How counsellors cope with traumatized clients:

Personal, professional and organizational strategies

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Abstract

This qualitative study examined the experiences of counsellors and their perceptions of resources that helped them cope with traumatized clients and difficult client sessions. The research was conducted using in-depth interviews with a purposive sample of eight counsellors working in five counselling agencies. The study identified how counsellors develop their own personal and professional strategies for coping with challenge, and the supportive structures and coping strategies provided by agencies. From these counsellors' stories of learning to cope with traumatized clients and traumatic material, we highlight some recommendations that may facilitate the development of effective coping strategies for the prevention or amelioration of vicarious traumatization.

The client-counsellor relationship or therapeutic alliance lies at the heart of therapy (Feltham, 1999). Much research has focused on the characteristics of counsellors and clients that lead to development of a good therapeutic alliance (cf., Blatt, Sanislow, Pikonis, & Zuroff, 1996; Bohart & Tallman, 1996), with strength of the alliance being consistently predictive of good therapy outcomes (Hubble, Duncan, & Miller, 1999). The vast body of process and outcome research has focused appropriately on clients and client outcomes. Relatively few studies have examined the impact of therapy or the therapeutic alliance on the counsellor. What research there is on the more complex inner experiences of counsellors has largely focused on countertransference dynamics (Pearlman & Mac Ian, 1995). Yet, the growing field of trauma counselling has highlighted the need for greater understanding of how engagement in the therapeutic relationship can and does impact on the counsellor, and how counsellors seek to cope with these effects (Figley, 1995; Stamm, 1995). This is especially important for counsellors who work with a high proportion of traumatized clients, since they may be at risk of higher rates of stress, burnout, or vicarious traumatization (Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995).

The construct of 'vicarious traumatization' was first used in 1990 to describe the process of vicarious or secondary traumatization experienced by counsellors working with clients who had suffered from traumatic experiences (McCann & Pearlman, 1990). Vicarious traumatization has been described as a 'cumulative (negative)

transformation in the inner experience of the therapist that comes about as a result of empathic engagement with the client's traumatic material' (Pearlman & Saakvitne, 1995 p.31) and which was seen as permanently transformative.

Gradually there has been greater acknowledgment that the empathic responding of the counsellor (so crucial to the development of an effective therapeutic alliance) can also bring pervasive harmful effects for counsellors, particularly for those who work with trauma survivors (Sexton, 1999, p.402). 'The painful secrets of the client can become the distressing secrets of the counsellors' (Walker, 2001, p.250) and can impact on other client-counsellor relationships, as well as on the counsellor's personal and professional life (Sexton, 1999). Walker (2001) identifies some of the potential negative outcomes for the counsellor as: an impact on relationships with their own children, e.g., becoming fearful, over-protective, and unfairly restrictive; developing feelings of inadequacy, hopelessness or despair; feeling one's boundaries have been invaded and in turn having difficulties in boundaries with others; feeling lonely, alienated and different; and feeling guilty about enjoying life.

Factors that can affect the counsellor's ability to create an effective therapeutic alliance with clients and their level of vulnerability to vicarious traumatization include: the level of experience of the counsellor; their personal experience of trauma; their current stress levels; their attachment style; their clients' attachment styles; their clients' perceptions of the therapeutic alliance, whether or not they work with trauma; and the percentage of clients in their caseload

deemed to be 'difficult' (Betts Adams, Matto, & Harrington, 2001; Brady, Guy, Poelstra, & Brokaw, 1999; Cushway & Tyler, 1996; Pearlman & Mac Ian, 1995; Schauben & Frazier, 1995; Sexton, 1999; Sherman & Thelen, 1998). A recent Australian study of symptoms and coping among counsellors working with sex offenders challenged some of these earlier findings by suggesting a U-shaped rather than linear relationship between years of experience and avoidance coping such that counsellors with the least and most experience reported most avoidance (Steed & Bicknell, 2001).

