

The Impact of Trauma Exposure: Vicarious Traumatization and Posttraumatic Growth among Counselor Trainees

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Trauma is an endemic concern among counselors, and its presence may impact counselor trainees differently than seasoned counselors. Using consensual qualitative research, we explored the professional development of counselor trainees' and how providing counseling to clients who had experienced trauma impacted them personally and professionally. We outline nine domains gleaned from interviews that include elements of vicarious traumatization and posttraumatic growth, and include implications for counselor education, supervision, and research.

Keywords: counselor trainees, trauma, vicarious traumatization, posttraumatic growth, counselor education

Trauma has become an increasingly important area to explore and understand its impact not only on clients, but also on counselors and counselor trainees. This is evident in the counseling curriculum outlined by the Council for Accreditation of Counseling and

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Related Educational Programs (CACREP), which requires aspects of trauma to be included when exploring human growth and development, counseling and helping relationships, assessment, and the “effects of ...trauma on diverse individuals ... across the lifespan” (2015, p. 12). At least 70% of all adults in the United States have reportedly experienced or been exposed to at least one trauma in their lifetime (PTSD Alliance, n.d.). In a recent study on post-traumatic stress disorder, Kilpatrick et al. (2013) found 89.7% of the participants experienced trauma either directly or indirectly. It is likely many people seeking counseling have experienced or been exposed to trauma. Based on this information it is likely counselors and trainees will be exposed to stories of clients’ trauma. However, there is limited research and knowledge about how counselor trainees experience the process of working with clients who have a history trauma.

Counselor Trainees

Counselor trainees are in a unique position to provide information to researchers about the initial impact of working with clients who have a history of trauma and the ways these experiences shape professional development. Often counselor trainees have exaggerated expectations of the counseling process, which elevates the risk for additional stressors and decreases self-competence (Skovholt & Ronnestad, 2003). Culver et al. (2011) reported mental health professionals described fieldwork as most important to their development as a professional. Thus, counselor trainees completing their practicum and internship are an apt population for exploring the development of vicarious traumatization (VT) and posttraumatic growth (PTG).

Vicarious Traumatization and Posttraumatic Growth

Vicarious traumatization is the “...transformation in the inner experience that comes about as a result of empathic engagement with clients’ trauma material” (Pearlman & Saakvitne, 1995, p. 31) and as an enduring psychological consequence of being

exposed to traumatic experiences of clients (Schauben & Frazer, 1995). The transformation includes revisions to how the counselor views their self as competent, others as trustworthy, and the world as a safe place. VT also impacts the counselor trainee at the interpersonal and intrapersonal levels (Williams et al., 2012). Although sometimes considered a natural consequence of providing counseling to people who have experienced trauma, symptoms can include social withdrawal, anxiety, depression, and feelings of detachment from loved ones (Adams et al., 2001; Saakvitne & Pearlman, 1996; Schauben & Frazier, 1995; Williams, 2012). It is unknown the amount of exposure to trauma counselor trainees experience during practicum and internship and how they experience VT.

Unlike VT, PTG encompasses the positive aspects of exposure to the traumatic experiences of others. According to Calhoun and Tedeschi (2004), PTG occurs as a result of experience or exposure to trauma that results in “an increased appreciation for life in general, more meaningful interpersonal relationships, increased sense of personal strength, changed priorities and a richer existential and spiritual life” (p. 1). Hernandez et al. (2010) described positive changes inherent in PTG as improved relationships, pursuit and recognition of new possibilities, greater appreciation for life, increased personal strength, and spiritual development. Other researchers have reported increased empathy and a belief that their lives and the world were manageable (Brockhouse et al., 2011; Hernandez et al., 2010). Previous researchers have included counselor trainees as participants in studies on VT and PTG, but only as part of aggregate data (Baker, 2012; Linley & Joseph, 2007, Pearlman & Mac Ian, 1995; Williams et al., 2012). When counselor trainees are not differentiated from seasoned counselors, the information about the development of PTG and VT is limited.

