THE COUNSELING PRACTICUM AND INTERNSHIP MANUAL
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THE COUNSELING PRACTICUM AND INTERNSHIP MANUAL

A Resource for Graduate Counseling Students

Third Edition

Shannon Hodges, PhD, LMHC, NCC, ACS
This text is dedicated in memory of Sharon J. Hardenstine, my beloved colleague, educator, and friend. She was always there with a listening ear and ready with words of sincere kindness, and students, staff, and faculty all revered her. She always wanted to visit Australia, where I regularly volunteer. While making my way to that great southern land, she died. One evening after dinner, I hiked into the remote, Central Australian desert, called her name, and listened as the lonely canyon beckoned to her.

In Loving Memory of Sharon J. Hardenstine (April 19, 1956–May 26, 2018). You are not forgotten!
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PREFACE

This text originated from my interest in and commitment to promoting the counseling profession as separate and distinct from related fields, such as social work and psychology. Many practicum and internship texts combine discussions of these noble professions in an amalgamation that blurs the numerous boundaries that exist between them. My intention is to offer a counselor’s practicum and internship manual targeted at and to be used specifically in graduate counselor education programs.

As a professional counselor and counselor educator who has supervised numerous professional counselors in the field as well as graduate counseling students, I believe it is essential that our profession maintain a distinction from the related fields of psychology and social work. Having made this statement regarding distinctiveness, I wish to emphasize that I have nothing but respect for professional psychologists and social workers and the excellent work they do in the mental health field. At the same time, the counseling profession must take the lead in educating, promoting, and advocating for itself. Of the three professions, counseling is the only one that trains students primarily in the practice of counseling. Although psychology and social work programs certainly do an excellent job in educating and training future psychologists and social workers, counseling is an ancillary, as opposed to a primary, function for professionals in those fields. This text is written by a counselor and counselor educator for students in graduate counseling programs.

I struggled to develop this book for several years, toying with various outlines before promptly consigning them to the recycle bin. Finally, in the winter of 2009, I became more serious and developed a prospectus for publication, and the people at Springer Publishing Company were interested enough to take me up on my desire to publish this book. As a child, I recall Reverend Stanley Cooper, our minister, preaching on the topic of “Be careful what you wish for.” Brother Stanley was more accurate than I could ever have imagined, as writing a book was very hard work indeed (at least it was for me!). Recently, I have updated the text for this third edition and hope counselor educators and counseling students will find the text worthwhile.

Naturally, your practicum and internship experience will vary greatly depending on your specialization (e.g., school counseling, mental health counseling, rehabilitation counseling), the type of placement (e.g., inpatient, outpatient, public vs. private school), your particular supervisor, and the beliefs, attitudes, and experiences you bring to practicum and internship. Because the practicum/internship is the backbone of any counseling program, I encourage you
to make the most of your experience by being proactive. Ask questions to your supervisor, take advantage of any training your practicum/internship site offers, and be willing to ask for assistance when you feel you need it. I also encourage my students to “make mistakes” because that suggests you are trying to stretch your skills and learn. It is crucial that you reflect on and learn from your mistakes so that you will be less likely to repeat them.

I would like to share my own practicum/internship experience in the hope that it proves illustrative. From the winter of 1986 through the late spring of 1987, I had a very challenging and rewarding practicum and internship at a small college health and counseling center at what was then known as Western Oregon State College (now Western Oregon University). The college, then with an enrollment of some 3,000 students, was a close-knit college community, where relationships were strong and virtually everyone knew everyone else. The practicum/internship provided a complete therapeutic experience involving providing individual, group, and the occasional couples counseling, career advising, psychoeducational workshops, resident advisor training, crisis intervention, guest speaking in undergraduate classes, and teaching a two credit-hour course for “reentry” students. (Reentry students were those returning to college after an extended absence.) The experience was often intense and required considerable reading, viewing of videos, attending meetings, and providing advocacy for students.

Each week, the director, Dr. Merlin Darby, who was a very skilled and encouraging supervisor, would lead a staff meeting wherein five interns would take turns presenting difficult cases. Everyone would critique the intern who presented the case. The director was popular, very experienced, and had a knack for coming up with key phrases that assisted my fellow interns and me in seeing angles previously hidden from view. Although we were not always comfortable in presenting cases, the director was very considerate and temperate in his critique. Each week it seemed that I learned something constructive that I had previously lacked. The meeting would occasionally include a representative from the medical staff providing medical consultation.

In addition to operations within the counseling center, I was frequently called on to consult with faculty, student affairs staff, and parents. Our offices, although decidedly not fancy, were spacious, with ample bookshelves, comfortable furniture, and tasteful throw rugs to accent the décor. The support staff was generally very supportive and seemed to value our work. For me, the internship placement was almost ideal. I felt myself to be a key component of the campus and a valued member of the counseling staff. Then one day in late spring, I completed my internship and later graduated with my master’s degree from the Oregon State University Counselor Education program.

My entry into full-time community counseling work was an abrupt wake-up call into the baser realities of the profession. Suddenly, I was working in a residential psychiatric center, on what was a swing shift during the week with a double shift on Saturdays. I had no real office, as we operated on milieu treatment, with an entirely group focus. As the newest member of the treatment team, I felt like an outsider, and although the staff was courteous, the center was not the homey, close-knit pleasant environment that the college counseling center was. Our clients, who were called patients, were typically of three types: adolescents placed in the
center by their families for psychiatric care, those adjudicated by the juvenile court system, or children or adolescents discharged from the state psychiatric hospital. Unlike the college population, they were oppositional, often defiant—hardened by serious physical, sexual, and emotional abuse and parental neglect—unhappy to be there, and definitely uninterested in what treatment we could provide. To top it off, the psychiatric center forced me to work with a behavioral-type program when I considered myself a humanistic, person-centered counselor.

I was overwhelmed, frustrated, and unhappy with my job and wondering if I had made a mistake in entering the field. I longed for the comfy confines of a college campus, where I could be part of a learning environment dedicated to supporting students well on their way to fulfilling their dreams, not a residential center where much of my efforts involved confronting sex offenders and violent adolescents. Needing advice, I sought out my former supervisor Dr. Darby at the college counseling center. He listened patiently, then explained that most counselors do not begin by working in college centers, but in treatment facilities like the one in which I currently worked. He encouraged me to stick the job out until I found something else and challenged me to see the potential in the tough kids I counseled. He also encouraged me to stretch my therapeutic skills by learning what I could from the psychiatric center’s behavioral approach.

In a short time, I found my former supervisor’s counsel very wise. Soon, I began to get along better with the staff and my relationships with many of the patients improved. I also came to feel that the job was far more demanding of me emotionally and psychologically and required far more therapeutic skills than my internship. In time, even the behavioral system began to make real sense to me, as it provided needed structure in the adolescents’ lives. I still preferred working with college students (who can be quite challenging themselves), but I had learned the value of broader clinical experience. The entire experience forced me to grow and adapt in ways I could not have previously imagined. In fact, the seeds of my transition to cognitive behavioral therapy were planted during this time. While I have not jettisoned my humanistic side, I find clients often need specific skills, thought stoppage, reframing, scaling questions, and so forth, to accompany genuineness, empathy, and unconditional positive regard.

I mention my personal story to illustrate a broader point, namely many graduate counseling students complete their practicum/internship in an environment where they feel secure, challenged, respected, and safe. Then the experience abruptly ends and they are released into a broader, sometimes less certain, and perhaps “scarier” environment. In my nearly 25 years of experience in the field, I have discovered my own rocky beginnings are very common for many recent graduates of counseling programs.

A more salient point to my story is that I have come to see my former job at the psychiatric center as a critical link in my beginnings as a professional counselor. Had it not been for the intense struggles the job required, I wonder if I would have developed the resilience needed for more in-depth psychotherapeutic work. The demands of a residential psychiatric center counseling a population resistant to therapeutic intervention were likely the best thing that could have happened to my career. But at the time, because I was in the midst of such intense experiences and numerous struggles, I could not have known that and I struggled
with the opportunity and growth it offered. Looking back on my experience more than 30 years ago, everything looks so much different. What formerly was an unpleasant and unsatisfying experience, I now view as one of my most fulfilling professional experiences. My only advice, and I offer it with some trepidation knowing how unwelcome unsolicited advice can be, is even if you do not enjoy your practicum or internship, do learn from it, as such knowledge may be an unexpected asset later on.

Regardless of your own professional experiences, I hope you will find this text to be helpful and illuminating regarding your path toward becoming a professional counselor. Although we have many specialties and divisions in our field, we are indeed one unified counseling profession. So, welcome to the profession of counseling! I wish all of you a long, meaningful journey full of both challenge and fulfillment. Counseling is a career full of real-life challenges but also one intrinsically rewarding. Best of luck on your journey!

Shannon Hodges

Qualified instructors may obtain access to supplementary material (Instructor’s Manual and PowerPoints) by emailing textbook@springerpub.com.
ACKNOWLEDGMENTS

A lot of work goes into writing a book. In my younger years, I imagined writing books, articles, and so forth, to be exciting, exotic work (yes, I was very naïve!). The past 30 years, however, have taught me that writing involves far more perspiration than inspiration. Still, for those of us who write—regardless of what we write—there is something very rewarding in the process that makes the labor worthwhile. The topics for my books occur to me at odd moments—driving long hours through very remote deserts in the Australian Outback, camping in South Africa’s Drakensberg Mountains, trekking through a Central American jungle, or simply sitting in my office—then take long periods of contemplation, then lots of work before the concepts emerge into full creations. While writing is very hard work, it brings me much satisfaction and the intrinsic rewards are priceless. To me, writing is far more process journey than destination, though completion remains important.

Writing a book involves many people behind the scenes, providing opportunity, encouragement, and critique. I wish to thank my wife Shoshanna for continuing to encourage me in my writing endeavors. She believed in me when there was little evidence to support her faith. I offer a hearty thanks to Sheri Sussman and her colleagues at Springer Publishing Company for providing me the opportunity to write and publish this book. I hope you will find your faith in me well founded.

Author’s Note: A percentage of the royalties from this text are donated to the Dr. Morgan Brooks-Rev. Michael T. Mazurchuk Memorial Scholarship fund at Niagara University. The scholarship will assist graduate students in the Clinical Mental Health Counseling program in continuing their studies. Morgan and Maz, we hold your memory in the light.
MANAGING STRESS DURING YOUR PRACTICUM/INTERNSHIP

INTRODUCTION

Among the various mental health disciplines, the counseling profession is unique in that it was conceived with a strength-oriented wellness approach (Gladding, 2009; Myers, Sweeney, & Witmer, 2000; Witmer & Granello, 2005). Such an approach promotes a healthy and balanced life not only for clients, but also for counselors themselves. The intention of this chapter is to assist you in maintaining a healthier, more balanced life as you proceed through practicum and internship. As a future counselor, it is essential that you maintain a healthy lifestyle during your professional years (and well beyond, of course). Healthier counselors will likely be better counselors and enjoy more productive years in the profession. Self-care is part of the American Counseling Association (ACA) Code of Ethics (2014) as a buffer against impairment (Standard C.2.g) as is monitoring our effectiveness (Standard C.2.d). From my own anecdotal observation over the years, having witnessed many counselors’ poor and marginal self-care, it is likely that substandard self-care is the most violated standard in the code of ethics. So, as counselors assisting others in developing healthier lifestyles, it is essential we practice what we teach.

As graduate students in a counseling program, you will also meet counselors, psychologists, social workers, and other mental health professionals who do not practice what they teach regarding self-care. Unfortunately, there are far too many counselors and other mental health professionals who struggle with addictions, codependence, anger management issues, and dangerously inflated egos, and whose behavior you will not want to emulate. You are not expected to have perfect behavior, never get upset, or have a total lack of conflicts. You are expected to learn to manage the challenges of your practicum and internship (and, more significantly, the demands of your life!). As a young graduate student, I had much difficulty in managing the stress involved in working, meeting academic demands, and managing a challenging practicum and internship setting. I hope this chapter provides some insights into recognizing stressors that accompany counseling a struggling population of clients. Furthermore, it is worth mentioning that for some
students, their supervisors and fellow graduate students may provide more stress than the population they counsel! Workplace conflicts, not lack of professional knowledge, are the primary reason people leave their jobs (Bolles, 2015).

DEVELOPING AND MAINTAINING A HEALTHY AND MINDFUL LIFESTYLE

There are many different pathways, plans, theories, approaches, books, journal articles, and other resources devoted to living a healthy and fulfilling life. The fact that so many authors, counselors, theologians, personal trainers, coaches, and such attempt to provide counseling, coaching, and information to manage stress and teach mindfulness, a balanced diet, exercise routine, and so forth, is indicative of just how stressful daily life has become in this postmodern age. As graduate students on a practicum or internship, you are no stranger to the challenges of external demands. The practicum or internship experience placed atop family responsibilities, a job, academic work, and financial demands can create great stress in your life (Remley & Herlihy, 2016). The irony of life as a graduate student in counseling is that while you are working to assist your clients to live healthier, more fulfilling lives, the demands of graduate school and practicum/internship, combined with work and home front demands, can potentially derail your own sense of harmony and balance. Somehow you must learn to effectively address this contradiction and develop healthy coping mechanisms. While every professional likely preaches better than she or he practices, developing healthy routines is essential for good physical, mental, and emotional health.