There is some debate in the literature as to where the responsibility lies for managing this issue. Certainly, the importance of the counsellor's self-care is widely acknowledged (Kottler, 1999; Kottler & Schofield, 2001; Saakvitne & Pearlman, 1996). Counsellors have an ethical responsibility to be self-aware and develop self-coping strategies (Herman, 1992), in order to prevent doing harm in the therapeutic alliance. On the other hand, employers, supervisors and agencies have a duty to develop preventive coping strategies that will reduce the likelihood of vicarious traumatization and ameliorate its effects (Munroe, 1995). Sexton recommended that agencies implement proactive strategies such as providing specialized training programs, normalizing vicarious traumatization reactions, and offering counsellors the opportunity to process the impact of clients' traumatic material (Sexton, 1999).

Self-care measures that have been recommended for trauma counsellors, include: setting firm boundaries around one's work and home lives; limiting one's exposure to trauma generally; having a

fulfilling personal life and a network of support; enjoying intimate relationships; using personal psychotherapy; reconnecting with one's body in physical activities; noticing and sharing acts of kindness; and restoring a sense of meaning through spiritual practices (Neumann & Gamble, 1995).

The current literature has a number of limitations. Most studies employ a quantitative methodology (Schauben & Frazier, 1995, Sherman & Thelen, 1998), asking participants to respond to a pre-determined list of possible strategies. This may lead to a lack of differentiation between a range of strategies used, a failure to identify alternative strategies not on the list, and difficulties comparing across studies due to different items being included. One of the few studies that have elicited professionals' free response narratives on coping with stressful work environments was a 12-year qualitative longitudinal study, which described the professional journey from initial enthusiasm, idealism, caring and commitment of young professionals and their early disillusionment, and sought to identify factors associated with dropping out versus continuing commitment to working in public services (Cherniss, 1995). Cherniss found that issues of autonomy, support, and stimulation were key factors in preventing burnout. However, this study included a wide range of helping professionals.

The current study was designed to explore how both early career and more experienced Australian counsellors, coped with the impact of their clients' traumatic experiences, and how they developed those strategies. The study sought to elicit responses ranging from self-care, professional development and organizational support strategies, to

develop a more holistic picture of how counsellors coped with the challenges of their work and balanced their personal and professional lives.

Method

This qualitative research study used in-depth, individual, face-to-face interviews to examine counsellors' experiences of the therapeutic relationship as well as the strategies they used to help deal with difficult and traumatic work. The research drew on a qualitative, grounded theory methodology that is based on the concept that reality is socially constructed, complex, constantly changing and needs to be placed within an historical and social context (Strauss & Corbin, 1998). It allows for the participants to describe phenomenon in their own words, unbiased by the researchers' views, language or pre-determined categories. It is appropriate for research that aims to examine potentially complex and subjective phenomena, with a view towards better understanding of the subjective experience of those phenomena, and towards building theory inductively. The qualitative approach provides a valuable complement to the existing quantitative research.

Eight counsellors from five general counselling agencies in Sydney were recruited through personal networks of the first author. A highly selective or purposive sampling strategy (Strauss & Corbin, 1998) was used to maximize the opportunity for comparative analysis. This involved ensuring a range of counsellor levels of experience and proportion of 'difficult' cases in their caseload, since these factors had been previously identified as potentially important in determining how counsellors cope

with trauma material and the risks involved in their job (Steed & Bicknell, 2001).

The researchers mailed information about the study to each of the five agency managers and followed up with a phone call to seek their consent to recruit participants from within the agency. The managers were asked to suggest one or two counsellors who fitted the eligibility criteria, and then the counsellors were contacted by phone. All agreed to be interviewed and were then sent additional information about the study. All the interviews, lasting about ninety minutes, were conducted by the first author over the course of seven months at a convenient location, mostly at the participant's place of work.