Researchers have proposed positive and negative changes in counselors coexist when they empathically engage with clients who have experienced trauma, which suggests VT and PTG are distinct constructs and not mere opposites on the same continuum (Linley et al., 2003). Cosden et al. (2016) also suggested substance abuse counselors reported being both negatively and positively impacted by their work with clients. In building therapeutic relationships with clients, counselor trainees open their

selves to the risk of VT and the opportunity for PTG. When counselor trainees are exposed to the stories of trauma and bear witness to their client's pain, there is the possibility to witness struggles as well as resilience and healing (Saakvitne & Pearlman, 1996). The result is the potential to develop VT and PTG. However, most of the research conducted on these constructs is quantitative and there remains limited research on the experience of how counselor trainees experience VT and PTG.

Theoretical Framework

The constructivist self-development theory (CSDT) was developed as a framework to conceptualize VT and PTG (Saakvitne et al., 1998). According to CSDT, counselors actively interpret their experiences and revise their assumptions and perceptions of self, others, and the world due to the cumulative experience of working with clients who have experienced trauma (Saakvitne & Pearlman, 1996; Saakvitne et al., 1998). The theory provides an integrative framework to evaluate the negative changes that occur in the aftermath of being exposed to a traumatic experience and the positive changes that occur as a result of the adaptive process of making meaning (Saakvitne et al., 1998).

Although CSDT describes the cognitive and perceptual shifts that occur as a result of exposure to trauma, the theory does not provide an evaluation of the interactions between counselor trainee and client within the therapeutic context. To further understand the development of VT and PTG within the therapeutic relationship, it is helpful to utilize Bronfenbrenner's (2005) process-person-context-time (PPCT) research model from the bioecological theory of human development. The PPCT research model includes an evaluation of the proximal process, person characteristics, context or environment, and elements of time that impact the therapeutic relationship (Bronfenbrenner & Morris, 2005; Foreman, 2015). According to Bronfenbrenner, development in the proximal process is the reciprocal interactional relationship occurring within and across systems or environments over time (Bronfenbrenner, 2005; Bronfenbrenner & Morris, 2006). From a counseling perspective, the proximal process includes reciprocal interactions between

counselor and client occurring in and across counseling sessions. When counselor trainees engage with clients and the client's trauma material within the proximal process of counseling, counselor trainees become vulnerable to VT and have the opportunity for PTG. In examining these constructs through the lens of the PPCT research model and CSDT, a better understanding of how these constructs evolve and are influenced by the proximal process within the context of counseling can emerge when evaluated qualitatively.

Purpose of the Study

Trauma is an endemic concern and its presence may impact counselor trainees differently than seasoned counselors. Grounded in the PPCT research model and CSDT, we explored VT and PTG in a sample of counselor trainees utilizing consensual qualitative research (CQR) methods. Hill (2012) described CQR as an inductive research dependent on words from participants to describe, develop, understand, and explore phenomenon. The current study accessed voices of counselor trainees as a means to describe, explore, and more deeply understand their experiences within the proximal process of counseling as they engaged with clients who had experienced trauma. The primary research questions for the study included: 1) How do counselor trainees define trauma?; 2) How do counselor trainees describe their experiences within the proximal process of providing counseling services to clients who have experienced trauma?; and 3) How do counselor trainees explain their observed scores on the standardized measurements for vicarious traumatization and posttraumatic growth?

Method

Consensual qualitative research provides a structured way to implement an inductive process to explore the "...inner experiences, attitudes, and beliefs of individuals. With CQR, researchers are able to gain a rich detailed understanding not... usually possible with quantitative methods" (Hill, 2012; p. 14). The current study was part of a larger

mixed methods study previously approved by the Institutional Review Board (IRB) at the primary author's doctoral training institution. The mixed methods study examined the influence of empathy, personal trauma history exposure to client trauma, and supervision hours on VT and PTG (Foreman, 2015). Participants in the CQR study were recruited from the mixed methods study.

