some form of trauma. For two years, she worked with young women who had been sexually abused by fathers, stepfathers, uncles, cousins, and neighbours, as well as young men who had been sexually abused by fathers and stepfathers. She worked with clients who had been date raped, stranger raped, and raped under the influence of rohypnol, a date rape drug. Some of her clients had been held hostage by their perpetrators in an effort to sexually humiliate and abuse them. Ally was aware she was developing some of the classic signs of VT, such as nightmares, increased feelings of vulnerability, and a general distrust of others. She became aware of how VT was impacting her as a professional when she caught herself during a counselling session becoming internally shaken by her client's disclosures, realizing she was holding her hands over her pregnant belly to cover the ears of her unborn child. On another occasion during a counselling session with a different client, Ally became aware that she was internally screaming while her client reported being sexually abused by her mother.

When Ally shared the difficulties she was experiencing with her clinical director, the director made the statement, "If you don't think you can do this job...." Ally returned to her work and continued to feel unsupported during her employment in this setting. Several years after she left that counselling position, Ally participated in a regenerative supervision group. One of the most healing elements she experienced during the process was writing her counsellor story as a fairy tale. She was given the directive to begin her story with these words, "Once upon a time there was a counsellor..." The process of writing her story allowed her to focus on her identity as a counsellor rather than the terrible things that can happen to people. Additionally, she was able to embrace her identity as a counsellor with a mission of empowering her clients and helping them restore their lives. In Ally's case, VPTG was delayed for several years because she had never previously processed her reactions and responses to her clients' traumatic material. The selection of story-writing was particularly useful in Ally's case because it encouraged her to develop and integrate her understanding of the entire experience from beginning to end, something she had previously been unable to benefit from. Illustrating the experience from beginning to end encouraged Ally to develop new understandings of her previous work with trauma survivors and to experience personal growth as an outcome of the adverse effects of VT years after her work in the trauma setting ceased. The potential for the RM to provide an "after effect" for clinicians, possibly years following the experience of VT, was unknown prior to her participation in the RM group and has important implications for future work in this area. Prior

documented experiences of counsellors who benefited from working within the RM included only instances where counsellors were concurrently providing trauma counselling and attending the regenerative supervision sessions.

The case of Bartholomew: Facilitating vicarious posttraumatic growth. Bartholomew served as a clinical counsellor in a day treatment program for adolescent youth. His clients included males between the ages of 13 and 17 years, all receiving treatment for anger and impulse control. Most of his clients had either been previously involved with the juvenile justice system or had previously completed residential or inpatient treatment. In some cases, his clients were referred from the foster care system. A large portion of Bartholomew's caseload included individuals who experienced sexual abuse, physical abuse, or extended neglect. Some of the adolescents had lived in crack homes as children and had been subjected to beatings followed by sexual exploitation and rape. Several months after beginning work in this setting, Bartholomew began losing interest in routine pleasures; he also noticed himself isolating and withdrawing from social relationships, but he had little motivation to do anything about his increasing depression. He began working longer hours, returning home too exhausted to engage with his partner or his children. Some evenings he would return home from work and lie on the sofa without speaking for hours at a time. His family became increasingly concerned about how this work was affecting him, eventually demanding that he either quit his job or change something he was doing at his current work site.

Unlike Ally, Bartholomew did not approach his supervisor at work about how the demands of his job were affecting him, fearing he would be viewed as less competent than other counsellors in the setting. Instead, Bartholomew obtained permission from his clinical supervisor to attend, at his own expense, a supervision group that employed the RM. Bartholomew attended twice monthly for a period of six months, during which time he engaged in a series of expressive arts interventions designed to encourage him to process his reactions and responses to the traumatic material he witnessed during the counselling sessions.

During the supervision sessions, Bartholomew was at first minimally disclose about how his work had affected him and his relationships with his family. However, during his fourth supervision session, Bartholomew engaged in a clay exercise, employed to encourage the supervisees to create without words a three-dimensional representation of a client experience that affected them deeply. Bartholomew created an abstract sculpture, depicting what it had been like for him to hold a therapeutic space for one of his clients who had been beaten so badly the child sustained permanent brain damage. Upon completion of the exercise, Bartholomew allowed himself to weep openly for the first time since hearing his client's story. He went home that day with a new appreciation for what he described as the "sacredness of life." The employment of the clay work was particularly powerful for Bartholomew because he had not previously been able to identify the emotions he experienced as an outcome of processing his client's brain damage. Instead, Bartholomew had avoided processing his work at all, and had been coping by working too many hours and refusing to speak to significant

people in his life. Giving Bartholomew a means of identifying, acknowledging, and “holding” his emotions was a catalyst for additional growth.