The open-ended interview was based on eliciting comprehensive responses to several key themes. An open question was asked and followed up with probing and encouraging responses to elicit more in-depth material and rich descriptions. The key question areas covered included: participants' work experience; enjoyable aspects of the client-counsellor relationship; enjoyable clients to work with; challenging aspects of the relationship; clients that haunt you; coping strategies developed; support offered by the workplace; likely responses to vicarious traumatization; turning points in your career as a counsellor.

The interviews were tape-recorded and later transcribed. Coding and analysis was conducted using a grounded theory approach. This involved a first level of multiple coding of all substantive material, followed by a second level of axial coding to determine themes. The core themes to emerge were: how to form a therapeutic bond with your client; the satisfactions of being a counsellor; the client characteristics that made the

work easier and more enjoyable; the client characteristics that raised challenges for the counsellor; the risk of being affected or changed by the process of listening to traumatic stories; coping strategies developed by counsellors themselves; and supportive structures and coping strategies provided by agencies. This paper focuses on responses to the questions about coping. Findings in relation to counsellors' experiences of the relationship, and the joys and challenges of their work are to be reported separately.

RESULTS

The sample comprised one male and seven female counsellors aged between 30 and 66. Five had a Master degree in counseling or a related subject, one an undergraduate degree and two had two-year undergraduate diplomas in therapy and no further qualifications. Three informants had over ten years experience as counsellors, three had five to ten years and two had less than two years experience. Six counsellors worked with individuals, couples and families and two worked with individuals and couples only.

All the counsellors interviewed were working in church or community based counselling agencies in Sydney and described themselves as general counsellors, rather than trauma counsellors. However, all of the more experienced counsellors reported considerable counselling experience with 'difficult' or traumatized clients, including child abuse and child protection work, sexual assault, domestic violence, suicidal clients, clients who 'live outside the law', family breakdown, adolescent sexual assault and violence, state wards, clients who are not motivated, and clients with

psychiatric illness. The researchers were unable to find counsellors, with less than two years' experience, who had a high load of 'difficult' cases in their caseload.

All counsellors demonstrated awareness of the need for strategies to help them deal with the traumas and the challenges of their work. The core themes emerging from their descriptions are presented in Table 1, categorized as personal self-care strategies, professional strategies to help them manage their work better, or organizational support strategies.

Table 1 to be inserted here.

Self-care strategies

Balancing the personal and the professional

The idea of having a balance between the personal and the professional aspects of life was seen as one of the most valuable coping strategies for restoring a sense of perspective and maintaining emotional stability. Balancing the intensity and 'ugly' aspects of counselling with the relaxation and beauty of the world outside was seen as very beneficial. Many counsellors found a balance in their lives through their social activities with family and friends. For those who did not have partners, friends or colleagues were part of their support network.

Relaxation, meditation & self-nurturing

Counsellors described learning to nurture themselves: having a bath with oils, massage, meditating, doing reiki (a natural healing technique involving the placement of hands onto the body in order to channel

energy), not answering the phone on weekends, or reading novels and escapist literature.

> *Just luxuriated in the peace and quiet of being on*
> *my own and not having to do anything.*
> *... giving reiki to myself ..... It takes about an*
> *hour, so it is really calming and puts you in a*
> *meditative state.*

Close relationships, social activities & social support

Counsellors described ways in which their close relationships, social activities with friends and family, and their social support networks help them to cope with the pressures involved in the work that they do.

> *I have a strong relationship with my husband and*
> *my children drive me nuts but they are a great joy.*
> *And it really is, they giggle and laugh a lot,*
> *they're every light … it's such a balance to all this*
> *deep work.*

Physical activities

Most counsellors mentioned physical activities as a relief from the emotionally demanding nature of their work, including going to the gym, bush walking, manual work, playing sport, dancing, swimming, and aqua aerobics. There was a general belief that physical activity was a great stress reducer, even amongst those who took little exercise.

> *I also work better when I'm fit. I think better and I*
> *think clearer and I feel better. Now whether that's*
> *a coping mechanism or whether it's a lifestyle*
> *mechanism, I feel less good if that doesn't happen.*

Professional coping strategies

Becoming more experienced and seeing patterns

All participants identified experience as helpful for coping with traumatic client stories.