Procedure

Criterion based sampling was utilized to recruit counselor trainees for the CQR study based on scores obtained from standardized measures of VT (Trauma and Attachment Beliefs Scale; TABS, Pearlman, 2003) and PTG (Posttraumatic Growth Inventory-Short Form; PTGI-SF, Cann et al., 2010). Counselor trainees were invited to an interview if they were a master's level counseling student, enrolled in practicum or internship, and whose scores on the standardized measures were below or above the study average. The mean average for the TABS (Pearlman, 2003) in the mixed methods study was 171.51 with scores ranging from 103 to 256 (Foreman, 2015). The range of scores indicated some counselor trainees experienced a high amount of VT while others experienced much less. However, most experienced an average level of VT. When examining PTG, the mean was 28, with scores ranging from 0, indicating no change, to 44, denoting high levels of PTG among participants. A total of nine counselor trainees agreed to participate in the CQR study. This sampling size is consistent with Hill and colleagues (2005) who recommended 8-15 participants.

The primary author facilitated semi-structured interviews and completed a bracketing memo. Prior to conducting each interview, the primary author reviewed the bracketing memo and kept a reflexive field journal to minimize bias. The use of information from the larger quantitative study along with the interviews allowed data from standardized measures to be triangulated and verified.

Participants

The nine counselor trainees were from geographically diverse areas of the United States. Counselor trainees ranged in age from 24 to 52 years and all self-identified as female. Most identified as White/Caucasian, with one identifying as African American, and one as Latina. Two counselor trainees were enrolled in practicum, while seven were enrolled in internship. The scores on the TABS (Pearlman, 2003), which measured VT, ranged from 103 to 256. When evaluating PTG, the scores on PTGI-SF (Cann et al., 2010) ranged from 17 to 44. The caseload and number of clients with a history of trauma also varied. The total number of clients on their caseload ranged from five to 25, while the number of clients with a history of trauma ranged from one to 20.

Researchers

The research team consisted of four counselor educators; three assistant professors and a professor. All researchers had varied experience with CQR. Their research interests included social justice and advocacy, relational depth, VT, and non-suicidal self-injury. In addition, all had experience in facilitating practicum or internship courses for master level counseling students. The professor had the most experience with CQR and therefore served as auditor.

Prior to reading and coding the data, the three assistant professors discussed and bracketed their expectations, potential challenges, and personal biases. The discussion allowed the researchers to better understand each other's perspective and build a collaborative relationship. To minimize bias, coding meetings were facilitated so each researcher had the opportunity to present first. A reflexive journal and notes were compiled and shared by the primary author during and after each coding meeting.

Implementation of CQR Analysis

Data analysis followed three steps: 1) development of domains or broad content areas that emerged from the readings of the transcripts; 2) construction of the core ideas to succinctly abbreviate participants' words in each domain; and 3) development of cross-

analysis categories to thematically organize and conceptualize data (Hill et al., 2005). The auditor reviewed the coded information after each step of the process and suggested edits. Revisions to the domains, core ideas, and cross-analyses were made based on feedback and continued until all were agreed upon by the researchers.

Once coding was completed, audited, and consensus was reached, the primary author developed frequency counts to denote the representation of domains and cross-analysis categories. The frequency count allowed the researcher to identify the salience of the codes within and across all participants. We ensured trustworthiness through the implementation of bracketing and reflexive memos, selection of homogeneous sample, consensus process, and auditing. In addition, we triangulated survey and interview data from counselor trainees to validate similar patterns of responses.

Results

A total of nine domains emerged from the data. Cross-analysis categories were developed to further organize data into subcategories to conceptualize the thematic information under each domain. Pseudonyms were utilized when sharing words from counselor trainees. The domains, cross-analysis categories, subcategories, and frequency labels are provided in Table 1.

Table 1

Domain Table with Frequency Labels

Domain and Category	Frequency
Memorable Client	General
Counseling Experience	General
Client Diagnosis & Behavioral Concerns	Typical
Victimization	Typical
Impact	General
In Session	General
Outside of Session	General
Coping	General
Supervision	General
Grounded	Typical

Boundaried	Typical
Social Support	Typical
Learning Curve	General
Competence	Typical
Personal Preference and Style	Typical
Responding to Scores	General
Self-Analysis	Typical
Trauma Definition	General
Types of Trauma	General
Event/Experience	Typical
Growth	General
Expanded Perspective	Typical
Self-Care	Typical
Connection to Others	Typical
Physical	Typical
Prior Exposure to Trauma	Typical
Direct	Typical
Indirect	Typical

Note. N = 9. General indicates the code was present in 8-9 participants. Typical indicates the code was present in 5 to 7 participants.

