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COUNSELOR MEANING-MAKING: WORKING WITH CHILDHOOD SEXUAL
ABUSE SURVIVORS

by

Anna Michele Viviani

An Abstract

Of a thesis submitted in partial fulfillment of the
requirements for the Doctor of Philosophy degree
in Rehabilitation and Counselor Education in
the Graduate College of
The University of Iowa

May 2011

Thesis Supervisor: Assistant Professor Susannah M. Wood

Childhood sexual abuse is a prevalent but taboo topic in society. Conservatively 80,000 new cases are reported each year with many more either unreported or unsubstantiated within the legal system. Survivors of childhood sexual abuse often times seek counseling assistance to manage the variety of short- and long-term emotional issues that may arise as a result of their abuse. Professional counselors listen to the stories of the survivors and attempt to assist survivors in making sense of this horrific act of personal violence. This study examines the meaning-making experience of master's level professional mental health counselors who work with childhood sexual abuse survivors. A phenomenological qualitative research design was utilized to better understand the process that these counselors use to make sense of their work. Fifty participants were selected from a national data-base of professional mental health counselors who work with survivors. Telephone interviews were conducted with 10 participants. The study revealed that the stories of abuse had a profound impact on the counselors and that there was a significant evolution in how they felt about their work and the survivors they helped. The participants shared that a strong belief system and their theoretical orientation as counselors were essential in their meaning-making process. Other issues such as supervision and mentoring and the development of increased empathy proved to be important to the counselor's meaning-making process.

Abstract Approved:

Thesis Supervisor

Title and Department

Date

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Graduate College
The University of Iowa
Iowa City, Iowa

CERTIFICATE OF APPROVAL

PH.D. THESIS

This is to certify that the Ph. D. thesis of

Anna Michele Viviani

has been approved by the Examining Committee
for the thesis requirement for the Doctor of
Philosophy degree in Rehabilitation and
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Dorothy Persson

To my husband.

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TABLE OF CONTENTS

| | |
|--|------|
| LIST OF TABLES | viii |
| CHAPTER | |
| I. INTRODUCTION | 1 |
| Statement of Problem..... | 1 |
| Childhood Sexual Abuse..... | 2 |
| Childhood Sexual Abuse Disclosure | 3 |
| Counselor-Meaning-Making..... | 5 |
| Counselor Training and Preparation | 7 |
| Supervision | 8 |
| Rationale | 9 |
| Purpose of the Study | 10 |
| Researcher as Instrument | 11 |
| Significance of the Study | 13 |
| Benefits of the Study..... | 13 |
| Phenomenological Design | 14 |
| Constructivist Lens | 15 |
| Limitations | 17 |
| Definitions..... | 18 |
| II. LITERATURE REVIEW | 21 |
| Defining Childhood Sexual Abuse | 21 |
| Prevalence of Childhood Sexual Abuse..... | 23 |
| Disclosure | 24 |
| Impact of Childhood Sexual Abuse on the Survivor | 26 |
| Physical | 26 |
| Emotional..... | 27 |
| Social..... | 28 |
| Impact of Counseling..... | 29 |
| Client-Counselor Relationship..... | 32 |
| Impact of Counseling on the Survivor | 33 |
| Impact of Counseling on the Counselor..... | 34 |
| Impact on Counselor Development | 36 |
| Counselor Preparation..... | 37 |
| Counselor Development and Supervision..... | 42 |
| Counselor Development..... | 42 |
| Meaning-Making..... | 43 |
| A Call to the Counseling Profession..... | 44 |
| III. METHODOLOGY | 46 |

| | |
|---|-----|
| Qualitative Research Methods | 46 |
| Choice of Design..... | 46 |
| Constructivist Approach | 48 |
| Study Design..... | 48 |
| Research Questions | 49 |
| Participants..... | 50 |
| Participant Selection | 50 |
| Procedure | 53 |
| Consent | 53 |
| Plan for Data Collection..... | 53 |
| Response Form..... | 54 |
| Documents | 55 |
| The Qualitative Interview | 55 |
| Pilot Study..... | 56 |
| Interview Setting..... | 57 |
| Managing and Recording Data | 57 |
| Trustworthiness..... | 59 |
| Interviews..... | 61 |
| Researcher’s Journal and Self-examination..... | 62 |
| Member Check/Participant Debrief | 63 |
| Phenomenological Data Analysis | 63 |
| Ethical Considerations | 64 |
| Researcher’s Role | 65 |
| Entry..... | 66 |
| Reciprocity..... | 66 |
| Confidentiality | 67 |
| Additional Considerations | 67 |
| Summary | 68 |
| | |
| IV. RESULTS | 69 |
| | |
| Introduction..... | 69 |
| Within-Case Analyses – Individual Stories | 71 |
| Gil’s Story..... | 72 |
| Ric’s Story | 75 |
| Sue’s Story | 79 |
| Fay’s Story | 82 |
| Pam’s Story..... | 85 |
| Eve’s Story..... | 88 |
| Ali’s Story..... | 91 |
| Ava’s Story | 93 |
| Kim’s Story..... | 97 |
| Liz’s Story..... | 101 |
| Summary..... | 104 |
| Cross Case Analysis – Emergent Themes | 105 |