> *Although I don't like to sound blasé about it, you almost have seen and heard it all. At the beginning it was all so new and the issues people do have or the concerns or problems they have in their lives, I think that was overwhelming.*

As a result of being familiar with the stories that clients told, they felt less overwhelmed by them. The fact that they had heard the stories before made it easier to hear them again, without feeling quite so horrified.

> *When you start out as a therapist, every case is so significant and "Oh my gosh!". After two hundred cases they all start to sound a little bit the same..... You start to see all these patterns ... you get to the point where they become patterns that you know you've gotten over before ..... so they don't feel very big anymore.*

One counsellor referred to her early experience working in child protection as having prepared her.

> *I think maybe after many years in child protection, that was worse than anything I see in the room here. .... I find that it's not often that I get shocked by what I hear. I get distressed by what I hear but I'm not often shocked.*

Another highly experienced counsellor highlighted the importance of developing a broader view of life and worldviews. The same counsellor also noted that experience was essential.

> *I had to understand that the rules that governed my society that I lived in, didn't apply in that society. And I had to be prepared to accept people who lived outside the law, and live with that, and still be a support person to those people.*

Gaining more knowledge

Part of becoming more experienced is the active search for knowledge that will help counsellors better understand their clients. Some counsellors described this search for knowledge as a coping strategy.

> *I'll spend a full day of the weekend in the library, educating myself more about my work or simply about emotional states and my own emotional state.*

Becoming more detached

Most counsellors had gradually learned not to take on board their clients' problems. Rather they described a process of learning to detach from their clients and their problems Some achieved this by compartmentalizing, by keeping their private and professional lives separate.

> *I guess we all need to learn as therapists to detach ourselves as well. I mean, you cannot carry all the people's problems on your shoulders. The burnout rate in this profession is high, because that's what we have a tendency of doing, taking everything on. They*

> *(clients) feel fine, they leave and you are just burnt,*
>
> *with all the stuff they've poured out.*

The more experienced counsellors no longer felt as overwhelmed as they had as new counsellors. One described how she had been greatly touched as a less experienced counsellor by the struggles of her clients and how she had developed her ability to hold onto her own emotions over time and become more philosophical.

> *I've become a bit more matter of fact, "Well this is how*
>
> *it actually is. And although it's tragic and it's awful,*
>
> *this is what it is like." … So it's more an acceptance, I*
>
> *think. This is the way the world is and awful things do*
>
> *happen and some of which I'm going to be able to do*
>
> *stuff with and some of which I'm not.*
>
> *You get to the point of being desensitized, but part of*
>
> *being desensitized is why I like doing therapy, because*
>
> *kids need to feel that you're tough enough to hear it. So*
>
> *in a sense I need to be.*

Having a positive outlook

A positive outlook on life was seen as an invaluable asset in this field, in two ways. It was seen as important for counsellors to be able to present a positive outlook when working with clients, particularly children. It was also seen as a way of coping with pain and trauma, to be able to see beyond it to some greater good for those involved.

> *You have to know that in the depths of your emotional*
>
> *state, if you're not happy about doing it, if you've got*

no positives about doing it, you shouldn't be doing it,

dealing with human beings.

(I have) a spiritual belief that people are not given

something unless they can cope with it….. it all has a

place …… their pain is a process, a learning

experience. …. There has got to be a bigger picture and

a bigger nurturing underneath somehow.

Creating pre-session and post-session rituals

There were various ways in which counsellors prepared themselves before seeing clients. Some meditated or read, others prepared their rooms by burning candles. Several mentioned needing enough time between appointments to move from being with one client to being with the next. Back-to-back appointments were unpopular.

I do try to have fifteen minutes between clients, because

I need that time and space, to move from one client and

all that that entails and being prepared and ready for

the next one.