Memorable Client. The memorable client domain (coded 84 times across participants) captured any description provided by counselor trainees about what caused a client to stand out. Memorable clients included the experience or personality of the client, frequency of sessions, or countertransference. Fran shared, “I think [the client’s] home life was similar to mine.” while Kara shared, “I think it was in some ways it was kind of the connection between the client and myself. Like, if they had some things in common with me that I connected with to where I could really understand their story.”

Counselor trainees also discussed how a client’s diagnosis or presenting concerns were memorable. These included chronic illness, posttraumatic stress disorder, autism spectrum disorder, juvenile prisoner, anxiety, relationship loss, childhood neglect, and a previous or recent history of sexual abuse or assault.

Impact. Impact included descriptions of how counselor trainees described their process of working with clients who had experienced trauma directly or indirectly. This included thoughts and feelings about their clients and how the client affected the

counselor trainee within or outside the counseling session. Impact included the emotional residue the client or student left on the counselor trainee as a result of the therapeutic relationship. The domain was coded 77 times across all participants and cross-analysis categories of “In Session” and “Outside of Session” were used to differentiate where the impact was experienced.

All counselor trainees shared examples of how they were impacted in session. Five described sessions which included an empathic experiencing of being present with the client with felt empathy. Bree shared, “if I had been watching what [client] described on a movie, I would have cried.” Another, Amy, shared the counseling session felt heavy, “...like the whole atmosphere in the room was very heavy and...we had a lot of like neutral empathy going on, like just very connected.” When hearing a story of a how a client lost custody and the hopelessness in the client’s voice, Eve shared, “it...was very difficult...I had to get a tissue because my eyes were watery. I made sure that I was not trying to cover up my watery eyes and told her I am sharing your pain and it is hurting so bad.”

These experiences also contributed to how counselor trainees viewed their efficacy and competence. Jane shared, “I really wanted to connect... and make [the client] feel like I was there ... but there was an element of what do I do, what do I say that is the most helpful.” In addition, counselor trainees shared information related to how they experienced the counseling process related to client growth, stagnation, and termination. Bree shared, “...clients that appear to be motivated but only in session have been most challenging and frustrating.” The counselor trainees also shared experiences which were unexpected. Liz shared they were surprised by “...the amount of physical violence that is happening between parents and child.”

The “outside of session” category was utilized to capture how counselor trainees described lingering thoughts and feelings of clients after sessions. Fran shared at the end of her busy day, the experiences with clients “...kind of hits you like a wave”. After working with a juvenile, Liz shared, “I think I walked away from that session being incredibly impactful to have a kid in hand cuffs sitting in front of you”. Two counselor trainees shared it was “heartwarming” and “always good to talk” about clients while four

reported feeling “sad”. After learning about a client’s diagnosis with cancer in session, Amy reported, “...that heavy feeling, like, came with me, like I brought it out of the room”.

Coping. The coping domain encompassed any strategy or behavior counselor trainees implemented in response to an external problem or in response to a professional challenge. The domain included supervision or seeking a supervisor for support. Overall the coping domain was coded 66 times across all counselor trainees. The types of coping were divided into cross-analysis categories including supervision and consultation, grounded, boundaried, social support, presence, and seeking professional help. Eve shared how a supervisor created a safe space to process how she was experiencing working with clients. Eve shared, “As I started to cry, I apologized, but my supervisor said, “I am so honored to be here with you. I believe being a counselor takes somehow sharing the client’s pain and I can see that you are in touch with what is going on with your client.”... “By him saying that, was like I was not being criticized.”