During his sixth regenerative supervision session, Bartholomew engaged in an exercise with horticulture in which he was encouraged to assign meaning to his clients’ experiences and to his own work as a clinician working with trauma. During this session, Bartholomew created a “living collage” of texture and colour, while processing his experience of working with a 15-year-old boy who was legally blind and who had been repeatedly raped by his drunken father. During the supervision session, Bartholomew was asked to honour the pain and horror his client experienced, as well as the pain and horror he, as a clinician, experienced during the session. Bartholomew was then encouraged to identify metaphors of life and growth that could be applied to his client’s experience and to his own work with this client. Part of the processing included identifying how he would nurture and keep “alive” these important growth constructs.

At the end of the session, Bartholomew disclosed a greater sense of “gratitude for privileges” he experienced in his own life. He also talked about the importance of establishing meaningful rituals to help him gain closure from some of his past work and as a means of strength for his future work with clients. This renewed sense of meaning followed Bartholomew into his continued work with clients as he began encouraging his clients to also identify meaning they could take away from their experiences.

While not representative of every counsellor’s experience or of every RM supervision group, Bartholomew’s case is fairly typical of the change process that can occur when clinicians are exposed to the RM over time. His case was chosen because it represents a more typical experience rather than an experience outside of the norm. Bartholomew’s experiences related to spiritual awareness and eventually spiritual expression were also indicative of other counsellors’ and research participants’ experiences when they attend this kind of supervision. His case lends credence to a handful of articles (Anonymous, 2007; Barrington & Shakespeare-Finch, 2013; Cohen & Collens, 2013) that have discussed constructs related to VPTG, such as meaning-making and transformation of the counsellor’s understandings. What was most helpful in Bartholomew’s case was that he was able to recognize areas of personal and professional strength previously unacknowledged, as well as ways in which he could continue his work with future clients.

DISCUSSION

Understanding of VT is in many ways still in its infancy; the term itself has only existed in the professional literature for about two decades, and much remains unknown about why some counsellors develop symptoms of VT while other counsellors do not. What is known is that VT does exist and that the symptoms of VT are similar to cognitive and emotional symptoms seen in clients who have experienced the trauma directly. While the debilitating effects of VT have been more frequently discussed and documented, much less is known about VPTG and

the potential for counsellors to benefit from the emotional pain of VT through a process of personal growth. It is known that clinical supervisors are finding that the integration of expressive modalities within their supervision sessions can serve to catalyze the counsellor's meaning-making, changes in the counsellor's cognitive schemas, reduced anxiety, and increased counsellor confidence. A supervision model such as the RM offers clinical supervisors a meaningful framework for addressing VT, and the potential for VPTG using expressive modalities to facilitate increased counsellor growth, awareness, and expression.

RECOMMENDATIONS FOR FUTURE RESEARCH

The Canadian Counselling and Psychotherapy Association *Code of Ethics* (2011) advises counsellors to monitor and respond to impairment, including seeking treatment and refraining from providing counselling services (i.e., C.2.g) while impaired. Given that VT may affect personal and professional functioning, exploring the role of supervision in mitigating impairment from VT is prudent. While this article is both practical and theoretical, an empirical investigation of the RM with counsellors who experience VT would be beneficial to counsellors who work with traumatized clients and their supervisors. Additional research with practicing counsellors is also warranted in order to better understand how the role of the clinician's work culture may intersect with counsellor responsiveness to the RM. For example, qualitative collective case studies could examine small groups of counsellors working within specific cultural settings, such as tribal communities or military installations, to see whether work site culture may detract from or contribute to the effectiveness of the RM. Phenomenological studies designed to understand how individual culture or worldview may impact the receptiveness of counsellors to this type of supervision is also warranted in order to avoid employing the model inappropriately. Finally, research that explores predictors for VPTG during the regenerative supervision process might also provide data that could help shape the structure, nature, and possibly the effectiveness of future regenerative supervision work. For example, greater understanding of predictors that accompany cognitive changes during the supervision process would be helpful for supervisors who wish to facilitate greater personal and professional growth when employing this model.

CONCLUSION

Counsellors do not typically see clients who seek counselling as a result of a flourishing life. Many clients come to counselling as a result of a crisis, and often that crisis is connected to a traumatic experience or multiple experiences in their lives. Because of the empathic engagement inherent in the counselling relationship, counsellors are at risk of being vicariously impacted by their clients' disclosures. This impact can affect counsellors both professionally and personally, and supervision has been repeatedly recommended as a method of reducing the impact of

VT. A supervisory process that is intentionally designed to regenerate counsellors through intentional, authentic, and reflective processing is beneficial to the professional, the profession, and those who seek professional services of counsellors.

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