In this chapter devoted to managing stress on the practicum and internship, I have created several exercises for the purposes of self-reflection. Self-reflection is a critical task not only for counselors, but also for anyone in any occupation or walk of life and is a process of examining oneself during times of difficulty or success. The ability to step back from an experience, however successful or disappointing, can be a key skill for personal success as a counselor. I entitle this first section of the chapter “Developing and Maintaining a Healthy and Mindful Lifestyle.” It is important for me to acknowledge that I have likely not created anything new in addressing the issues of healthy lifestyle or “wellness,” as it is often referred to in the counseling field (Myers et al., 2000). Also included are assessments on quality of life, burnout, and mindfulness. Regardless of how we decide to refer to managing stress, living a balanced life, and mindful living, we usually address the same common themes of how to live a fulfilling, meaningful, and healthy life. I also offer a list of additional resources at the end of this chapter for counseling students to consider.

One of the first topics to address is that of stress. Stress is simply an everyday fact of life for everyone. Stress is an external change to which we are required to adjust our lives. Generally, we think of stress as being negative, such as death of a loved one, unemployment, divorce, and other such challenges. But positive changes in our lives can also bring about stress as well. For example, getting married or partnered, moving across the country for a new job, buying a home, traveling overseas, making your first conference presentation, and, of course, entering graduate school are all exciting experiences, but they can also bring about new stressors that complicate our lives.
We can experience stress from three different sources: the environment, somatic ways, and our thoughts (Davis, Eshelman, & McKay, 2008). Environmental stressors might be conflicts in the workplace, harsh weather, pollution, overcrowding, impoverishment, and living in unsafe areas. Environmental stressors are the ones we commonly see played up in the media, such as the 2009 catastrophic oil leak off the coast of Louisiana, Hurricane Sandy in 2012, slums in major cities, the trauma brought about by natural disasters such as that of Hurricane Katrina in New Orleans, the tsunami in Sri Lanka, and the earthquake in Haiti a few years ago. Environmental concerns clearly illustrate the connection between harmony with the environment and a less stressful life, or the exact opposite. Other common forms of environmental stress might be difficulties with your spouse/partner, roommates, colleagues at the office, and so forth.

The second source of stress is somatic, or how your body interprets stress. High-paced work settings, poor diet, sleep disturbances, and addiction all stress the body. Our reactions to these external demands are influenced by a genetic “fight-flight-freeze” response inherited from primitive ancestors who dealt daily with life and death issues. These genetic traits were passed on to the subsequent generations to assist people in their adaptation to environmental demands. Consequently, we all have as part of our physiological system the innate tendency to prepare the body to face the stressor or to flee from it. An adaptive example of “fighting” might be the coworker who requests to speak with the party with whom he or she is having conflicts. Unhealthy fighting is when the same coworker screams obscenities at the other party. Adaptive “fleeing” is when someone takes a temporary break from the stressful event (say an argument with his or her spouse), and then returns and asks to speak with the party with whom he or she is having the conflict. Unhealthy fleeing is when the hurt person says, “They don’t bother me,” when in fact the other person’s nasty comments or disrespectful actions do in fact bother him or her. Denial is a type of “unhealthy” fleeing. The critical factor here is “healthy” fighting and fleeing. The freeze response may occur when the fearful party cannot think of another response and stays put in the face of, say, verbal abuse.

The third source of stress derives from our thoughts. How you interpret or label stressful events will, in great measure, determine how well you resolve stress (Ellis, 2001). One of the ways our assumptions can add to stress is when we mistakenly interpret messages. For example, interpreting your supervisor’s grimace to mean he or she is upset with you will likely create stress. But verifying this assumption might clear up the misunderstanding. In the event your boss is upset with you but has not voiced displeasure, addressing the issue is a pathway of moving through the stress. Remember that your supervisor’s facial expressions, for example, may or may not have anything to do with you. So, do not overly interpret messages, but certainly investigate them.

### Effects of Stress

Stress is difficult to define in a precise manner because it is a highly subjective phenomenon that differs for each of us. Experiences that are stressful for some are pleasurable for others. For example, some people actually look forward to swimming with sharks (namely, my spouse—but reef and nurse sharks, not Great
White's!), whereas others (myself) are terrified at the prospect. We respond to stress in different ways: some people eat less when stressed, others overeat, some turn pale whereas others blush, some use healthy coping skills such as exercise and talking with friends, and others self-medicate with alcohol and other drugs. Here are some common signs of stress:

- Frequent headaches
- Disturbed sleep
- Trembling of limbs
- Neck ache, back pain, muscle spasms
- Dizziness
- Sweating
- Frequent colds
- Stomach pain
- Constipation or diarrhea
- Hyperventilation
- Frequent urination
- Decreased sexual desire
- Excessive worry or anxiety
- Increased anger or frustration
- Decreased or increased appetite
- Depression or mood swings
- Difficulty concentrating
- Feeling overwhelmed
- Feelings of worthlessness
- Suicidal thoughts
- Social withdrawal
- Excessive defensiveness
- Reduced work efficiency
- Constant fatigue
- Feeling less hopeful
- Elevated blood pressure and heart rate

(adapted from the American Institute of Stress, n.d.).

**Tips for Managing Stress**

Because stress is a reality in daily life, you cannot eliminate it. You can, however, manage the stress that comes into your life. The following are several tips for managing stress.
Tip #1: Recognize Stress and Deal With It Accordingly

- Learn to say “no.” This may take some practice. Know your limits and stay within them.
- Limit time with people you find stressful to be around. Conversely, maximize your time with people you find affirming and supportive.
- Take a break from stressors. If traffic causes you unmanageable stress, take a different route or use alternative forms of transportation if possible (e.g., carpool, mass transit, cycling). If the evening news stresses you, take occasional breaks from reading the paper, online news, or watching TV.
- Refrain from overly discussing upsetting topics (there is a time and place for such discussions, of course, just not too often). If discussing politics, religion, sex, or even sports causes you too much conflict, perhaps refrain from discussing them, at least with select people. If people try and engage you in arguments over these topics, simply inform them, “I don’t discuss these topics.”
- Prioritize your schedule. Make “to do” lists in order of importance. If there are unnecessary tasks, move them to the bottom of the list or eliminate them.

Tip #2: Be Proactive

- Find constructive ways to express your feelings instead of suppressing them. Practice expressing your feelings with a trustworthy friend and solicit feedback from that friend. This way you will be more prepared to do so on your practicum/internship.
- Learn to be assertive. There is more on assertiveness later in the chapter.
- Manage time effectively. Poor time management skills will lead to additional stress. Prioritize your workload and this will help reduce your stress level.
- Be willing to compromise in conflicts. Do not make all the compromises, but make the ones you can.

Tip #3: Reframing Problems

Reframing is a basic counseling technique. Here are some examples of how you might use reframing:

- Reframe personal conflicts as “growth opportunities” and seek to resolve them.
- Be realistic and let go of perfectionism. You are going to make mistakes on your practicum/internship. Make them and learn from them. Ask your supervisor for advice. Join the “recovering perfectionist” (RP) movement!
- Step back from a stress situation and ask: “How big an issue will this be in 6 months or a year?”
- On a regular basis, take time to reflect on the successes and blessings in your life. Challenging periods in life have a way of obliterating personal successes. So, take stock of your successes.
Tip #4: Accept What You Cannot Change and Change What You Can

- **You cannot control other people.** So, focus on how you react to their behavior and strategize more effective ways to deal with challenging people. A potentially more effective approach is focusing more on your goal as opposed to people’s behavior. Remember that you cannot control another person’s behavior, but you can manage your own.

- **Get support.** Discussing concerns with close friends can be very helpful. For one thing, you realize you are not alone; also, sharing a concern may provide an outside perspective you might find useful.

- **Forgiveness.** No one is perfect and, with rare exception, other people are not out to make our lives miserable. Learning to forgive perceived slights can free you from negative energy. If you have trouble with forgiving others, counseling may be a viable option for you. Forgiveness often is more for the forgiver than the perceived transgressor.

- **Self-reflection.** What do I need to change about myself? You might ask a few trusted friends to help you with this. Do they see areas you could improve on? How could you improve on these areas? What would self-improvement look like?

Assessing and Preventing Compassion Fatigue and Burnout

Compassionate fatigue and burnout are serious risks for counselors and counselors in training. Compassion fatigue represents frustration, feeling low energy, negative thoughts, workplace and home conflicts, and most symptoms of burnout (Stamm, 2005). Burnout is a longer term and more serious problem. Burnout may be described as a state of physical, mental, and emotional exhaustion brought about by long-term stress (Carter, 2013). Potential warning signs of burnout might be (Carter, 2013):

- Chronic fatigue: A sense of never feeling rested during the workday or weekends.
- Insomnia: Stress impacts sleep quality. You may experience difficulty falling or staying asleep.
- Impaired concentration: Feeling overwhelmed compromises your ability to remember basic details you typically recall with little difficulty.
- Physical symptoms: These may include shortness of breath, chest pain, gastrointestinal problems, dizziness, and headache. Naturally, all these should be assessed by a medical professional.
- Increased illness: Because your immune system is compromised, you may become more susceptible to cold and the flu.
- Loss of appetite: Food may no longer be appealing.
- Anxiety: Your anxiety may increase as you move from compassion fatigue to burnout. Panic attacks are a possibility.
• Depression: You likely will feel sad initially, increasing in severity to ongoing depression. If sadness persists longer than a few days, seek professional help.

• Anger: As stress increases, momentary irritability may turn into angry outbursts.

The Professional Quality-of-Life Scale

The Professional Quality-of-Life Scale (ProQOL; Stamm, 2005) is the current version of the former Compassion Fatigue Test (Figley, 1995). Stamm (2005) modified the ProQOL to strengthen its psychometric properties and due to a preference for the more positive name of professional quality of life. Essentially, he wanted the instrument to have more of a healthy assessment and instructional focus and utility. Stamm’s redevelopment research was based on more than 1,000 participants and statistically modified to include stronger subscale items (Stamm, 2005). The ProQOL now consists of three subscales: Compassion Satisfaction, Burnout, and Secondary Trauma. The ProQOL is suggested as a means of assessing quality of life as well as potential risk for burnout. Burnout risk is assessed as low, average, or high. The same scoring differentiation and cut-off scores are also used for the Compassion Satisfaction and Secondary Trauma scales. The ProQOL is reprinted with the author’s permission in Exhibit 8.1.

A Healthy Assets Ledger

To build on your wellness practice, consider the following reflective questions. These questions are for you to use for purposes of self-exploration regarding personal, professional, and spiritual growth. Your answers are best utilized as a means of assessing emotional–spiritual–occupational–social balance in your life.

Reflective Questions to Consider

• How well-developed and balanced are the personal, occupational, social, and spiritual (if appropriate) dimensions of your life?

• Who do you say you are? Also, how does who you say you are compare to how others appear to view you? Or, how great is the distance between who you really are and who you want to be? Be realistic, but be honest about this “divide.”

• How does this self-view correlate with how significant people in your life view you (you may wish to discuss this with relevant people in your life)?

• What is your most fulfilling time of the week? Why? If you feel a lack of fulfillment during your week, how could you create more meaning in your life?

• How would you describe this stage of your life?

• What issues and/or challenges are creating difficulty for you?

• How could you begin to lessen or better manage these challenges?

• What are your key strengths?