Counselor trainees also described helpful grounding or contemplative strategies to refocus, center, and self-regulate. These strategies included taking time to reflect, deep breathing, and mindfulness. Kara shared, “In those 5 minutes in between [sessions I would try] to become a blank slate... I would take deep breaths”. Counselor trainees also discussed *boundaried strategies* where they created a boundary around or between work and home that helped them to disconnect and separate the professional from the personal. When asked how they coped with hearing about a person’s trauma, Liz shared, “I try really hard to compartmentalize and kind of recognize that I need to be presented”. Counselor trainees reported having a supportive social network and talking with peers who were also in practicum or internship were helpful.

Learning Curve. The learning curve domain included descriptions from counselor trainees about what they had learned from clients and their site. Learning curve was coded 44 times in eight of the nine participants. The cross-analysis categories most often coded included competence, personal preference and style, unexpected, and

balance. Counselor trainees described how their competence was challenged but also improved as a result of exposure to new situations. For example, Tina shared,

“I still feel relatively insecure in my work with them because these issues are new to me ...I think once people are in the field for a while and they get something they are not familiar with they might read up on it or consult with others where as I feel like have to do it all of the time.”

In addition, counselor trainees expressed how they recognized personal traits that impacted the therapeutic relationship. For example, Kara shared, “I am the fixer to my own detriment ... but I am really on the lookout for that and I think that is how I manage it the best – being aware of my tendencies”. Additional categories of balance, classroom knowledge, and other training were also described as learning opportunities within this domain.

Responding to Scores

All counselor trainees were provided information related to their scores on the standardized measures of VT and PTG in comparison to the study’s average scores prior to the interview. The domain was utilized to capture what the counselor trainees shared about their reactions to their scores. Responding to scores was coded 30 times with most stating the scores were reflective of their experiences. The responses ranged from understanding how personal and trainee experiences influenced their scores to concern and surprise. Fran described her scores as “maybe validating or sort of like, reaffirming about something you already knew”. Eve wondered “...how much of my age and life experience...” influenced their scores. Unlike the other counselor trainees, Jane responded with surprise, not in response to scores but in response to the average level of VT experienced by the study’s participants, and shared, “I just am sad that people experience so much trauma”.

Trauma Definition

During the interviews, counselor trainees were asked to define trauma. Their definition included specific examples of trauma that clients shared during counseling sessions. The domain was coded 23 times across all participants. Together they described trauma as an event or experience which deviates from the norm, challenges one's perspective, causes negative feelings, and includes a spectrum of types that leave a long lasting impact. Amy described trauma as "pretty subjective, I think it's just any kind of event that someone feels is traumatic to them ... they can't quite shake it or ... continues to affect them, maybe when they... don't want it to and they can't quite get rid of it and it affects their life still in some way." Unlike the other counselor trainees, Tina was unable to provide a definition and responded "Oh boy. I don't know. I don't have an answer".

Growth. As a domain, growth highlighted what counselor trainees shared about personal growth, improvement, or changes as a result of their practicum or internship, work, or personal experiences. Growth was coded 22 times across all participants. Counselor trainees expressed they had increased empathy and greater appreciation for their own life experiences. Eve shared, "I am much more able to be empathetic with family members.... Being more appreciative of the life that I have." As a result of exposure to traumatic stories of clients, Kara shared, "It puts the world in perspective a little bit because there is so much going on. There are people ... they walk around with so much pain sometimes and people don't even know and I think it has ... helped me be a person that is more mindful of what other people go through and so I think it has improved my relationships with others in general in that way."

Self-Care. The self-care domain included descriptions of caring for their selves personally and what counselor trainees did to maintain their health. The domain was coded 24 times in six of the nine participants. Self-care strategies included connecting with others, physical activities, maintaining boundaries, and contemplative practices. Counselor trainees shared how creating space and time to tend to their self-care as important components to maintaining their emotional and physical health. Amy described

“really just taking time for myself every evening to just have a half hour to unwind...” as important.

Prior Exposure to Trauma. The domain of prior exposure to trauma emerged as counselor trainees shared their personal experiences related to trauma, current and past stressors. The domain was coded 13 times in six of the nine participants. They shared brief information about their personal experiences of relationship loss and childhood abuse. Eve shared, “I feel that because I have gone through the death of three very close family members that I feel that I can sit with their pain and it is like I know they will be okay”. The stories they heard from clients included sexual abuse, drug and alcohol use, poverty, chronic illness, and relational loss. Claire reported “I have already been geared towards work like this” with clients with a chronic illness or history of trauma as a result of volunteer work prior to beginning their counselor education.