Just as counsellors needed time to move between clients, they also needed time to move from work into the outside world. Many used techniques such as note writing, chatting to a colleague, or listening to music on the drive home as ways of unwinding from the day and gradually re-entering the world outside the counselling room. One counsellor described using exercise in this way, to mark the boundary between work and home.

I do physical activity outside the session. I've found

that I have much more energy. I get very tired, but I

have a lot more energy. And it cuts me off. It cuts me off

from the day.

Using within-session coping strategies

Counsellors described in-session techniques such as controlled breathing and mental imagery, which helped them to stay focussed and sit calmly with the client, despite the often challenging nature of the story being told.

Just calming myself and centering and really being very

calm too and I think families pick that up, children pick

that up, that this person isn't afraid and they're not

going to be afraid by anything I say.

Ensuring personal safety

Ensuring personal safety was an important coping strategy for one counsellor who worked with offenders.

There is a need for me to keep myself physically safe.

Especially working after hours in agencies .. I'm very

definite about that and I will not see a new single male

client after hours if there's nobody else in the agency.

Structuring weekly loads and holidays

Several counsellors opted to work part-time as a way of maintaining balance in their lives. Others noted the need to structure regular holidays to keep them going. One counsellor, who had previously suffered from depression, described storing up annual and long service leave as a protective strategy. This counsellor kept a minimum of four weeks leave in case of emergency. Another counsellor described planning and looking forward to a holiday as a life saver for her.

If I get really, really stressed and burnt out, then I plan a

holiday to hold me .....

One counsellor stated the need to take off sufficient time to fully
recuperate:

I wouldn't take less than three weeks holiday. I have a

few definite things like that, I'm not actually relaxed and

refreshed if I don't take three weeks.

Becoming an advocate

Some counsellors discussed their motivation to 'make a difference' to their
clients lives or the social context. The sense of advocating for powerless
clients served a coping function for them through giving them purpose and
meaning in their work.

I guess that's what I'm looking for, justice for powerless

people.

Using personal therapy and group work

Perhaps not surprisingly, over half the counsellors used therapy as a coping
strategy. Some did it regularly and found it invaluable. Others did it on
occasion, and noted that it was good to have the sense of being "the other",
which helped them have more empathy for their clients. Some had tried the
free counselling services or Employment Assistance Programs offered by
most agencies. Others, however, made a deliberate decision to seek their
own counselling as a personal responsibility:

We have free access to any sort of staff counselling ...

outside the agency. .... But I think that if I really needed

counselling, because I've been in this field so long and

> *mixed with a lot of people, I'd choose my own and pay*
>
> *for it myself.*

Organizational coping strategies

Supervision

All counsellors interviewed regarded supervision as an extremely important coping strategy. Counsellors looked for a supervisor they could trust, wanting to build a good relationship with their supervisor and have the supervision session dedicated to their needs. There were many parallels between what they expected from the supervisory relationship and what they hoped to offer their own clients in the therapeutic bond. The supervisor needed to be able to create a sense of safety for the counsellor and to be able to challenge and give both positive feedback and constructive criticism. They were also expected to have superior theoretical knowledge and practical experience to offer.

> *The supervisor needs to be someone that I know I*
>
> *can feel safe with, and that I can share intimately in*
>
> *my own experiences and my own feelings and*
>
> *reactions. And know how I will be accepted.*

Good supervision involved two main skills: helping the counsellor to manage the case effectively by giving advice, direction and reassurance; and affording the counsellor the space to debrief from any traumatic incidences or personal responses to the client's story. A good supervisor might limit the number of demanding cases that the supervisee took on and provide him or her with more support and variety in their work. If the supervisor was not able to offer useful advice or support with case management, the supervision was seen as inadequate. One counsellor

described coming to rely on self-supervision because she didn't feel that she could trust her current supervisor.