• What skills, hobbies, interests, and talents do you possess?
Exhibit 8.1 Professional Quality-of-Life Scale

Professional Quality-of-Life Scale (ProQOL)
Compassion Satisfactions and Fatigue
(ProQOL) Version 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never  2=Rarely  3=Sometimes  4=Often  5=Very Often

<p>| | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>I am happy.</td>
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<tr>
<td>2</td>
<td>I am preoccupied with more than one person I [help].</td>
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<tr>
<td>3</td>
<td>I get satisfaction from being able to [help] people.</td>
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<tr>
<td>4</td>
<td>I feel connected to others.</td>
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<tr>
<td>5</td>
<td>I jump or am startled by unexpected sounds.</td>
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<tr>
<td>6</td>
<td>I feel invigorated after working with those I [help].</td>
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<tr>
<td>7</td>
<td>I find it difficult to separate my personal life from my life as a [helper].</td>
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<tr>
<td>8</td>
<td>I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].</td>
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<tr>
<td>9</td>
<td>I think that I might have been affected by the traumatic stress of those I [help].</td>
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<tr>
<td>10</td>
<td>I feel trapped by my job as a [helper].</td>
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<tr>
<td>11</td>
<td>Because of my [helping], I have felt “on edge” about various things.</td>
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<tr>
<td>12</td>
<td>I like my work as a [helper].</td>
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<tr>
<td>13</td>
<td>I feel depressed because of the traumatic experiences of the people I [help].</td>
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<tr>
<td>14</td>
<td>I feel as though I am experiencing the trauma of someone I have [helped].</td>
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<tr>
<td>15</td>
<td>I have beliefs that sustain me.</td>
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<tr>
<td>16</td>
<td>I am pleased with how I am able to keep up with [helping] techniques and protocols.</td>
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<tr>
<td>17</td>
<td>I am the person I always wanted to be.</td>
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<tr>
<td>18</td>
<td>My work makes me feel satisfied.</td>
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<tr>
<td>19</td>
<td>I feel worn out because of my work as a [helper].</td>
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<tr>
<td>20</td>
<td>I have happy thoughts and feelings about those I [help] and how I could help them.</td>
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<tr>
<td>21</td>
<td>I feel overwhelmed because my case [work] load seems endless.</td>
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<tr>
<td>22</td>
<td>I believe I can make a difference through my work.</td>
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<tr>
<td>23</td>
<td>I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].</td>
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<tr>
<td>24</td>
<td>I am proud of what I can do to [help].</td>
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<tr>
<td>25</td>
<td>As a result of my [helping], I have intrusive, frightening thoughts.</td>
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<tr>
<td>26</td>
<td>I feel “bogged down” by the system.</td>
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<tr>
<td>27</td>
<td>I have thoughts that I am a “success” as a [helper].</td>
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<tr>
<td>28</td>
<td>I can’t recall important parts of my work with trauma victims.</td>
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<tr>
<td>29</td>
<td>I am a very caring person.</td>
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<tr>
<td>30</td>
<td>I am happy that I chose to do this work.</td>
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</table>

(continued)
What is my score and what does it mean?

In this section, you will score your test and then you can compare your score to the interpretation below.

Scoring
1. Be certain you responded to all items.
2. Go to items 1, 4, 15, 17, and 29 and reverse your score. For example, if you scored the item 1, write a 5 beside it. We ask you to reverse these scores because we have learned that the test works better if you reverse these scores.

<table>
<thead>
<tr>
<th>You Wrote</th>
<th>Change to</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
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<tr>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
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<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

To find your score on Compassion Satisfaction, add your scores on questions 3, 6, 12, 16, 18, 20, 22, 24, 27, and 30.

<table>
<thead>
<tr>
<th>The Sum of My Compassion Satisfaction Question Was</th>
<th>So My Score Equals</th>
<th>My Level of Compassion</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 or less</td>
<td>43 or less</td>
<td>Low</td>
</tr>
<tr>
<td>Between 23 and 41</td>
<td>Around 50</td>
<td>Average</td>
</tr>
<tr>
<td>42 or more</td>
<td>57 or more</td>
<td>High</td>
</tr>
</tbody>
</table>

To find your score on Burnout, add your scores on questions 1, 4, 8, 10, 15, 17, 19, 21, 26, and 29. Find your score in the table below.

<table>
<thead>
<tr>
<th>The Sum of My Burnout Questions</th>
<th>So My Score Equals</th>
<th>My Level of Compassion</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 or less</td>
<td>43 or less</td>
<td>Low</td>
</tr>
<tr>
<td>Between 23 and 41</td>
<td>Around 50</td>
<td>Average</td>
</tr>
<tr>
<td>42 or more</td>
<td>57 or more</td>
<td>High</td>
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</tbody>
</table>
To find your score on Secondary Traumatic Stress, add your scores on questions 2, 5, 7, 9, 11, 13, 14, 23, 25, 28. Find your score in the table below.

<table>
<thead>
<tr>
<th>The Sum of My Secondary Traumatic Stress Questions</th>
<th>So My Score Equals</th>
<th>My Level of Compassion</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 or less</td>
<td>43 or less</td>
<td>Low</td>
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<tr>
<td>Between 23 and 41</td>
<td>Around 50</td>
<td>Average</td>
</tr>
<tr>
<td>42 or more</td>
<td>57 or more</td>
<td>High</td>
</tr>
</tbody>
</table>

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY-OF-LIFE SCREENING

Based on your responses, your personal scores are below. If you have any concerns, you should discuss them with a physical or mental healthcare professional.

**Compassion Satisfaction**

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability 0.88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason, for example, you might derive your satisfaction from activities other than your job.

**Burnout**

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of compassion fatigue. It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a nonsupportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability 0.75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause of concern.

(continued)
Exhibit 8.1 Professional Quality-of-Life Scale (continued)

Secondary Traumatic Stress
The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is
about your work-related, secondary exposure to extremely or traumatically stressful events.
Developing problems due to exposure to others’ trauma is somewhat rare but does happen
to many people who care for those who have experienced extremely or traumatically stressful
events. For example, you may repeatedly hear stories about the traumatic things that happen
to other people, commonly called Vicarious Traumatization. You may see or provide treatment
to people who have experienced horrific events. If your work puts you directly in the path of
danger, due to your work as a soldier or civilian working in military medicine personnel, this
is not secondary exposure; your exposure is primary. However, if you are exposed to others’
traumatic events as a result of your work, such as providing care to casualties or for those
in a military medical rehabilitation facility, this is secondary exposure. The symptoms of STS
are usually rapid in onset and associated with a particular event. They may include being
afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or
avoiding things that remind you of the event.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability 0.81). About 25% of
people score above 57 and about 25% of people score below 43. If your score is above 57, you
may want to take some time to think about what at work may be frightening to you or if there
is some other reason for the elevated score. While higher scores do not mean that you do have
a problem, they are an indication that you may want to examine how you feel about your work
and your work environment. You may wish to discuss this with your supervisor, a colleague, or
a healthcare professional.

Source: From Stamm, B. H. (2012). Professional Quality of Life: Compassion Satisfaction and Fatigue Version

• What areas of your life would you like to explore? (Note: This could apply to per-
sonal relationships, travel, continuing education, career, or anything you deem
important.)
• In what ways are you dependent on others?
• In what ways are you self-reliant?
• What conflicts are inhibiting your personal growth and professional effectiveness?
• How could you take steps to resolve these conflicts?

Regarding Major Successes and Failures in Your Life
• When you consider your major successes, what has worked well and why? What
did your major successes teach you?
• Regarding your failures, what seemed to go wrong and why? What did your
failures teach you?
• What could you do differently next time either to build on success or to ensure
you did not fail in the next opportunity?
Exhibit 8.2 represents a self-monitoring system using scaling questions. This assessment technique provides a sense of where you are in the respective domains. The self-rating questions are intended to help provide a constructive method of self-care. This approach is not intended as a substitute to replace good personal, professional, and spiritual growth, but to serve and support wellness in these areas.

### Exhibit 8.2 Dimensions of a Healthy Lifestyle: Self-Monitoring System

**Spirituality/Religious Life and/or Life Meaning & Purpose**
My spiritual/religious life provides a sense of purpose and helps me address major life challenges.
(Note: An alternate phrasing for nonspiritual/nonreligious people might be: “My sense of life meaning/purpose provides fulfillment and helps me address the challenges in my life.”)

(1 = no help at all; 10 = strongly helps)
If your score was less than 5, how could you improve your situation?

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<tr>
<th>1</th>
<th>2</th>
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<th>10</th>
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</table>

**Mindfulness in Life:**
I am grounded in the present, and fully accept myself nonjudgmentally. I use meditation (or prayer), and daily gratitudes and affirmations.

(1 = no help at all; 10 = strongly helps)
If your score was less than 5, how could you improve your situation?

<table>
<thead>
<tr>
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<th>9</th>
<th>10</th>
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</thead>
</table>

**Personal Vision**
“I have a clear vision in my personal, spiritual, and professional life.”

(1 = No vision; 10 = I have a clear vision)
If you do not have a clear personal, spiritual, or professional vision, how could you develop one? Visioning is a key component to success in all these areas.

<table>
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<tr>
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</table>

**Self-Worth**
“I feel worthwhile as a human being and have a strong sense of self-acceptance. Although I am not perfect, I feel generally good about myself.”

(1 = I am worthless; 10 = My self-worth is very strong)
If you are experiencing low self-esteem, how could you begin to feel better about yourself? What actions could you take to begin to feel more self-confident?

(continued)
Exhibit 8.2 Dimensions of a Healthy Lifestyle: Self-Monitoring System (continued)

**Goal Setting**
“I feel self-confident about setting and meeting goals and demands in my life.”

1  2  3  4  5  6  7  8  9  10

(1 = I lack confidence in my ability to meet demands and the goals I set; 10 = I feel very confident in setting, planning, and meeting goals and demands)

If you lack clear goals in your life, how could you begin to create some clear goals?

**Rational Thinking**
“I believe I perceive my life and life situations in a rational manner. I seldom engage in overly negative thinking.”

1  2  3  4  5  6  7  8  9  10

(1 = I frequently engage in irrational thinking; 10 = I am very rational in my beliefs)

If you have rated yourself as frequently engaging in irrational beliefs (e.g., “I am a loser,” “I am worthless,” “No one could ever love me”), how could you begin to think in a more rational manner? (Or, if you are unsure as to whether your beliefs are rational, you might consider asking someone you trust for feedback.)

**Emotional Understanding and Regulation**
“I am in touch with my emotions and am able to express the full range of emotions appropriate to the situation. I also am not governed by my emotions.”

1  2  3  4  5  6  7  8  9  10

(1 = I am not able to regulate my emotions and often express emotions inappropriate to the situation; 10 = I am able to regulate my emotions and experience emotions appropriate to the situation)

If you find you are not experiencing an appropriate range of emotions, or you find you are too often ruled by your emotions, how could you begin to change this? Remember, you will have “negative” emotions, so the task is to regulate them appropriately.

**Resilience**
“I am a resilient person, and able to analyze, synthesize, and make a plan to deal with challenges and projects that come my way.”

1  2  3  4  5  6  7  8  9  10

(1 = I do not feel resilient; 10 = I am very confident in my resiliency)

If you do not feel resilient (or you are not as resilient as you would like) or do not have the ability to resolve difficulties in your life, what could you do to begin to develop more resilience? (Note: If you feel stuck on strategizing with this component, perhaps begin by making a list of ways you feel resilient. Or, ask someone who knows you well to list ways he or she sees you as being resilient.)
Exhibit 8.2 Dimensions of a Healthy Lifestyle: Self-Monitoring System (continued)

<table>
<thead>
<tr>
<th>Sense of Humor</th>
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</thead>
<tbody>
<tr>
<td>“I possess a healthy, appropriate sense of humor that helps me deal with the stresses of life.”</td>
</tr>
<tr>
<td>1   2   3   4   5   6   7   8   9   10</td>
</tr>
<tr>
<td>(1 = I have no sense of humor; 10 = I have a healthy sense of humor)</td>
</tr>
<tr>
<td>If you do not feel your sense of humor is either strongly developed, appropriate, or provides an effective release of stress, what could you change to improve the situation?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Fitness or Recreation</th>
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<tbody>
<tr>
<td>“I have a regular weekly fitness/recreational routine that helps me stay physically and emotionally fit.”</td>
</tr>
<tr>
<td>1   2   3   4   5   6   7   8   9   10</td>
</tr>
<tr>
<td>(1 = I have no activity routine; 10 = I have an active physical/recreational routine)</td>
</tr>
<tr>
<td>If you do not have a regular weekly fitness routine, what could you do to change this? (Remember, you do not need to become a marathoner, competitive cyclist, swimmer, or dancer. It is simply about developing a regular routine of 20 minutes a day, at least 3 days a week.)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Healthy Diet</th>
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<tbody>
<tr>
<td>“I regularly eat a balanced diet, including healthy vegetables and fruits.”</td>
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<tr>
<td>(Note: Healthy is not meant to imply you never eat unhealthy foods because that is not realistic. In fact, sometimes it is good for the psyche to eat ice cream, cookies, and so forth. Just do not do it too often. Rather, it is about eating unhealthy food in moderation.)</td>
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<tr>
<td>1   2   3   4   5   6   7   8   9   10</td>
</tr>
<tr>
<td>(1 = My diet is unbalanced and unhealthy; 10 = My diet is balanced and healthy)</td>
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<tr>
<td>If your diet is unhealthy (eating high-fat food, “junk” food, fast food too often), how could you begin to eat a healthier diet? (For in-depth help, you may wish to consult a dietician.)</td>
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<tr>
<th>Mindful Living</th>
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<tbody>
<tr>
<td>“I maintain a mindful lifestyle by not abusing alcohol or other drugs, by wearing a seat belt, having regular medical exams, and by refraining from high-risk activities (e.g., casual sex, binge drinking, binge eating, restricting food).”</td>
</tr>
<tr>
<td>1   2   3   4   5   6   7   8   9   10</td>
</tr>
<tr>
<td>(1 = I do not live a healthy, mindful life; 10 = I maintain a healthy, mindful lifestyle)</td>
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<tr>
<td>If you find you are not living a healthy, mindful life, what steps could you take to change this?</td>
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</table>

(continued)
Exhibit 8.2 Dimensions of a Healthy Lifestyle: Self-Monitoring System (continued)

### Managing Stress and Anxiety

“Through my diet, workout routine, friendships, and so forth, I have the ability to manage stress and anxiety. When I find I am unable to manage the stress and anxiety in my life, I check in with close friends and family or, if the need arises, I see a counselor.”