In summary, the counselor trainees shared their responses to their scores on the standardized measures and gave voice to their experiences within the proximal process of counseling. Their experiences varied as did their setting and caseload. Together, the counselor trainees provided a glimpse of how they experienced elements of VT and PTG.

Discussion

The purpose of this study was to explore the initial experiences of counselor trainees as they engaged with clients who had experienced trauma, understand how they defined trauma, and develop an understanding about the development of VT and PTG. The participating counselor trainees shared a variety of experiences and views about the proximal process of counseling with clients who had experienced trauma. Within their collective responses are stories about how the exposure to client trauma challenged their views of their self as competent, others as trustworthy, and the world as a safe place, and highlighted elements of PTG.

Based on personal experiences and those within practicum or internship, counselor trainees defined trauma similar to the definition provided by the Substance

Abuse Mental Health Services Association (SAMHSA). According to SAMHSA (2014), trauma is an event or set of circumstances an individual experiences as physically or emotionally overwhelming and/or life threatening that leaves long lasting impact on a person's ability to function interpersonally. Counselor trainees also conceptualized trauma as a subjective experience and existing on a spectrum that leaves a long lasting impact. This is consistent with Scaer (2005) who described trauma as not the event itself but rather the effect left on the person by the experience. The definitions of trauma varied based on the counselor trainee's personal experiences and those within the proximal process of counseling.

According to Bronfenbrenner and Morris (2006) the influence of the proximal process varies based on the characteristics of an individual, the environment, and the developmental outcome. In this study, VT and PTG were explored as developmental outcomes. Counselor trainees described personal resources or characteristics they accessed during practicum and internship. This included having a personal history of experiencing trauma, either directly or indirectly. The research about the influence of personal trauma history on the development of VT is mixed. Some researchers reported higher levels of VT among counselors with a personal trauma history (Baird & Kracen, 2006; Jordan, 2010; Pearlman & Mac Ian, 1995; Trippany et al., 2003) while others have reported no significant relationship (Adams et al., 2001; Foreman, 2015; Schabuen & Frazier, 1995). Only some of the counselor trainees in the current study described their personal history as influencing their scores on VT and PTG. Counselor trainees in the current study accessed personal resources of self-care strategies, such as exercise, healthy eating, meditation, prayer, and connecting with others as a way to mitigate the impact of their practicum and internship experiences. These are similar to the career sustaining behaviors described by counselors in the study conducted by Lawson and Myers (2011). In addition, counselor trainees utilized supervision as a way to gain knowledge and support. Supervision has been described as a protective factor against the development of VT and facilitative of PTG (Brockhouse et al., 2011; Harrison & Westwood, 2009; Linley & Joseph, 2007). The personal characteristics and resources of counselor trainees

shaped their perception of their experiences within the proximal process of counseling and their development of VT and PTG.

Vicarious traumatization occurs as a result of being exposed to the traumatic experiences of others and impacts how one views their self as competent, others as trustworthy, and the world as a safe place (Pearlman & Mac Ian, 1995). As a result of the proximal process of counseling with clients who had experienced trauma, counselor trainees reported they questioned their competence (learning curve), described memorable clients, and discussed the impact of being exposed to client trauma. Similar to the evaluation of novice counselors and therapists by Skovholt and Ronnestad (2003) the counselor trainees' entry into practicum and internship acted as a "catalyst for novice stress" which also caused them to question their abilities (p. 45). This is evident in the information coded under the impact domain. When describing impact, counselor trainees shared they questioned their competence and experienced changes to their perspective about others and the world. Similarly, counselor trainees in the study conducted by Howard et al. (2006) reported challenges to their self-efficacy in facilitating counseling sessions. Lu et al. (2017) also reported counselor trainees described experiencing doubts about competence and having emotional and cognitive reactions to trauma cases. Despite differences in experience, the counselor trainees in this study expressed challenges to their competence and perspectives as a result of their counseling experiences.