Less experienced counsellors tended to have supervision much more frequently (once a week) than more experienced counsellors (once a fortnight or once a month). As the counsellors became more experienced their expectations also changed. They felt that they needed less emotional support and encouragement from their supervisor and more practical case discussion and advice about case management. The responsibility for looking after their emotional needs seemed to shift from the supervisor to the counsellor as they became more experienced. One less experienced counsellor was particularly critical of her supervision, because of the lack of opportunity to identify or work through personal problems arising from the work. By contrast, more experienced counsellors were more likely to want to use supervision to identify personal issues which they would then take to personal therapy.

Formal and informal debriefing

Being able to debrief with your supervisor after a difficult session was very important to most counsellors. If they felt sufficient trust in the supervisory relationship, they wanted to explore what they had experienced, how they had felt, what they had done and how they had coped in a formal debriefing session. There was often an urgency in the need for debriefing, with most counsellors being prepared to phone their supervisor, even at home after hours, to debrief quickly after a traumatic session, without wanting to analyse it in any great detail at that time.

> *If I have a traumatic client, suicidal client, I*
>
> *never don't talk to someone before I go home.*

> *Always if I've got someone suicidal, I'd always*
>
> *ring my supervisor and talk to her ... even if she's*
>
> *at home I'll ring her at eight o'clock at night ...*
>
> *it's more of a debrief than tell me what to do sort*
>
> *of supervision.*

All but one of the counsellors worked in an agency setting and valued being able to debrief informally with their colleagues. Team confidentiality enabled them to talk to one another about their clients, their personal reactions to them, and to feel heard and validated in their work. Most believed that informal debriefing made them better counsellors and was an important part of the coping strategies offered by the agencies.

> *Supervision is certainly more formalized and*
>
> *intense and in depth. And presenting a case. The*
>
> *debriefing is more "what has been said, what has*
>
> *been done" and either laughing or crying with*
>
> *that (laughs). And a colleague might just be*
>
> *listening to that, rather than saying "where do*
>
> *you want to go next?" and "I think you might*
>
> *look at this and at that."*

Most of these informal debriefing sessions were impromptu.

> *Chatting with whoever is here before I go home, so it's*
>
> *like winding down stuff. I would never just finish with a*
>
> *client. ... walk straight out the door and that's it, the end*
>
> *of the day.*

Group supervision was recognised as a way of fostering informal debriefing between colleagues, since everyone in the group became

familiar with the case. Several counsellors noted that there were increasing

workload pressures in agencies which made it more difficult to gain

adequate group supervision and collegial support.

Balancing workloads

Several counsellors believed that new staff needed support in dealing

with traumatized clients, and that agencies had a responsibility to

monitor workloads and the balance of difficult cases.

> *Is it that they are taking too much of the load in the*
>
> *programme? Is it that they are not getting enough*
>
> *supervision? … to make sure people don't get to that*
>
> *point and people are feeling the agency actually cares*
>
> *about what is happening for them. Yeah. And keeping*
>
> *their work varied.*

Taking time out or time off was considered invaluable by

counsellors as a way of relieving stress. Most considered it their own

responsibility to be aware when they were struggling and unable to respond

adequately to their clients and would give themselves permission to go

home early, if necessary. One counsellor thought it was important for

supervisors to be aware when counsellors were not coping and would

benefit from time off.

> *I order them to take all their time in lieu. …. Keep*
>
> *asking them when they've got a holiday. I build in all*
>
> *that, taking time out for self. If someone's really got*
>
> *some stressful clients, feeling pretty exhausted, I*
>
> *encourage them to take a day off.*

Supporting counsellors who are not coping

Most counsellors thought that their agency would be generally supportive, but that in a climate of increasing funding pressure and growing client demands, the capacity to support counsellors who were not coping well was limited. One counsellor in a managerial position noted that she actively fostered collegial support through encouraging debriefing of difficult and abusive cases, going out for coffee together, and generally supporting staff.

> *… the culture of this service, I foster that, that people don't come in, do their little sessions and go. …. You get some highly abusive people and I don't think that therapists should have to carry that around.*

All full-time counsellors believed that their agency would be supportive of them if they decided to ask for three months off work, unpaid, for personal reasons. A few counsellors had taken sick leave or leave without pay in the past and felt it was beneficial. This contrasted with the part-time counsellors who chose to manage workload demands by being part-time.