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<tbody>
<tr>
<td>(1 = I am regularly unable to manage the stress and anxiety in my life; 10 = I am able to manage the stress and anxiety in my life)</td>
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If you find you regularly have difficulty managing the stress and anxiety in your life, how could you begin to manage that stress and anxiety better?

### Sense of Self

“I feel that my self-identity is strong and well developed.”

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<tr>
<td>(1 = My sense of self is incongruent with who I am because I try too hard to be who others want me to be; 10 = My sense of self is very congruent with who I am)</td>
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Some people struggle with their own identity for various reasons, such as enmeshment with family, codependence with a loved one, low self-esteem, and so forth. If you find you are struggling with an inability to develop your own identity, what are some options for exploration (options that would reduce your struggle or help you resolve your personal identity struggles)?

### Connection to Family or Culture

“I feel a strong connection to my family or culture.”

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<tbody>
<tr>
<td>(1 = I feel no connection to my family or culture; 10 = I feel a strong and healthy connection to my family and culture)</td>
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In the event you feel no connection to your family or culture, what would you say accounts for this? Also, how could you begin to make stronger connections to your family and culture?

### Career/Vocational Development

“I feel a sense of satisfaction in the career I am pursuing” (e.g., mental health counselor, school counselor, rehabilitation counselor).

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</thead>
<tbody>
<tr>
<td>(1 = No satisfaction; 10 = Maximum satisfaction)</td>
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</table>

If your chosen career does not provide personal challenge and satisfaction for you, what steps could you take to create more fulfillment and satisfaction? (Or, if you are unemployed, how could your job search become more fulfilling? Or, how could this period of unemployment be more productive?)

(continued)
## Exhibit 8.2 Dimensions of a Healthy Lifestyle: Self-Monitoring System (continued)

### Hobbies

“My hobbies help me relax and provide a sense of enjoyment.”

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(1 = *I have no hobbies or they provide no sense of enjoyment or relaxation*; 10 = *My hobbies are a pure joy*)

If you lack hobbies or outside interests from work, how could you create some fulfilling pursuits?

### Social Life

“I have healthy relationships that provide me a sense of emotional connection and help make life more rewarding.”

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(1 = *I have no significant relationships, they are shallow, or provide little in the way of emotional connection*; 10 = *I have healthy and fulfilling relationships and they are an important part of my life*)

If you lack significant personal connections or your relationships do not provide you a sense of emotional connection, how could you begin to address this? (Or, how could you begin to create fulfilling relationships?)

### Intimacy

“Intimacy, or love, is a central part of my life and my relationship with my spouse/partner provides the grounding, intimacy, and close connection I need.” (Note: Intimacy could involve sexual intimacy or even a close, nonsexual relationship.)

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(1 = *Intimacy is largely absent from my life*; 10 = *Intimacy is a large part of my life and provides me with great satisfaction*)

If intimacy seems absent from your life, or seems unhealthy or unfulfilling, what do you need to do to change this situation?

### Questions Regarding Self-Care

Regarding these dimensions, which appear to be strongest? Weakest? How could you improve your strengths and build upon your weak areas? What action could you take to improve your self-care? What supports do you need to create a healthier lifestyle? If you are unsure how to create a healthy self-care lifestyle, who could you ask for help (your doctor, counselor, a nutritionist, your spiritual leader, family member, friend, etc.)?
Additional Considerations for Managing Stress

Setting Limits With Others

- Do you have difficulty saying “no” to other people? If you do, how could you begin to say “no” when you know doing so is necessary? What makes setting limits difficult for you? Guilt? Fear? Something else? How could you begin to practice setting limits with others? For example, saying “no” when you mean no?
- What healthy risks can you undertake to enhance your personal and professional growth?
- When you think about the type of people who cause you stress, what is it that they do that is stressful for you? Okay, now that you have identified what is stressful about their behavior, how could you manage your stress level around them?

Developing Connections

- Would you want to make friends with someone like yourself? Why or why not? If “no,” what might you wish to change?
- If you feel isolated, how could you begin to develop meaningful relationships?
- If you are in a marriage or partnership and you are not feeling fulfilled, how could you begin to create a greater sense of fulfillment in that relationship?
- If you are not in a relationship and would like to be, how could you begin to create such a relationship? (Or, what qualities would you like in a partner?)
- Recall a difficult period in your life. How did you navigate your way through this time?
- How do you go about creating meaning in your life?
- Make a list of at least five skills you already possess that you can use to keep yourself well and fit.

Work and Career

- Are you pursuing the career you truly belong in? Why or why not?
- Why did you choose to pursue counseling as a career? How happy are you thus far?
- What is your dream job or dream career? (Describe in some detail: title, location, etc.)
- How can you begin to create your dream job? What steps are necessary?
- Setting goals is important for success. What are your major goals for the next 5 years?
- In what ways have you changed since entering your graduate counseling program?
Mentoring

• Who are some people who have inspired you? Note: They need not necessarily be people you have met. For example, many have been inspired by the likes of Martin Luther King, Jr., Mahatma Gandhi, Mother Teresa, Dalai Lama, Stephen Hawking, and so forth, even though they have never met these people.

• Name five people and state how they have inspired you.

• Who are some people who share your hobbies and interests?

• Cite some organizations you are actively involved in.

• List some people who share your spiritual beliefs (or who share your personal values).

The Importance of Meaning and Purpose in Life

Meaning in life is a concept of central importance to the human condition and has been studied across numerous disciplines (Schulenberg, Starck, & Buchanan, 2011; Wong, 2012a, 2012b). Meaning in life has been a focal point of interest to theologians and philosophers for centuries, and more recently, the issue has become influential in the rapidly growing positive psychology movement (Schulenberg et al., 2011; Seligman, 2002; Sharma, Marin, Koenig, et al., 2017; Wong, 2012a). Meaning in life is positively correlated with happiness, well-being, resilience, coping skills, hope, self-esteem, and empowerment and inversely correlated with depression, post-traumatic stress disorder (PTSD), addiction, anxiety, and suicidality (Duffy & Boque-Bogden, 2010; Seligman, 2002; Wong, 2012a). People who perceive their lives as having meaning are more likely to be happier, healthier, less depressed, and less anxious. “The presence of meaning is an excellent marker of the good life” (Peterson & Park, 2012, p. 292).

While life meaning seems an important issue, the term is amorphous and often misunderstood (Heintzelman & King, 2014). A perusal of the bestseller list, not to mention numerous workshops offered, suggests that the public is intensely interested in developing increased life meaning. While targeted as a necessity to emotional health, life meaning may be increasingly rare in a secularized society (Frankl, 1997; Wong, 2012a, 2012b). Thus, there is a dynamic tension between the hypothesis regarding the importance of meaning in life and research, suggesting many people lack appropriate life meaning. Given the dynamic nature of a fast-paced, western world, and the well-documented angst regarding 21st century college and graduate students’ mental health needs (Much & Swanson, 2010), meaning and purpose in life likely are critical necessities for emotional balance and well-being.

The Meaning in Life Questionnaire (MLQ) is a 10-item test assessing two dimensions of meaning in life on a 7-point scale from “Absolutely True” to “Absolutely Untrue” (Steger, Frazier, Oishi, & Kaler, 2006). The “Presence of Meaning” subscale measures how the level of meaning in respondents’ lives and the “Search for Meaning” subscale assesses respondents’ level of motivation to find or deepen life meaning. The MLQ has demonstrated validity and reliability in research on clinical and nonclinical populations (Schulenberg et al., 2011).
CONFLICT MANAGEMENT SKILLS

A big part of health and wellness involves managing conflict (Weinhold & Weinhold, 2009). As a future counselor, you will have many opportunities to help clients and fellow students identify, address, and manage conflict. Conflict between people is actually a very natural occurrence; yet, many people find conflict to be traumatic and stressful. Conflict need not necessarily be traumatic, however, and if well managed and addressed, it may provide the foundation for personal growth. The critical factor regarding conflict is that we acknowledge it and then strategize on how to resolve it.

The first step in managing conflict is to admit that it exists. Because counseling can be demanding and stressful work, it is likely that you will have ample opportunities to work on developing competence in dealing with conflict. I have listed common assumptions about conflict, and then a reframed response to these assumptions.

**Assumption 1:** “All conflict is bad and should be avoided.”

**Reframed response:** Conflict is not necessarily “bad.” Acknowledging and addressing conflict can be liberating and improve self-confidence.

**Assumption 2:** “Conflict is awful and terrible.”

**Reframed response:** Conflict is neither “awful” nor “terrible,” although refusing to admit or address it can result in poor health. The trick is learning to manage conflict. This requires revising your self-talk, monitoring your blood pressure, and good emotional regulation (i.e., do not speak out of anger).

**Assumption 3:** “I simply can’t deal with conflict.”

**Reframed response:** Dealing with conflict is sometimes unpleasant for me. However, the more experienced I become at addressing conflicts, the more confident and effective I become at resolving them.

**Assumption 4:** “When I have conflicts they always ‘blow up’ into something unmanageable, so it’s just better to ignore them.”

**Reframed response:** Sometimes my attempts at conflict resolution go awry and tempers can escalate. However, in many, if not most cases, I am able to navigate conflict without causing further injury. Remember: Good emotional regulation, revised self-talk, and monitoring blood pressure.

Now, a critical factor beyond admitting the existence of conflicts is how we go about resolving them. Fortunately, people can improve their conflict resolution skills with practice. As a counselor operating from a cognitive framework, I believe conflict resolution is grounded in childhood experiences of observing and participating in family conflicts. Our parents or guardians consciously or unconsciously modeled styles of conflict resolution, which we internalized and then repeated in our conflicts with siblings and peers. Some families are more functional at addressing conflicts; children raised in more functional homes will have an early advantage at conflict resolution. Children raised in less functional, dysfunctional, abusive, or neglectful homes will likely have more struggles in
resolving conflicts as conflicts may have been denied or blown up into destructive aggression.

**Conflict Resolution Styles**

- **The Denier:** “Conflict? What conflict?” “Everything’s just perfect.”
- **The Minimizer:** “It’s not anything to worry about.” “No big deal.”
- **The Overly Responsible Type:** “It’s all my fault.”
- **The Avoider:** “It’s better to avoid conflict regardless of the cost.”
- **The Aggressor:** “You have to get in people’s faces! That’s how you resolve conflicts.”
- **The Mindful Type:** “OK, there is a conflict. What steps can I take to resolve it?”

Examine the types and think about which type best fits how you generally behave when faced with conflicts. No one will always choose only one type, but decide which of the conflict resolution styles most frequently describes you. Now, think about which of these styles you would prefer.

The following questions are aimed to focus your awareness on your current conflict resolution style and how you would like to modify it.

- Which of the mentioned conflict resolution style types would usually describe the manner in which I deal with conflicts?
- What do I fear about conflicts? (or, What is the worst thing that could happen regarding conflicts?)
- What types of conflict situations do I find most challenging?
- Who were my role models in learning how to address conflicts?
- What are my strengths in resolving conflicts?
- How effective is my style of conflict resolution?
- In what situations does my approach to resolving conflicts work?
- In what situations does my approach to resolving conflicts seem ineffective?
- What would I want to change about my style of conflict resolution?
- How could I begin to change my approach to conflict resolution?
- What is one small change I can make that will help me address conflicts more effectively?
- My biggest challenge in improving my conflict resolution skills is . . . .
- Think of someone who seems effective in resolving conflicts. What conflict resolution skills does he or she possess?
- What, in my professional training and background, assists me in resolving conflicts?
- What types of conflict resolution work do I see myself performing in the future?
What types of conflict resolution roles would be inconsistent with my future practice as a counselor?

How would being skilled in conflict resolution assist me in becoming an effective counselor?

Box 8.1 presents conflict scenarios designed to help you think about your own approach to conflict management.

THE COUNSELING STUDENT AS CLIENT

Counseling work can certainly be very stressful, as clients bring in difficulties of their own and there may be job conflicts with coworkers. As a graduate student in a counseling program, you have the added complication of coursework, along with seeing clients, balancing a home life, and numerous additional demands. Many counseling programs now mandate a few counseling sessions for their students. Counselors who have had the experience of being clients themselves have...
a more complete understanding of the therapeutic process (Norcross, Strausser, & Faltus, 1988). Putting yourself in the vulnerable position as a client also provides you the opportunity of experiencing the “other side” of the therapeutic experience and likely can help you develop more empathy for clients and their struggles.