Counselor trainees reported personal growth and improvement as a result of their experiences in practicum and internship that contained elements of PTG. Posttraumatic growth encompasses the positive changes in self-perception, interpersonal relationships, and philosophy of life (Calhoun & Tedeschi 2004; Saakvitne et al., 1998). Counselor trainees who participated in this study described how they had grown, improved, or changed as a result of their practicum and internship experiences. They discussed having expanded perspectives, increased appreciation for life, and increased empathy. This is similar to other studies who evaluated PTG in seasoned professional counselors (Brockhouse et al., 2011; Linley & Joseph, 2007). Participating counseling students in a study by Lu et al. (2017) also shared improved self-efficacy, importance of self-care, and

increased motivations for learning as a result of exposure to trauma cases. The current study extends the literature on PTG to include counselor trainees.

When asked to share their reflections about their scores on the standardized instruments of VT and PTG, their responses included self-analysis, insight, curiosity, and surprise. They questioned if personal experiences influenced their scores and described their experiences as helping them be more understanding and empathetic with their clients. Many of them reported their scores validated their experiences during practicum and internship as well as their personal and professional growth. From these interactions and as a result of these experiences, counselor trainees sought to revise and adapt their perceptions of their self, others and the world as described by the constructivist self-development theory (Saakvitne et al., 1998).

Limitations

The current study highlighted the impact of working with clients who have experienced trauma and the development of VT and PTG. However, there are limitations to be considered. First, counselor trainees who agreed to participate may have inherently held a self-selection bias toward learning about trauma. Second, the information shared in this study are limited to the experiences of the nine counselor trainees, who are homogeneous, and may not match the experiences of others. The information gathered is limited based on the cross-sectional design and not evaluated longitudinally despite the constructs of VT and PTG being conceptualized to evolve over time. Finally, despite utilizing a research team with diverse knowledge and backgrounds, it is possible personal bias influenced the interviewing and coding process. These limitations can be addressed in further research and considered when exploring implications for counselor educators and supervisors.

Implications for Counselor Education and Supervision

As counselor educators and supervisors work with trainees in practicum or internship, it is important to recognize students will be exposed to the traumatic experiences of clients. In order to best prepare counselor trainees, it is important to teach students to recognize symptoms of VT and understand the importance of self-care as a way to mitigate the negative impact of working with clients. This was also suggested by Branson (2019) in their metanalysis of research literature focused on vicarious trauma. Other researchers have suggested implementing wellness education and practices as a way to highlight the importance of self-care and avoid impairment (Foreman, 2018; Harrison & Westwood, 2009; Lawson & Myers, 2011; Lu et al., 2017). Another area for training includes education about trauma informed care which emphasizes the realization and recognition of how trauma impacts not only the client but also the counselor (SAMHSA 2014). SAMHSA (2014) provides information for providers about trauma informed care that can be adapted and implemented for training counseling students and supervisees. Counselor trainees in the current study, as well as in the study by Lu et al. (2017), described site supervision as important to their personal and professional growth. In order for supervisors to assist and support counselor trainees it will be important for supervisors to be knowledgeable about trauma informed care, VT and PTG. When counselor trainees are knowledgeable about VT, PTG, and the importance of self-care, they will be better prepared to enter and remain in the profession.

Implications for Future Research

Additional research is needed to further understand how counselor trainees are impacted by their experiences within practicum and internship and how best to support the transformational process from student to professional. Supervision supports the development of counselors and has been described as a buffer for the negative effects of exposure to client trauma (Sommer & Cox, 2006; Williams et al., 2012). However, there is limited data about the effect of faculty supervision and supervision by a site supervisor on the development of VT and PTG. Further, a longitudinal perspective would provide

insight into the shifts and changes counselor trainees experience as they move from student to professional.

In moving the conversation forward, it will be important to consider the exposure to trauma counselor trainees encounter during practicum and internship. These experiences have the ability to shift and challenge the counselor trainee's professional journey. Continued research and the inclusion of voices from counselor trainees and novice counselors will help counselor education evolve to meet the needs of today's students and sustain tomorrow's counselors in the profession.

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