About half of the counsellors were sceptical about the amount of support that they might receive from the agency if they became too stressed to function properly at work. They believed that there was a significant stigma attached to being seen as not coping. They were also concerned that the stigma attached to taking out a stress claim would affect their prospects of future employment.

> *I think there is (a stigma attached to not coping), definitely there is. I've seen it. I've definitely seen it….*
>
> *I mean the colleague I'm thinking of, who had asked to*

cut back a bit because she wasn't up to it at the time,

for personal reasons. And she was basically told that

she had to see her allocated number of clients a day

and that there was no room for that.

Some reasons for being stressed were deemed to be more acceptable to the agency than others. For example, physical illness was expected to be more acceptable than mental illness or stress. Events relating to clients, such as the suicide or murder of a client, were expected to be more acceptable than personal grief or loss issues. Three of the counsellors interviewed admitted that they would not be prepared to ask for unpaid leave or put in a stress claim.

I wouldn't necessarily say that I was feeling

depressed and needed time off work. I'd probably

say that there were things happening at home. So

maybe I wouldn't be honest about why I needed time

off because it would count against me.

One counsellor described the importance of matching the organizational culture with the values of the counsellor. She described moving from one agency because she felt there was a discrepancy between the espoused and enacted values, particularly with respect to management of staff.

Encouraging personal therapy

Several agencies provided for outside counselling for staff, though some counsellors expressed concern about its independence, even though they had been assured that it was confidential.

Discussion

Increasingly, counsellors are being exposed in their work to stories of violence, child abuse and familial violence, natural disasters, trauma, torture and overwhelming loss. A small body of research has described some of the impacts on counsellors of working with trauma survivors (cf., Pearlman & Mac Ian, 1995). The current study builds on this research by eliciting the stories and coping strategies of Australian counsellors and highlights the complex interplay of personal, professional and organizational resources they employ to help them cope with the effects of working with traumatized clients. As a qualitative study, it adds a richness of description to the literature and explores the issue of stigmatisation in greater detail than previous studies.

At the personal level, all counsellors accepted a significant level of responsibility for self-care, both to enhance their effectiveness as counsellors as well as to prevent burnout or vicarious traumatization. The range of self-care strategies they identified are consistent with those included in previous research (cf., Follette et al., 1994; Gamble, 2002; Saakvitne & Pearlman, 1996; Sherman & Thelen, 1998), and embraced physical, mental, emotional and spiritual dimensions of life. In particular, they highlighted the importance of maintaining a balance between the personal and professional life, through fostering supportive relationships, undertaking self-nurturing activities, physical and leisure activities, and having adequate holidays and time off. These counsellors noted that, despite knowing this, it was often a struggle to implement these strategies when they were most needed.

These counsellors' stories support the value of a developmental perspective in understanding the professional coping strategies useful at

different stages of their working life. Less experienced counsellors have a higher need for emotional support, strategies for organizing their work schedule and maintaining their emotional stability, as well as regular supervision and debriefing opportunities. The qualitative nature of this study allowed us to explore, using a constructivist self-developmental framework, how counsellors made sense of their work experiences. They tended to reflect on their work experience, gaining knowledge through reading, supervision and professional support. They developed coping strategies that helped them to detach from the sources of stress, be more accepting of their limitations, and maintain a balance between their personal and professional lives.

Organizational responsibilities

'Just as no survivor can recover alone, no counsellor can work with trauma alone' (Herman, 1992, p.141). One of the valuable contributions of this study was the discussion of the role of organizational support in assisting counsellors to cope with difficult work contexts. Counsellors identified a range of ways that organizations attempt to structure and support counsellors, including supervision, formal and informal debriefing. Also agency managers do seek to protect inexperienced counsellors from taking on a high percentage of 'difficult' clients in their caseloads and provide them with more supervision and opportunities for debriefing.