I can state from experience that many counselors and other mental health professionals sometimes are reluctant to seek counseling services for themselves, out of their fear or arrogance, or simply being unaware of the extent of their personal issues. Self-care is a critical component of effective function for counselors and an issue addressed in the ACA Code of Ethics (2014, Standard C.2.g). As a future professional counselor, graduate school is the optimal time to begin addressing your own mental health to ensure whatever personal concerns you have do not impact your counseling work. This is not to say you must be perfect to be a counselor; every counselor, no matter how successful and well-adjusted, has some personal “baggage.” Most importantly, understand your issues and work to improve on them. After all, such is the nature of counseling work.

If you decide that entering personal counseling would be a good idea, you should be aware that many counselors, psychologists, social workers, and other mental health professionals have already reached similar conclusions. Mahoney (1997) reported that 87% of mental health professionals surveyed admitted they had entered personal counseling at some point in their careers. Personal counseling was rated by mental health professionals as second to practical experience as the most important influence in their professional lives. A study of 500 counselors and psychologists revealed that 93% rated the experience from mildly positive to very positive (Baird, Carey, & Giakovmis, 1992). Other notable counseling professionals such as Sam Gladding (2009) have posited personal counseling as a critical growth experience for counselor development. In fact, in the event that it has been a lengthy period of time since a counselor was a client, it is likely a good idea to seek counseling services as a mental health “checkup” and to better empathize with the clients being served.

Pope and Tabachnick (1994) conducted a study of more than 800 psychologists, in which 84% admitted to having been in personal therapy. The most often cited reasons for mental health professionals to seek counseling were (in descending order) depression; divorce or relationship difficulty; struggles with self-esteem; anxiety, or career, work, or study concerns; family of origin issues; loss; and stress (Pope & Tabachnick, 1994). Among those surveyed, 85% described the therapeutic experience as very or exceptionally helpful. What these and other studies suggest is that personal counseling can be very important for our own emotional health and personal growth. Furthermore, personal counseling helps counselors and other therapists remain healthy and in doing so they likely are more effective at providing counseling. Furthermore, many counseling professionals have chosen to become helping professionals because of positive, life-transforming experiences through their own personal counseling (perhaps even readers of this text).

In addition to counseling, support groups can serve an important role for counselors and certainly for graduate students. I am not aware of counseling programs that require student participation in support groups, but it is a worthwhile
concept, particularly given the stressful nature of graduate study, practicum and internship demands, and because the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) standards essentially mandate training reflective counseling professionals. In my own graduate counseling program, we were required to participate in an intensive growth experience for 3 days. I was both a participant as a master’s degree student and later a group facilitator as a doctoral student. My experience in both groups was educational and very informative regarding the power of the group experience on individuals. However, my belief is that an ongoing support group would be more impactful regarding students’ personal growth and development.

FINAL SUGGESTIONS FOR SELF-CARE

Kenneth Blanchard, famous for the best-selling book The One Minute Manager, co-wrote a follow-up book titled The One Minute Manager Gets Fit in 1986. He was motivated to write this book after realizing that he was so consumed with chasing success that he forgot the most important thing: to keep his life in balance (Blanchard, Edington, & Blanchard, 1986). He ate junk food, failed to work out, his weight ballooned, and his blood pressure rose to dangerously high levels (Blanchard et al., 1986). In the book, he listed the following as a means of assessing fitness level:

- I love my job. (Most of the time.)
- I use safety precautions like wearing a seat belt in moving vehicles.
- I am within 5 pounds of my ideal weight.
- I know three methods to reduce stress that do not include the use of drugs or alcohol.
- I do not smoke.
- I sleep 6 to 8 hours each night and wake up refreshed.
- I engage in regular physical activity at least three times per week. (Including sustained physical exertion for 20 to 30 minutes, e.g., walking briskly, running, swimming, biking, plus strength and flexibility activities.)
- I have seven or fewer alcoholic drinks a week.
- I know my blood pressure.
- I follow sensible eating habits. (Eat breakfast every day; limit salt, sugar, and fats like butter, eggs, whole milk, breakfast meats, cheese, and red meat; and eat adequate fiber and few snacks.)
- I have a good social support system.
- I maintain a positive mental attitude (p. 36).

The list contains many common-sense items, yet it is clear that many people, including some graduate students and professional counselors, struggle with
many of them. Regular medical checkups on an annual basis are also highly recommended. Graduate students who lack health insurance should check with their student health service as medical care is usually subsidized by student fees and is significantly less expensive than off-campus providers. Furthermore, as previously noted, good self-care is an ethical construct (Standard C.2.g); graduate counseling students would be wise to begin working on self-care development. Professionals at college and university counseling centers, student health centers, and clergy are in a good position to assist with this. Social support systems are critical for well-being as well. Students feeling isolated would be wise to check with a counselor or another of these aforementioned professionals. Support groups can be helpful as can getting involved in a club or organization in an interest area (e.g., running club, meditation group, hiking club, etc.).

Assessing Your Stress

Stress is a major component of health-related issues and conditions related to anxiety, depression, and a number of somatic problems (Burns, 1993). The Perceived Stress Scale-4 (Pss-4; Cohen, Kamarck, & Mermelstein, 1983) is a brief test to assess your stress level (see Exhibit 8.3).

Self-Care: Your Owner’s Manual on Well-Being

Self-care plans can provide a buffer against compassionate fatigue or burnout (Stamm, 2005). A sample self-care plan is provided in Exhibit 8.4 for the reader’s consideration.

Exhibit 8.3 Perceived Stress Scale-4 (PSS-4)

Circle the number that best represents your stress level on each of the following questions:

1. In the last month, how often have you felt you were unable to control the important things in your life?
   - Never (0)   Almost Never (1)   Sometimes (2)   Fairly Often (3)   Very Often (4)
2. In the last month, how often have you felt confident about your ability to handle your problems?
   - Never (0)   Almost Never (1)   Sometimes (2)   Fairly Often (3)   Very Often (4)
3. In the last month, how often have you felt that things were going your way?
   - Never (0)   Almost Never (1)   Sometimes (2)   Fairly Often (3)   Very Often (4)
4. In the past month, how often have you felt difficulties were piling up so high that you could not resolve them?
   - Never (0)   Almost Never (1)   Sometimes (2)   Fairly Often (3)   Very Often (4)

(continued)
Exhibit 8.3 Perceived Stress Scale-4 (PSS-4) (continued)

Scoring for the Perceived Stress Scale 4 (PSS-4)

Questions 1 & 4
0=Never
1=Almost Never
2=Sometimes
3=Fairly Often
4=Very Often

Questions 2 & 3
4=Never
3=Almost Never
2= Sometimes
1=Fairly Often
0=Very Often

Lowest Score: 0
Highest Score: 16

Higher scores are correlated to feeling more stressed.


Exhibit 8.4 A Sample Self-Care Plan for Counselors and Counselors in Training

Secondary trauma, compassion fatigue, and burnout are serious concerns for any counselor or counselor in training. These may be avoided, however, provided a counselor has a good self-care plan. For a viable self-care plan, I recommend a minimum of seven dimensions: physical, emotional, cognitive, social, financial, spiritual care, and creative self-care. Naturally, there will be many variations to self-care plans, even within the seven dimensions I have recommended. The following is one example of how to construct a self-care plan.

**Author’s Note:** An active self-care plan is very helpful in managing stress counselors and counselors in the training phase. A self-care plan, though helpful, is no guarantee against compassionate fatigue or burnout.

1. **Physical Self-Care Dimension**
   The activities I do regularly to care for my body in healthy ways. Healthy examples may include regular exercise (e.g., jogging, yoga, weight training, etc.), a balanced diet, abstinence from tobacco and alcohol (or moderate consumption), regular sleep, and annual physicals. In the space provided, identify three activities you regularly engage in (or plan to engage in) to take care of your physical self:
   A.
   B.
   C.

2. **Emotional Self-Care Dimension**
   The healthy activities I engage in to care for my emotional self. Examples may include: daily or weekly journaling, counseling (if necessary), joining a support group, practicing healthy

(continued)
self-talk and positive affirmations, and so on. In the space provided, list three activities you currently do or plan to engage in to care for your emotional self:
A. 
B. 
C. 

3. **Cognitive Self-Care Dimension**
   Cognitive self-care includes activities you undertake to engage your mind in a creative task. Cognitive self-care activities might include reading for pleasure, playing scrabble, completing crossword puzzles, continuing education for your career (or future career), taking classes for enjoyment, learning a new skill, and so on. In the space provided, list three cognitive self-care examples you regularly engage in (or will engage in):
A. 
B. 
C. 

4. **Social Self-Care Dimension**
   As humans are social creatures, it is important to maintain healthy relationships. Examples could include socializing with friends, family, and colleagues, joining clubs and organizations, going to plats or movies with a spouse/partner/friend, and so on. In the space provided, identify three social self-care activities you currently engage in (or will engage in) to care for your social self:
A. 
B. 
C. 

5. **Financial Self-Care Dimension**
   Financial self-care includes how I spend and save money and make responsible financial decisions. (I realize this can be challenging as a graduate student on a fixed budget.) Examples include balancing your checking account, maintaining a healthy savings account, speaking with a financial planner regarding investments or future investments, attending a financial planning class, or purchasing some of your clothes at Goodwill, the Salvation Army, and so on. In the space provided, identify three activities that you currently do or are planning to do for financial self-care:
A. 
B. 
C. 

6. **Spiritual and Mindfulness Self-Care Dimension**
   Most people are spiritual beings in some manner. This may include membership in a faith community (e.g., church, mosque, temple, etc.), 12-step community, regular individual or group meditation, mindfulness practice, and so on. **Author's note:** A person may have no spiritual inclination but likely finds ways to incorporate meaning and purpose into his or her life. If you are not spiritually inclined, consider how meaning and purpose manifest in your life. In the space provided, identify three spiritual/meaning activities you regularly engage in (or plan to engage in):
A. 
B. 
C. 

(continued)
7. **Creative Self-Care Dimension**

Everyone is a creative person. Creativity does not require world-class talent and fame, but simple ways whereby you regularly engage in such pursuits. Creative expressions may include singing solo or in a choir; playing a musical instrument; writing poetry, prose, or music; creating any work of art; performing in community theatre; and so on. In the space provided, cite three creative activities you regularly engage in (or will engage in):

A.

B.

C.

**CONCLUSION**

The practicum and internship experience is intense and can be a very demanding and, occasionally, stressful time for a graduate student. The good news is that survival rates are very high and it is likely that you will manage stressful times quite well. You should expect occasional times, however, when you feel overwhelmed or “stressed out.” These times, though unpleasant, also provide some of the greatest opportunities. You will get to practice the same stress management techniques and skills you have been teaching your clients. This is where self-reflection, reframing, meditation, prayer, exercise, friendships, and so forth, are so valuable and rewarding. Be aware of your stress and anxiety levels and monitor them closely so that you remain physically and emotionally healthy. A burned-out counselor—one who tries to be everything to everyone—fails to set limits, lacks assertiveness, eats a poor diet, and has no significant friendships and is likely to be of limited value to his or her clients. So, understand yourself and your emotional and physical limitations and work to stay within them. Use assessments such as the ones in this chapter to assess stress levels, a healthy lifestyle, meaning in life, and others to develop a self-care plan that is realistic and works for you.

**RECOMMENDED RESOURCES**

**Resources for Managing Stress**


Resources for Conflict Resolution

The following books are good resources for ideas, self-reflection, and skill building regarding conflict resolution:


REFERENCES


ADDRESSING TRAUMA IN COUNSELING: INTERVENTIONS FOR VICTIMS, SURVIVORS, AND PRACTICUM AND INTERNSHIP STUDENTS

INTRODUCTION

Anyone following the media or social media, or who has witnessed violence on a personal level, can attest to the reality that trauma is a fact of life. From automobile accidents, military personnel in war zones, bullying behaviors in schools, to survivors of intimate partner violence, trauma is an all-too common experience (Levers, 2012). Sadly, the world can be a brutal, unpredictable place, thus making children, adolescents, and adults vulnerable to long-lasting, often untreated, trauma. The aftermath of trauma can manifest in numerous ways related to hyperarousal, cardiovascular troubles, somatic issues, gastrointestinal problems, sexual dysfunction, sleep irregularities, relationship conflicts, and numerous other concerns. Due to societal, cultural, and familial concerns, many people will carry unresolved trauma with them for an entire lifetime, never articulating the cruelty and violence inflicted upon them. There are numerous ways people experience and survive through traumatic events. This chapter aims at exploring some of these in a brief manner, while offering concrete interventions for treatment considerations. At the conclusion of the chapter, a list of suggested resources for further trauma education and treatment will be offered.