| | | |
|------------|--|-----|
| | Theme 1: I know a Man | 105 |
| | Theme 2: They Came Into my Office | 107 |
| | Theme 3: Attending to One’s Empathic Capacity | 109 |
| | Theme 4: I’m Still Not Sure What I’ Doing With That | 113 |
| | Theme 5: Counselor’s Have to Have a Strong Belief System | 116 |
| | Theme 6: I Remember Feeling That Way..... | 119 |
| | Chapter Summary | 122 |
| V. | DISCUSSION | 123 |
| | Introduction..... | 123 |
| | Discussion of Themes | 123 |
| | Theme 1: I Know a Man | 124 |
| | Theme 2: They Came Into my Office | 124 |
| | Theme 3: Attending to One’s Empathic Capacity | 125 |
| | Theme 4: I’m Still Not Sure What I’m Doing With That..... | 126 |
| | Theme 5: Counselor’s Have to Have a Strong Belief System | 127 |
| | Theme 6: I Remember Feeling That Way..... | 128 |
| | Implications..... | 128 |
| | Counselor | 128 |
| | Counselor Educator..... | 130 |
| | Researcher | 132 |
| | Survivor..... | 133 |
| | Limitations | 134 |
| | Conclusions..... | 135 |
| APPENDIX A | RESEARCHER AS INSTRUMENT DOCUMENT | 139 |
| APPENDIX B | ACES REGIONS | 144 |
| APPENDIX C | CONTACT LETTER..... | 145 |
| APPENDIX D | CONSENT INFORMATION SHEET | 147 |
| APPENDIX E | TELEPHONE SCRIPT - CONFIRMATION | 150 |
| APPENDIX F | EMAIL - CONFIRMATION AND SCHEDULING..... | 151 |
| APPENDIX G | EMAIL REMINDER | 152 |
| APPENDIX H | EMAIL CORRESPONDENCE – REFLECTION..... | 153 |
| APPENDIX I | RESPONSE FORM | 155 |
| APPENDIX J | PILOT STUDY | 158 |
| APPENDIX K | CODING KEY | 162 |

| | | |
|------------|---------------------------------------|-----|
| APPENDIX L | SAMPLE OF TRANSCRIPT | 163 |
| APPENDIX M | SAMPLE OF RESEARCHER’S JOURNAL | 166 |
| APPENDIX N | SEMI-STRUCTURED INTERVIEW GUIDE | 169 |
| REFERENCES | | 171 |

LIST OF TABLES

Table

| | |
|---|----|
| 1. Solicitation Breakdown by Region and Gender..... | 69 |
| 2. Information About Participants..... | 70 |

CHAPTER I

INTRODUCTION

Childhood sexual abuse is a significant issue in society which impacts individuals from every race, culture, gender, socioeconomic, and religious background with far reaching implications for both survivor and society (Briere & Scott, 2006; Feiring, Simon, & Cleland, 2009). Child and adult survivors seek counseling in a variety of settings with the belief that the counselor they choose to disclose to will be prepared to help them stop or make sense of their abuse. Just as the survivor attempts to make sense of their abuse, the counselor must also make sense of the stories survivors share with them. The purpose of this study was to understand the meaning-making process of master's level professional mental health counselors who counsel survivors of childhood sexual abuse.

Statement of the Problem

Childhood sexual abuse has reached epidemic proportions in the United States based on data gathered by the Centers for Disease Control ([CDC], 2010) and the Bureau of Justice Statistics (Russell & Bolen, 2000). While childhood sexual abuse has been a part of nearly every society, the numbers of persons being affected by this issue continues to grow at staggering rates. The lives of female and male survivors of childhood sexual abuse are changed forever by this act of personal violence. Childhood sexual abuse may be defined loosely as any act against a minor that is sexual in nature including voyeurism, fondling, and sexual intercourse. There are numerous factors that can moderate the negative impact of childhood sexual abuse on the survivor, but a counselors' presence and ability to assist the survivor in making meaning of their abuse may be the most

significant factor. Unfortunately, studies have revealed that many counselors and other helping professionals (psychologists, social workers, physicians, nurses) do not feel adequately prepared to meet the emotional needs of childhood sexual abuse survivors (Day, Thurlow, & Woolliscroft, 2003; Gold, 2008; Sommer, 2008; Sprang, Craig, & Clark, 2008) or adequately prepared to deal with their own feelings regarding the stories of abuse they hear (Etherington, 2000). Without adequate preparation to work with survivors of childhood sexual abuse, counselors may struggle to assist survivors to make meaning of their abuse and struggle to make their own meaning of the stories survivors share with them. The stories of abuse may be graphic in nature causing a reaction in the counselor that may be traumatizing. Without the ability to make meaning of survivors' stories of abuse, counselors are more likely to experience distress or even vicarious traumatization leading to counselor burnout or impairment (Etherington, 2000) rendering them unable to help others and/or damage current clients.