Our study highlights the valuable role of informal debriefing and of creating a culture of collegial support and team confidentiality. Informal debriefing with colleagues involves telling the story and being heard emotionally, with no analysis of the situation from a therapeutic point of view and no recommendations for future action. Clearly there are more

opportunities for informal debriefing, compared with formal supervision, at low cost to agencies, and the strategy has high value for counsellors. More attention needs to be given to methods of promoting an organizational culture in which this occurs, to ensure a more integrated supportive team environment. This is backed up by one US study which found that 96% of psychologists reported using informal consultation with colleagues compared to only 58% using supervision (Follette et al., 1994, p.280).

On a less positive note, there was also evidence in our study of counsellors not feeling sufficiently supported by organizational supervision and team support. Another area where there is clear need for action concerns the management of counsellors who are not coping emotionally with their work. There was a general view that counsellors who cannot cope with their caseload risk being stigmatised, and feared that admitting their problems could affect their future employment prospects. As Munroe stated 'if we attach an impaired label to counsellors who are being secondarily traumatized we end up blaming the victims' (Munroe, 1995, p.224). There is a need for agencies to recognize that all counsellors are potentially vulnerable to vicarious traumatization (Cushway & Tyler, 1996, p.147).

Stimulating the development of coping strategies

Newman and Gamble noted that 'implicit and explicit messages picked up in training programs .. imply the therapist should be above human frailty' (Neumann & Gamble, 1995, pp.344-345). As a result there is often a reluctance amongst counsellors to seek support or personal therapy, which was demonstrated in this study too. This suggests that counselling and psychotherapy agencies need clear policies defining counsellors'

responsibility to preserve their own well-being (Herman, 1992), and to protect counsellors' physical and psychological safety in a supportive work environment (Brady et al., 1999; Munroe, 1995).

Given the stigma attached to 'not coping' as a counsellor, it is important for agency managements to take a proactive role in helping counsellors to develop coping strategies for dealing with stress. For example, agency management could provide more professional development training, focussing on the modalities of the therapeutic relationship and the risks and management of vicarious traumatization. These could be followed up by a self-assessment, self-care and self-improvement programme (Kottler, 1999; Saakvitne & Pearlman, 1996).

Limitations of the study

As a qualitative study using a small purposive sample of Australian counsellors, this study cannot claim to be generalizable to counsellors in other nations, as they confront the same issues when caring for traumatized clients. However, the results are grounded in the experiences of individual counsellors, are coherent, and may resonate with the reader. Triangulating the results with those found in quantitative studies in the literature suggests that the self-care strategies described by these counsellors are consistent with those developed by counsellors in the US (Schauben & Frazier, 1995, Sherman & Thelen, 1998), What this study adds to previous research is a clearer articulation of the personal, professional and organizational responsibilities for caring for counsellors who work with high loads of traumatized clients.

Summary

Over time, counsellors develop various coping strategies for dealing with the complexities of their work. Many use both self-care and professional strategies to protect themselves from the inevitable stresses and strains of client contact. They also appreciate the organizational strategies put in place by the agency management, such as supervision, formal and informal debriefing. As client demands and organizational pressures increase, counsellors and their agency managers will need to continue to educate themselves and each other, about the importance of managing stress in the workplace and work to reduce the stigma attached to being seen as ' not coping'.

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Table 1. **Strategies for coping with trauma and challenge: self-care,
professional, and organizational**

Type of strategy	Strategies
Self-Care	
	Balancing the personal and the professional
	Relaxation, meditation & self-nurturing
	Close relationships, social activities & social support
	Physical activity
Professional	
	Becoming more experienced and seeing patterns
	Gaining more knowledge
	Becoming more detached
	Having a positive outlook
	Creating pre-session and post-session rituals
	Using within session coping strategies
	Structuring weekly loads and holidays
	Becoming an advocate
	Using personal therapy & group work
Organizational	
	Supervision
	Formal and informal debriefing
	Balancing workloads
	Supporting therapists who are not coping
	Encouraging personal therapy