Traumatic events can bring about physical, psychological, even existential wounds. For many people, the very thought of addressing the worst experiences in their lives can be very daunting. It is no wonder therefore that many trauma survivors are reluctant to seek professional counseling services. Many brave survivors do come forward for treatment. Due to the nature of trauma, the therapeutic process is inherently one of healing a shattered self. “In order to understand the whole person who has experienced trauma, clinicians need to grapple with the ubiquity and the ugliness of traumatic events as well as to engage with the
complexity of trauma-associated responses“ (Levers, 2012, p. 1). Trauma recovery is a complex process involving revising self-talk, managing and eventually extinguishing flashbacks and somatic concerns, and coming to view themselves on the healing journey from victims, to survivors, to thrivers. Many treatment considerations emerge: was it a single trauma (i.e., an automobile accident) or ongoing (e.g., regular sexual violation by a family member), a natural disaster versus a terrorist attack, does the survivor have a strong support system or is she isolated, is there self-medication involved or sobriety? Essentially, many factors are considered when developing a trauma treatment plan. Given so much uncertainty in the world, with regard to family dynamics, school issues, sociocultural tensions, and global violence, promoting resilience must be a central part of any approach to trauma treatment. We want people to survive trauma, seek treatment, and then thrive in post-treatment. Thus, the term “thriver” identifies clients who have benefitted from treatment, healed, and learned from the process.

As this book is for students in graduate counseling programs, the focus will be on covering the basics of trauma treatment while offering concrete treatment suggestions. All graduate students and professional clinicians need ongoing training in trauma treatment and recovery. I intend to offer an integrated approach involving holistic care. No doubt, several preferred trauma treatments have emerged, such as acceptance and commitment therapy (ACT), eye movement desensitization reprocessing (EMDR), dialectical behavior therapy (DBT), and mindfulness-based cognitive behavior therapy, among others.

TRAUMA DEFINED

First of all, the most basic question to entertain is, what is trauma? Simply put, trauma may describe the aftereffects of a car wreck, a sexual assault, armed robbery, or an unexpected death. How does one survive it? Learn to heal through the pain and eventually come to see themselves as a thriver? As humans, we seem to be programmed to predictability. We believe things will always be as they are, meaning relative health, a marriage or partnership that always works, a viable career that lasts until we are ready to retire, and healthy children who are above average. Then life happens, and someone we love is killed in an auto accident. Perhaps, we are unceremoniously fired from our job, our spouse abruptly leaves, or that wonderful person we just met and began dating sexually assaults us. These painful, traumatic events sadly occur to people every day. Previously, we may have believed in a just, peaceful world concept, only to have it violently shattered. Suddenly, you no longer feel you are captain of your fate and feel vulnerable to a callow world. You struggle to make sense of what happened and why. In trauma’s aftermath, you feel you have lost much of the meaning of your life.

One of the first steps in addressing trauma is to recognize its impact. Trauma can impact cognitions, emotions, relationships, behaviors, attitudes, and dreams, among others (Van Der Kolk, 2014). Recognizing trauma’s impact and moving forward to help, however, can be the start toward healing and discovering renewed purpose in life. Simply put, bad things certainly happen to good people on a regular basis, and everyone needs to make a plan for dealing with traumatic
experiences (Chodron, 1997). More significantly, counselors must, of necessity, develop expertise in trauma treatment given its prevalence in therapy (Monson & Friedman, 2006). There simply is no escaping the reality that many clients seeking treatment in schools, colleges, and university settings, and in public and private community mental health treatment, have been impacted by trauma (Webber & Mascari, 2018). Sadly put, trauma is ubiquitous in all societies.

ACUTE STRESS DISORDER AND POST-TRAUMATIC STRESS DISORDER

The difference between an acute stress disorder (ASD) and post-traumatic stress disorder (PTSD) is time. If ASD symptoms continue beyond 30 days, a diagnosis of PTSD is assigned (American Psychiatric Association [APA], 2013). The diagnostic criteria for ASD are as follows:

A. Exposure to actual or threatened death, serious injury, or sexual violation in one (or more) of the following ways:

1. Directly witnessing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the event(s) occurred to a close family member or close friend.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains, police officers repeatedly exposed to details of child abuse).

Note: This does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

(APA, 2013)

PTSD

For PTSD, the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; APA, 2013) has included expanded categories beyond that in ASD. DSM-5 addresses exposure, symptomology, avoidance, negative mood, arousal, dissociative symptoms, age, and so on (APA, 2013). For a complete description of ASD and PTSD, review DSM-5, pages 271 to 218 (APA, 2013). Risk and prognostic factors also are addressed in DSM-5. Furthermore, there was a discussion of including what has come to be called complex trauma in DSM-5, though such did not occur. Complex trauma is generally described as long-term trauma, such as in the case of repeated sexual violation, prisoner of war torture victims, battered women and/or partners in domestic violence situations, and the like (Van der Kolk, 2003). Complex trauma is a term you will hear increasingly as you progress through your career in schools, agencies, treatment centers, hospitals, and so on. While DSM has yet to incorporate the term, such is likely in future editions. Clearly, there is a spectrum of severity for all disorders and/or life circumstances and such is also true for trauma, based on episodes (single episode vs. ongoing), severity, client resilience, environmental support factors, and so on.
FACTORS OF TRAUMA

Numerous factors will help determine how clients will respond to a traumatic event. Age (younger persons often are more reactive than older), surprised (sudden death) versus preparation for a trauma (e.g., a hurricane or tornado), severity of injury (physically, emotionally, sexually, etc.), and the way the survivor views the trauma are a few of the components that impact the survivor. We can begin to consider three types of factors that influence the development of an ASD and PTSD. These are pre-event factors, event factors, and post-event factors (Williams & Poijula, 2016). Relatively 10% to 20% of trauma survivors will develop PTSD (Sidran, n.d.). The good news, however, is that PTSD is treatable with good success rates.

Pre-Event Factors

While there are numerous possible pre-event factors that can impact future trauma, the following are some common ones:

- Previous exposure to trauma, such as childhood sexual abuse, emotional and physical abuse, or witnessing abuse (e.g., domestic violence)
- A history of anxiety or depression, particularly when untreated
- An unstable family history (e.g., psychiatric disorders, financial challenges, foster care situations, etc.)
- Early onset of substance abuse
- Absence of social support to assist in troubled times
- Early loss of family, home, and close relations
- Genetics: some people appear less resilient to trauma than others (Meichenbaum, 1994)

Event Factors

The following are some of the factors contributing to the development of PTSD. These may include:

- Proximity to the traumatic event (e.g., bomb exploded 100 yards away)
- Your self-talk regarding the event (what you tell yourself about the event)
- Age when experiencing/witnessing the trauma (younger persons are more vulnerable)
- Being a victim of ongoing trauma (e.g., ongoing sexual abuse, war, chaotic home, etc.)
- Victim of multiple traumatic events
Post-Event Factors

Post-event factors include those that exist after the traumatic event has concluded. They may include:

- Lack of strong emotional and social support
- Negative self-talk regarding one’s ability to cope and persevere
- Either no accessing therapeutic help or lacking the resources to access help
- Inability to find meaning in the post-event suffering
- Developing an ASD after the event (after 30 days, continued trauma is diagnosed as PTSD)
- Experiencing physiological (increased blood pressure and heart rate, startle reaction) and avoidant (isolation from peers and loved ones) or numbing sensations (blunted affect, periodic dissociation)

The good news is that help for trauma sufferers is available, though more so in some communities than others. Self-talk, or what the survivor tells herself after the trauma, seems to be a very important factor (Ellis, 1994). That is, does the survivor tell herself that “I am a survivor and will seek out help to overcome this trauma,” or rather, “This was awful and terrible and I will never feel good and safe again.” Self-talk is where I recommend all cognitive therapy for trauma begin. Furthermore, self-talk, or cognitive reframing/restructuring, will need to be lifelong for optimal results (Ellis, 1994). Counselors should monitor client self-talk to gauge therapeutic effectiveness. Naturally, clients can quickly learn to monitor and revise their own self-talk for optimal effectiveness.

Additional important factors that may have positive implications for trauma recovery and resilience include an internal locus of control, or believing you have the resources to work through the difficulty. An internal locus of control is strongly related to self-efficacy, or the confidence you will indeed get better through your attitude and actions (counseling, exercise, positive thinking, etc.) (Meichenbaum, 1994). Perhaps even more significant is the survivor developing a sense of life meaning regarding survival to traumatic events (Park & Folkman, 1997). Furthermore, survivors who are motivated to improve believe they can improve, and those who access healthy coping strategies (e.g., counseling, exercise, healthy diet, etc.) tend to have the highest success rates of recovery (Meichenbaum, 1994).

ASSESSING TRAUMA

There are a number of assessments you may use to assess trauma. These include the trauma symptom inventory (TSI), PTSD checklist (civilian and military), trauma history screen (TRS), social readjustment rating scale (SRRS), and some of the common screeners counselors would use in clinical settings. You would also use a clinical interview to delve into a client’s history to determine when
the trauma occurred, length of time, severity, symptomology, and so on. Be prepared for traumatized clients to exhibit fragmented memories (van der Kolk, 2003). This is likely due to dissociation during trauma, something especially common in survivors of long-term abuse. Some clients may even report watching their trauma from above, as if an outside bystander (van der Kolk, 2003). Frankly, dissociation may, in reality, be the mind’s way of protecting victims from further intensive abuse by shutting down the senses and psychologically distancing the sufferer.

Regarding dissociation and memory gaps, counselors must be diligent to ensure they do not “uncover” false memories into the client. Recovered memories are a significant controversy in the field and disagreement continues regarding their possibility. Regardless, Meichenbaum (1994) recommends consideration of several important points with regard to remembering a trauma:

1. Remembering is a reconstructive process, not merely a retrieval of a record of past experience. Typically, we forget more than we remember.
2. Your memories can be influenced and distorted over time.
3. Reconstructing a memory does not bring up everything in exact detail.
4. Strong belief in inaccurate memories is possible.
5. Clients do not have to recall everything about a traumatic event in exact detail. What is important is to be able to recall enough to process the event, accompanying cognitions, emotions, and body sensations.

Meichenbaum (1994) adds that a survivor’s belief regarding the trauma is a significant factor in his/her ability to recover from the trauma. The set of questions in Exhibit 11.1 will help assess a survivor’s beliefs regarding his/her trauma.

Creating Safe Spaces

In many cases, it is impossible to achieve safety without moving to a safe location. Victims of domestic violence (e.g., verbal, physical, sexual, etc.) must get to shelters and other safe locations. The set of questions in Exhibit 11.2 will help assess a survivor’s access to safe spaces.

Subjective Units of Disturbance Scale

The subjective units of disturbance scale (SUDS) provides a personal, subjective method for the clients to assess their distress level at times when they may feel insecure or unsafe. Lower SUDS levels suggest a more relaxed mood, whereas higher scores indicate more personal distress. The SUDS scale has 11 points, from 0 to 10, ranging from completely relaxed to extreme distress (see Exhibit 11.3). Counselors should remind clients that SUDS scores will fluctuate depending on the situation, day, and their ability to manage triggers that activate distress.
Exhibit 11.1 Trauma Beliefs Inventory

Select the beliefs that most accurately represent your beliefs regarding your trauma-related experiences. The important matter is what you tell yourself regarding recovering from trauma. More optimistic beliefs suggest more positive treatment outcomes.

1. I believe I am a victim though with work and support my mood will improve. Yes___, No___
2. I feel very hopeful regarding my future. Yes___, No___
3. I feel guilty for having been victimized. Yes___, No___
4. I have been self-medicating with alcohol and other substances to deal with my trauma-related anxiety. Yes___, No___
5. Because of my trauma experience(s), I am more self-critical. Yes___, No___
6. I am having difficulty sleeping (or have nightmares) due to my trauma. Yes___, No___
7. I have been having suicidal thoughts due to my trauma. Yes___, No___
8. Despite my traumatic experience(s), I believe I am a very resilient person able to heal from my experience(s). Yes___, No___
9. I have a strong support system that includes supportive family, friends, and a community (e.g., colleagues, spiritual community, etc.)
10. I have a strong relationship with my own sense of spirituality, or higher power, or God, and so on. Yes___, No___
11. I have been able to reclaim my personal autonomy and power from the trauma or abuser. Yes___, No___
12. I have formed a successful, intimate relationship. Yes___, No___
13. I am having success in setting healthy limits with people in my personal and professional life. Yes___, No___
14. I recognize that the traumatic event(s) were not my fault and understand the trauma was not my fault. Yes___, No___
15. I am managing my anger in a healthy manner and I am not feeling controlled by it. Yes___, No___
16. I have attended counseling (individual and/or group) to help heal from the trauma. Yes___, No___
17. I am generally able to get a good night’s sleep. Yes___, No___
18. I believe I am a good person worthy of loving others and being loved. Yes___, No___
19. I recognize that what I most control is my attitude in any given situation. Yes___, No___
20. I am very hopeful about my personal and vocational future. Yes___, No___

Developing a Support System

As you continue working through your traumatic experiences and deal with the symptoms, it is important to create social and emotional support systems. Supportive family and friends are important, and support may be found through coworkers, support groups, faith-based institutions, 12-step recovery programs (e.g., Alcoholics Anonymous, Narcotics Anonymous, Adult Children of...
Exhibit 11.2 Creating Safe Spaces

Answer the following questions as candidly as you can:

1. Do you have a safe place where you will not be abused? If so, where? __________________________

2. What makes this place safe and special to you? __________________________

3. What types of activities do you do in this safe place (e.g., yoga, meditation, journaling, etc.)? __________________________

4. Have you set aside a specific time or day of the week to visit this safe place? If yes, when? __________________________

5. If you were to rate your personal safety, how would you rate your safety level?

   1  2  3  4  5  6  7  8  9  10

   (Safe)    (Unsafe)

6. Some trauma survivors maintain beliefs that continue to leave them feeling depressed, unsafe, and angry. These beliefs are expressed in ways such as: “I believe I deserve to be punished,” “I caused him/her to be abusive,” “I am a bad person,” “I will never be free of abuse.” Now, what can you do to prevent any harmful actions or unhealthy self-talk (as previously noted) from hurting you further? __________________________

7. As trauma survivors become healthier, their self-talk usually becomes healthier as well. Their self-talk may sound like: “The abuse was not my fault,” “My anger is a natural expression of the unfairness of the abuse,” “I am very resilient and each day I get a little stronger,” “I am the most important person in my life and well worth healthy love.” Now, in the following space, what is an example of your own healthy self-talk? __________________________

8. I am learning that being hopeful about my future is very important, regardless of what abusers have said. I am hopeful about: __________________________

9. Make a list of your negative, unhealthy thoughts. Then, write three safe, healthy thoughts to contradict the negative, unsafe ones. Remember, each time unhealthy thoughts intrude upon your mind, contradict them with healthier ones.