Childhood Sexual Abuse

Childhood sexual abuse is reported nearly 90,000 times each year with an estimated 1 in 4 females and 1 in 5 males directly impacted (National Center for Victims of Crime [NCVC], 2010). However, the Centers for Disease Control (2010) stated report figures closer to 275,000 in 2009. Childhood sexual abuse is a multifaceted problem and may affect the survivors' emotional, social, and physical life in the present and future (Briere, Kaltman, & Green, 2008; Edwards & Lambie, 2009; NCVC, 2010). Child protective services attempts to determine the prevalence of childhood sexual abuse; however accurate numbers are difficult to obtain partially due to problems in data collection and partially due to the secrecy surrounding childhood sexual abuse. The

intimate nature of childhood sexual abuse complicates disclosure and the individuals' willingness to trust anyone with this private betrayal, leaving some survivors unwilling to ever disclose their sexual abuse (Foynes, Freyd, & DePrince, 2009). Therefore, when a survivor does disclose, the counselor must be prepared to respond appropriately.

Counselors from every specialty area (school, mental health, community, rehabilitation, university) will likely have a client disclose childhood sexual abuse at some point in their professional career (Campbell, Raja, & Grinning, 1999; Daniluk & Haverkamp, 2001; Sommer, 2008). Preparation to understand the subtleties of the survivors' life is imperative. Something as subtle as the term survivor versus victim can be pivotal to client recovery. Most literature as well as mental health professionals uses the term survivor as a therapeutic tool to assist the client to assume the role of the survivor instilling hope, empowering the client, and demonstrating respect to the client. Given the likelihood of disclosure, it is essential that counselors be adequately prepared not only to assist the survivor after disclosure, but to make sense of their client's stories for their own personal and professional well-being.

Childhood Sexual Abuse Disclosure

The difficulty in openly discussing childhood sexual abuse even within the counseling relationship has caused this epidemic to remain largely a silent one (Briere & Scott, 2006; Daniluk & Haverkamp, 2001; Foynes et al., 2009). Many times children are fearful to tell parents, other family members, teachers, or other trusted adults about their abuse out of fear or shame. Historically childhood sexual abuse has been seen as taboo in American society (Thorman, 1983) and therefore not generally discussed openly. Only in the last few decades has childhood sexual abuse has been brought to the public's attention

as a significant societal problem (Briere, Kaltman, & Green, 2008; Cole & Putnam, 1992). There are many reasons for survivors finding voice to expose the abuse. Certainly the media has impacted survivor willingness to come forward as well as decreasing stigma surrounding mental health services in general. Additionally, the mandatory reporter laws are also having an impact on disclosure and prosecution of childhood sexual abuse crimes. Fortunately public attention has led to further research into the difficulties the survivor faces (long-term depression, anxiety, eating disorders, sexual dysfunction, etc.). Public scrutiny has also led to more sophisticated data collection methods on prevalence, understanding demographic factors related to survivor and perpetrator (U. S. Department of Health & Human Services, 2010), and support for survivor support during and after disclosure (Foynes et al., 2009). Improvements in counseling techniques and best practice standards (Briere & Scott, 2006), training and supervision methods of the counselor (Sommer & Cox, 2005), and an interest in the impact of survivor disclosure on the counselor (Sprang, Craig, & Clark, 2008) as well as researcher (Stoler, 2002) has occurred.

Certainly the primary focus of survivor disclosure must be on the survivor and their journey of meaning-making. However, there must also be concern for the counselor who hears the stories of abuse. Whether a counselor's area of training is in school, mental health, community, rehabilitation, or university counseling, it is likely that a client (or student) will disclose childhood sexual abuse at some point in the counselors' professional career (Campbell et al., 1999; Daniluk & Haverkamp, 2001). Disclosure is difficult for the survivor and therefore must be handled with empathy, respect, and professionalism on the part of the counselor (Briere & Scott, 2006; Edwards & Lambie,

2009). Inappropriate responses from the counselor could cause the survivor to pull back and refuse to discuss their abuse (Sorsoli, Kia-Keating, & Grossman, 2008). In some cases partly due to counselor response, survivors have recanted their initial disclosure and suffered in silence for many years with some survivors never attempting to disclose again (Briere & Scott, 2006). Since counselor reaction to disclosure is vital to survivor connection to the counselor and ability to resolve abuse related concerns, it is unsettling to know that many counselors do not feel prepared to work with survivors of childhood sexual abuse immediately after graduation (Day, Thurlow, & Woolliscroft, 2003).