10. Make a list of your personal, emotional assets. Then, list how each asset is helping you become a stronger, healthier person.

Alcholics), or social organizations. You also need to have an emergency plan in the event you feel unsafe and need to access resources during times when your supports may be unavailable (e.g., holidays, late night or early morning hours, etc.). Exhibit 11.4 provides an outline of a support system.
Exhibit 11.3 Subjective Units of Disturbance Scale

0  I am completely relaxed, with no distress.
1  I am very relaxed, whether working, studying, or socializing.
2  I am feeling no tension.
3  I experience a bit of tension and it is mildly distracting to my thoughts.
4  I am experiencing mild distress in my thoughts and in places in my body. Still, I am able to manage this distress.
5  My cognitive and bodily distress remain within a manageable range.
6  I am experiencing moderate distress in thoughts and in my body, though it remains manageable.
7  My thoughts and body distress are unpleasant and causing me significant anxiety.
8  I am experiencing a high degree of distress with high levels of anxiety and bodily tension.
9  The distress is so high that it is impacting my cognitive and emotional functioning. My body tension is nearly unbearable.
10 I am in extreme distress and filled with panic, with tension throughout my body. I am having difficulty managing my negative thoughts and regulating my emotions.

At this point my SUDS score is: ____________
I chose this score because: ____________________________
_________________________________________________
One thing I can do to lower my score 1-point is: ____________________________

SUDS, Subjective Units of Disturbance Scale.

Exhibit 11.4 Developing My Support System

The contact numbers I need to know are:

1. The local crisis line: ____________________________
2. My spouse or partner: ____________________________
3. My closest friend: ____________________________
4. My counselor: ____________________________
5. My physician: ____________________________
6. A close family member: ____________________________
7. The local hospital emergency department: ____________________________
8. Another significant person (AA sponsor, neighbor, coworker, or another significant person): ____________________________
9. My spiritual advisor: ____________________________
10. If none of these contacts are available and I need support, I can do one of the following activities to create personal safety until someone is available:

________________________________________________

AA, Alcoholics Anonymous.
Acknowledging Positive Assets

Working through trauma successfully involves understanding positive assets. Use the questions in Exhibit 11.5 to help identify your strengths with regard to healing from trauma.

Journaling and Recovery

One of the methods many survivors employ to deal with their trauma is to write about what happened. Pennebaker & Campbell (2000) suggests that journaling

<table>
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<th>Exhibit 11.5 Acknowledging My Assets</th>
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| 1. As a survivor recovering from trauma, what do you see as your top three strengths?  
  a.) __________________; b.) __________________; c.) __________________ |
| 2. During your recovery, in what ways have you demonstrated resilience?   |
| 3. When you were struggling with the pain, anger, and anxiety, how did you find the will to keep working toward recovery? |
| 4. How were you able to maintain your level of hope?  |
| 5. How were you able to maintain your sense of humor during your recovery?  |
| 6. Who were/are a few of your key supporters during your recovery?  |
| 7. What do you believe is the key to successful trauma recovery? |
| 8. If another trauma survivor were to ask you for advice regarding recovery, what would you tell him or her?   |
| 9. What has your recovery taught you about your own resilience?  |
| 10. Although no one would ever want to experience trauma for personal growth, many report they do indeed grow in response to experiencing trauma. In what ways have you grown as a result of your recovery? Growth can be emotional, physical, spiritual, educational, and so on. |

This is a sample from THE COUNSELING PRACTICUM AND INTERNSHIP MANUAL
about unpleasant and even traumatic experiences is beneficial for emotional health. Pennebaker suggests you journal for 4 days each week. During those journaling days, write for 20 minutes each day. The only hard and solid rule is that you write continuously for the entire 20 minutes. If you start to feel you are running out of things to write, simply repeat what you have already written. Give yourself free reign during this time by turning off your internal editor and tuning out self-criticism regarding spelling, punctuation, and sentence structure. Just let your writing flow.

During your journaling, you likely will experience mixed emotions, from feeling liberated from your pain to feeling sad about what has happened (Pennebaker & Campbell, 2000). This range of emotions and cognitions is quite natural for someone who has experienced trauma. Remember, addressing your journal writing during counseling sessions may enhance the therapeutic encounter. Should you feel writing about your trauma, or at least aspects of your trauma, are too upsetting, then you may wish to avoid addressing such in your journal. Use of scaling questions may prove helpful. For example, on a scale of 1–10, with 10 being very high and 1 very low, what is my anxiety level in writing about my trauma (or at least particular aspects of my trauma)?

Naturally, people keep personal journals to address all types of experiences such as family relationships and issues, romantic involvements, college and university experiences, new careers, retirement, for grief recovery, and so forth. Journaling can be a transforming experience in that it serves as an outlet for your effect and cognitions and provides concrete time for reflection and renewal. Specific instructions are detailed in Exhibit 11.6.

**Exhibit 11.6 Steps to Journaling About Your Trauma**

During this week, write about a traumatic experience in your journal. Each day, you will write for 20 minutes without stopping. When you complete the 20-minute cycle, consider what you have written. What do you learn from this journal entry? How will what you have written help you in the recovery process? (Remember, even slight help is an improvement.) If you wonder when the best time to journal is, usually it is the time that works best for you, be it early morning, mid-day, or evening.

**Self-Reflecting on My Journal Experience:**
During your 4-day journaling cycle, what have you learned regarding your recovery, your strengths, values, hopes, and anything that seems important?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Managing Flashbacks

A flashback is a memory of a past experience, either pleasant or unpleasant, that is occurring in present time. Flashbacks are actually quite common, though many people likely do not recognize them as such. For example, you may notice a particular smell that takes you back a couple of decades to a relative or friend’s wedding and suddenly, you are re-experiencing the past. The experience, triggered by a smell, is a flashback, though not one any counselors would concern themselves with. Matsakis, moreover, defines a flashback as a “sudden, vivid recollection of the traumatic event accompanied by a strong emotion” (1994, p. 33). A flashback can be brief or a recalled memory of a longer experience. Flashbacks more commonly refer to auditory or visual aspects of the traumatic experience, but may also refer to somatic concerns (stomach or back pain), emotions (sudden, intense anger that seems an overreaction to a third party), and behaviors (a fight, flight, or freeze-type behavior when triggered). For trauma sufferers, a flashback puts them back in that traumatic event as if the trauma is reoccurring at that moment. Flashbacks may also be manifest in dreams, such as with night terrors experienced as actual events. Flashbacks may also appear as intrusive thoughts or as intense emotions (Meichenbaum, 1994).

During a flashback, the trauma is re-experienced with great intensity, sometimes causing the sufferer to confuse present reality with the past experience. This may be the reason why trauma survivors have fragmented memories as they lose track of real time due to flashbacks (Meichenbaum, 1994). Children and adolescents can also have flashbacks, often acting out the type of violence that was perpetrated upon them. Anyone who has worked with abused children would likely tell you they have witnessed this firsthand. Adults frequently act out their trauma as well, especially if self-medicating with alcohol or another substance (Meichenbaum, 1994).

Flashbacks may also be explicit memories of traumatic experiences or “bits and pieces” of the actual experience. Typically, a flashback includes some sensory and emotional part of the trauma. Due to perceived stress, cortisol is activated, and the endocrine system begins pumping epinephrine through the body, leading to hyper-arousal and resulting in quick, shallow breathing, angry or frightening thoughts, and increased heart rate and blood pressure. Altogether, a flashback can be a very frightening experience for the trauma survivor. Fortunately, with practice and certainly counseling assistance, flashbacks may be managed, thus lessening their negative impact (Meichenbaum, 1994; Rothschild, 2010).

The use of cognitive reframing or monitoring and revising self-talk is a common part of cognitive therapy (Ellis, 2000). The following are some basic questions for trauma survivors to consider:

1. What is this flashback trying to teach me?
2. How might this unpleasant memory actually begin to help my recovery?
3. When experiencing a flashback, what can I do to lessen the pain of the memory just a little?
4. When these flashbacks are no longer a problem for me (or only a minor problem) how will my life be different? What will others notice that is different about me?
Counselors may also assist trauma survivors in revising their flashbacks by using the exercise in Exhibit 11.7.

Interrupting Flashbacks

The flashback interruption exercises in Exhibit 11.8 are adapted from Rothschild’s (2010) *8 Keys to Safe Trauma Recovery: Take-Charge Strategies to Empower Your Healing*.

Nightmares and Trauma Dreams

Your clients may have recurring dreams where trauma is replayed or at least some aspect of the trauma is re-experienced. Some clients may have trouble sleeping and try and avoid bedtime altogether, thus reducing their health and well-being. Dreams, however, even unpleasant ones, may provide another window for treatment, thus lessening symptomology. The flashback-interrupting protocol in Exhibit 11.8 can be adapted to address trauma-based nightmares. You may use it with clients to help them prepare for nightmares, or try the methods described in Exhibit 11.9. Caution: People suffering from nightmares should be under the care of a counselor or other professional trained in PTSD.

The Dream Journal

Journaling appears to have good emotional and mental health benefits for those who regularly engage in journaling activity (Parker-Pope, 2015). Spoormaker
Exhibit 11.8 Flashback Interrupting Protocol

1. The flashback I am writing about is: ________________________________________________________
   ________________________________________________________

2. Say to yourself (preferably out loud) the following sentences, filling in the blanks:
   Right now I am feeling ___________________________ (write in the name of the current emotion) and I am sensing ___________________________ in my body (describe bodily sensations, at least three), because I am remembering ___________________________.
   (name the trauma only, no specific details).

3. At the same time, I am looking around where I am now in ___________________________.
   (current year), here ___________________________ (name the place where you are currently), and I can see ___________________________ (describe what you see right now) is not happening anymore.

4. How did this flashback interruption work for you? _______________________________________________
   _______________________________________________

5. How might this technique work even better? Any ideas? _______________________________________________
   _______________________________________________

Exhibit 11.9 Managing Nightmares, So They Don’t Manage You

Addressing nightmares tends to be about grounding one’s mind prior to bedtimes so that you have planted a strategy in your mind and can implement it upon waking (Hobson, 2009). The following is adapted from the work of Hobson (2009) and Spoormaker (2008). You will describe your anticipatory fear, which often is the most distressing part of nightmares. Then, you will address strategies to manage the nightmare during and after waking.

My most fearful aspect before going to bed is: ___________________________.
I feel this fear in my body in ___________________________, ___________________________, and ___________________________ (cite three locales, or less if less).

During my nightmare, I will work on facing whatever is frightening. Be aware, you may need time to fully face fears in your dreams.

During the nightmare, I will tell myself “This is only a dream, and this unpleasant dream is teaching me something I need to address.”

Upon waking, you will rate your fear on a scale of 1–10, with 10 being high.

1  2  3  4  5  6  7  8  9  10
Low anxiety    Medium    High anxiety

Right now, my score is ___/10. Remember, you only need to lower your score by 1 point.

Now, use the following grounding exercises after rating yourself on the anxiety scale:

Look around your bedroom. Upon waking I see ___________________________.
   ___________________________

(continued)
Because I am safe in my home, I know that _________________ (name the trauma or nightmare) is not happening right now.

Next, sit up and put your feet firmly on the floor and feel the floor on your bare feet. Tell yourself, “I am here in my room, and the trauma is not occurring now. (Or, you may touch the wall, and feel the wall on your hands.)

Next, you will work to slow your breathing. Take in slow, deep breaths, imagining your feet on the floor (or hands on the wall), while silently repeating, “I am in my safe place.” Breathe deeply, hold for 1 second, and then slowly exhale. Repeat for a couple of minutes or until you feel slightly more calm.

Now, rate your anxiety of the previous scale. Right now, my score is: ____/10. How do your two scores compare? In the following space, describe what you can do to manage your anxiety during the day:

Strategy 1: __________________________________________
Strategy 2: __________________________________________
Strategy 3: __________________________________________
Always remember to monitor your self-talk and revise accordingly.

(2008) advocates a cognitive procedure to reduce anxiety in the aftermath of nightmares. When the dream occurs, write it down (as much as you can recollect). Then, talk it through aloud and rewrite the ending as a strategy to manage the nightmare. Exhibit 11.10 provides more detailed instructions.

SELF-MEDICATING TRAUMA

A significant issue for counselors who treat trauma is client self-medication with alcohol or other substances (Miller, Forcehimes, & Zweben, 2011). Counselors treating trauma survivors would be wise to screen for alcohol and other drug abuse. Two quick and efficacious assessments available are the CAGE (Cut-Down use, Annoyed when questioned about substance use, Guilt at abuse, and needs an Eye-opener to start day) questionnaire and the Alcohol Use Disorders Identification Test (AUDIT). The CAGE questionnaire can be quickly used in an intake interview as it is very brief. Clients are asked if they have ever felt the need to cut down their drinking, become annoyed when others ask about their consumption, felt guilty about their drinking, or needed an eye opener to begin the day. Each item scores a 1 for “yes” responses and a score of 2 is considered clinically significant (Kitchens, 1994). Heck (1991) found the effectiveness of the CAGE questionnaire in identifying problem drinkers could be significantly improved by asking clients about their social drinking habits, driving habits, and the age at which they began to drink. Problem drinkers seldom, if ever, select nonalcoholic beverages at social events,
frequently drive when under the influence of alcohol, and started drinking at an early age, often during high school.

The AUDIT is a 10-item screening tool utilized to assess alcohol dependence and its consequences. The AUDIT was developed by the World Health Organization over two decades through research across several countries. The AUDIT assesses three levels of alcohol consumption: hazardous or risky drinking (at-risk for alcohol-related consequences), harmful drinking (presence of physical or mental consequences), and alcohol dependence (relying on alcohol as a coping mechanism). AUDIT items refer to recent alcohol use, alcohol dependence symptoms, and alcohol-related problems. AUDIT items are robust in distinguishing between low-risk and high-risk drinkers. Items 1 to 3 assess hazardous drinking, items 4 to 6 identify alcohol dependence symptoms, and items 7 to 10 screen for harmful drinking (Barbor, Higgins-Biddle, Saunders, & Monteiro, 2001).

The AUDIT can be completed as a self-report format or in a clinical interview. Items are ranked on a 5-point scale. Authors of the second edition AUDIT manual suggest a cut-off score of 8 or higher for problem drinking. Scores of 0 to 7 warrant alcohol education; 8 to 15, advice on alcohol use; 16 to 19, advice and ongoing monitoring; and 20 to 40, referral to an addiction specialist for further evaluation and treatment (see Exhibit 11.11). The AUDIT has shown promise

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**Exhibit 11.10 The Dream Journal**

You will create a dream journal to address the nightmares you are having as a result of the trauma. Take a standard notebook, or use your computer, to detail any nightmares. Describe the bad dream in as much detail as possible, focusing on your senses (sights, sounds, smells, sensations on your skin, tastes). The following lines are to give you an idea of length. Tailor the journal and write as much as necessary.

Reviewing your nightmare, what are some ways you could change the nightmare’s ending?

Even unpleasant experiences may help us manage our lives. How have your nightmares helped you to learn about your trauma recovery?

As you continue to journal about your nightmares, consider also how journaling has helped you heal from your trauma.
Exhibit 11.11 The Alcohol Use Disorders Identification Test

Read the questions as written. Circle the answer that best describes your drinking habits.

**QUESTION:**

1. How often do you have a drink containing alcohol?
   a. Never
   b. Monthly or less
   c. 2 to 4 times a month
   d. 2 to 3 times a week
   e. 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day when drinking?
   a. 1 or 2
   b. 3 or 4
   c. 5 or 6
   d. 7 to 9
   e. 10 or more

3. How often do you have six or more drinks on one occasion?
   a. Never
   b. Less than monthly
   c. Monthly
   d. Weekly
   e. Daily or almost daily

4. During the past year, how often have you found that you were not able to stop drinking once you had started?
   a. Never
   b. Less than monthly
   c. Monthly
   d. Weekly
   e. Daily or almost daily

5. During the past year, how often have you failed to do what was normally expected of you because of drinking?
   a. Never
   b. Less than monthly
   c. Monthly
   d. Weekly
   e. Daily or almost daily

6. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?
   a. Never
   b. Less than monthly
   c. Monthly
   d. Weekly
   e. Daily or almost daily

(continued)
7. During the past year, how often have you had a feeling of guilt or remorse after drinking?
   a. Never
   b. Less than monthly
   c. Monthly
   d. Weekly
   e. Daily or almost daily

8. During the past year, have you been unable to remember what happened the night before because you had been drinking?
   a. Never
   b. Less than monthly
   c. Monthly
   d. Weekly
   e. Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   a. No
   b. Yes, but not in the past year
   c. Yes, during the past year

10. Has a relative or friend, doctor, or other health worker been concerned about your drinking or suggested you cut down?
    a. No
    b. Yes, but not during the past year
    c. Yes, during the past year

SCORING THE AUDIT:

Scores for each question range from 0 to 4, with the first response for each question (e.g., never) scoring 0, the second (e.g.) less than monthly scoring 1, the third (e.g., monthly) scoring 2, the fourth (e.g., weekly) scoring 3, and the last response (e.g., daily or almost daily) scoring 4. For questions 9 and 10, which have only three responses, the scoring is 0 for the first (e.g., No), 2 for the second (e.g., Yes, but not in the past year), and 4 for the third (e.g., Yes, during the past year).

A score of 8 or more is associated with harmful or hazardous drinking. A score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence.

Note: The authors and the World Health Organization have placed the AUDIT in the public domain. The test may be used without copyright. Clinicians must credit the authors and the WHO as developers.


as an initial screener, with good reliability and validity, and is used for females and males (Barbor et al., 2001). The AUDIT also offers two shortened forms of the instrument: the AUDIT-3 and AUDIT-4, which contain three and four items, respectively. Gual, Segura, Contel, Heather, and Colom (2002) reported these abbreviated versions provided similar results as the original AUDIT.
HEALING RITUALS FOR TRAUMA TREATMENT

There are several exercises that can be adapted for use with trauma survivors. Here, sample exercises are provided, such as the “Empty Chair” technique (Exhibit 11.12), “A Letter to My Traumatized Self” (Exhibit 11.13), and “Monitoring and Revising My Self-Talk” (Exhibit 11.14).

Daily Gratuities

Many people find daily gratitudes to be an important component of mindfulness-based therapy (Siegel, 2010). Exhibit 11.15 provides a template for listing five gratitudes. Gratitudes help ground us to the present moment and serve to help us navigate the often difficult journey in life. Some people hold daily gratitudes regarding their health, family, friends, career, and so on. The only guideline is that your list be yours and not someone else’s. My suggestion is to find time each day to acknowledge your gratitudes.

Simple Breath Work/Meditation for Destressing

A simple method of relaxation is that of breath work, or meditation, depending on one’s point of view. You can use meditation upon waking, before work, after

Exhibit 11.12 The Empty Chair Exercise for Trauma Survivors

INSTRUCTIONS:
1. Set up an extra chair facing the client.
2. Inform the client that the chair will be representing whatever she/he wished to project into it. That could be another person, herself/himself, part of her/his body, a behavior, and so on.
3. When the client has chosen who or what will go into the chair, invite her/him to begin by speaking whatever she/he needs to say to whomever/whatever the empty chair represents.
4. Role reversal should be encouraged at some point. That is, the client switches chairs and acts the part of the other person or object.
5. The exercise should go on as long as the client appears to be satisfied, or at the counselor’s discretion.
6. At the concluding portion of the exercise, the counselor may encourage, “Would you like to say one last thing?” Then, conclude the role-play portion.
7. The counselor can then help the client to deconstruct the experience by asking questions such as “What did you learn during the experience?” “How did you feel in your shoulders/stomach, back? and so on (any part of the individual’s body that she/he may have identified as an issue). How do you feel now that the role-play has concluded?
8. The counselor may then provide any feedback or offer insights regarding the role-play. Remember, focus on voice tone, body language, what the client said in either or both chairs (or was the client silent in one chair?), and so on.
lunch, before bedtime, or anytime that fits into your schedule. If you practice meditation regularly, you are likely to feel less stressed, more relaxed, sleep better, and feel more at ease (Kabat-Zinn, 2009). There are important general guidelines to observe when practicing meditation. For example:

- Find a time that works for you and practice daily, even if only for short intervals.
- Do not force yourself to think anything in particular. As some teach, meditation is about watching thoughts float past, as leaves on a stream.
- Practice in a safe place where you will not be interrupted.
- Some find a mantra—simply saying a phrase—helpful. For example, saying “Loving kindness” as one inhales and exhales is practiced by many. Another simple method is to count breaths: Breathing in is “One” and exhaling is “Two.” Silently repeat your mantra, as long as you meditate.
- When your mind wanders, and it will, just return your focus to the breath.
- A small percentage of trauma survivors may experience flashbacks. If so, cease meditation and continue working with a counselor.
- Using meditation in combination with yoga and exercise works very well and is recommended.

Exhibit 11.13 A Letter to My Traumatized Self

<table>
<thead>
<tr>
<th>INSTRUCTIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ask clients to draft a brief letter to their traumatized self. They should be encouraged to name their trauma (physical/emotional/sexual abuse, from combat, automobile accident, etc.). This letter can be written during the session or outside of the session. Likely, this letter would be written at a later stage of treatment.</td>
</tr>
<tr>
<td>2. Instruct the client to write a letter that speaks directly to the wounded part of herself/himself. For example, “You have hurt me for so long. But, you have also taught me that I have to work to heal my pain. I have done that by coming for therapy, medication, getting sober, going to yoga. . .” (Or whatever has been done or is being done.) Encourage the client to state the progress she or he has made during therapy.</td>
</tr>
<tr>
<td>3. Ask the client if she or he would like to read the letter out loud during session.</td>
</tr>
<tr>
<td>4. Whether the client reads her or his letter aloud, help the client debrief what she or her has written. For example, you might ask, “What did you learn from writing (and reading if applicable) your letter?” “How does this letter assist you in the healing process?”</td>
</tr>
<tr>
<td>5. Then, suggest the client imagine a time in the future, say 6 months or so from the present. At that present time, the client is no longer suffering traumatic effects. What will the client notice being different about her or his life? What might others close to the client (e.g., family, friends, close colleagues, etc.) notice is different?</td>
</tr>
</tbody>
</table>
Exhibit 11.14 Monitoring and Revising My Self-Talk to Be More Optimistic

In the first part of this exercise, you will identify five persistent, negative thoughts. These likely are thoughts you find painful and disturbing. Perhaps they have plagued you for some time:

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________

Now, in the second part of this exercise, substitute positive, more realistic thoughts on the following lines:

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________

In the final part of this exercise, you will begin to catch your negative thoughts and replace them with more positive, realistic ones as you previously did. Each day, commit to catching and changing five negative thoughts and replacing them with more positive ones. If you do so, it is likely you will feel better.

Yoga

Trauma-sensitive yoga is highly recommended for trauma survivors (Emerson, 2015). Yoga has become mainstream with practitioners in every sizable community. The recommendation here is to seek out teachers with trauma training. There are numerous resources on trauma-sensitive yoga as well. Body work such as yoga appears to have a proactive healing function.

Exhibit 11.15 Daily Gratitudes

1. Today I am grateful for ____________________________________________
2. Today I am grateful for ____________________________________________
3. Today I am grateful for ____________________________________________
4. Today I am grateful for ____________________________________________
5. Today I am grateful for ____________________________________________
CONCLUSION

Trauma treatment is very likely to become a dominant focus for graduate counseling programs and certainly for professional counselors working in the field. On a weekly basis, I receive flyers through email or the postal service, and trauma treatment is the most popular subject. Given the ubiquity of trauma in society, developing competence in counseling trauma survivors will be essential to a successful career. Fortunately, there are plenty of trainings, workshops, books, and journal articles for guidance. Many clinics have adopted one of the efficacious approaches to trauma treatment and provide in-house training and supervision. So, should you be feeling uneasy regarding your current skill level, remember you will receive much training and experience during your career. Further recommended is volunteering for any trauma trainings and certifications your future employer offers. No doubt, such training will be an asset in your counseling career.

Chapter Closing

After reading this chapter on trauma treatment, list five things you have learned.

1. 
2. 
3. 
4. 
5. 

RECOMMENDED RESOURCES

This is not an exhaustive list, but simply resources I have found helpful. I encourage you to seek the advice of others, such as professors, clinical supervisors, colleagues, and so on.


REFERENCES