Counselors' Meaning-Making

Counselors continue to learn and grow personally and professionally after graduation. Understanding those experiences that assist counselors to feel more prepared to work with childhood sexual abuse survivors and make meaning of the stories of abuse they hear is essential to counselor growth and development. Meaning-making may be thought of as an individual self-narrative process where the individuals' quest is to make "meaningful connections between personal and cultural experiences" (Strong, Pyle, deVries, Johnston, & Foskett, 2008, p. 124) thus creating understanding within the context of the counselors' life. Meaning may be derived through active and ongoing discussion of being within a lived experience (Strong et al., 2008). For example, having opportunities to talk openly about their experiences and what sense they make of it may be helpful for many counselors. If talk within the counseling relationship creates change for the client, it would then stand to reason that talk within the counseling relationship would change the counselor. Strong (2003) suggests conversation then influences meaning making (of both counselor and client). Literature suggests that counselor

meaning-making is impacted by a) counselors' personal narrative, b) formal preparation to be a counselor (Campbell et al., 1999), and c) counselor supervision opportunities (Beckerman, 2002; Etherington, 2000; Sommer & Cox, 2005; Walker, 2004).

Individual characteristics and personal narratives are the first factor influencing counselor meaning making. When a survivor is ready to disclose, they need a professional counselor who can hear their stories and help them make sense of their abuse. For the counselor, this means listening to the difficult stories their clients share and maintaining their own balance. It is impossible to hear the clients' stories of abuse and not be impacted by them in some way. The goal however is not simply to be unaffected by the stories, but to learn and grow both professionally and personally from the experience, thus meaning-making. Meaning-making is influenced by the "cultural and historical circumstances" (Strong, 2003, p. 261) we bring to our process. This process is very similar to the internal resolution process that clients experience as they attempt to bring meaning to their abuse (Briere & Scott, 2006; Wright, Crawford, & Sebastian, 2007). Limited available research addresses counselors' meaning-making in relation to trauma and crisis in general (Hanke, 2006).

Personal narratives are impacted by the therapeutic relationship by way of counselor and client engagement. Studies have reported that the therapeutic relationship in general counseling (Wampold, 2007), especially in trauma related counseling (Briere & Scott, 2006), plays a significant role in client investment in counseling and treatment outcomes. Additionally, formal preparation plays a role in counselor meaning-making through the sense of competency or mastery which clients may perceive as confidence in their work. Formal preparation appears more related to the counselors' ability to

differentiate and integrate specific information given by a client to a counselor for the purpose of understanding the client and providing effective treatments (Welfare & Borders, 2010). Formal supervision experiences also work as a tool to increase counselor ability to make sense of client information (Little et al., 2005). Supervision experiences then give the counselor a safe holding environment (Kegan, 1982) to explore their emotions and opinions of the work they do and the clients they counsel.

Counselor Training and Preparation

The second factor influencing counselor meaning-making process is the formal preparation of professional counselors (Campbell et al., 1999). Those professional counselors who have had preparation to work with childhood sexual abuse survivors naturally feel more prepared for their work (Campbell et al., 1999; Day et al., 2003). However there is a paucity of research focused on preparation and supervision experiences of counselors and other helping professional in relation to their work with childhood sexual abuse survivors and violence against women (Beckerman, 2002; Sommer & Cox, 2005). While accreditation and certification boards such as the American Counseling Association (ACA), American School Counseling Association (ASCA), Council for Accreditation of Counseling and Related Programs (CACREP), Commission of Rehabilitation Counselor Certification (CRCC), and National Board for Certified Counselors (NBCC) have made recommendations for preparation programs to include information on crisis and trauma in their training units (ACA, 2005; ASCA, 2009; CACREP, 2009; CRCC, 2008; NBCC, 2005), they do not specifically require preparation programs to address childhood sexual abuse with the expectation of confidentiality, referral, and mandatory reporting. A review of the literature showed

significant deficits in course offerings (Campbell et al., 1999; Kitzrow, 2002), clinical experience (Etherington, 2000), and supervision opportunities (Campbell et al., 1999; Walker, 2004) related to childhood sexual abuse leaving counselors ill-equipped to work with survivors upon graduation. With the increasing numbers of reports of childhood sexual abuse counselors must be prepared to work with survivors. This may be accommodated through intentionally structured training in their master's level programs.

A limited number of CACREP programs were assessed (Kitzrow, 2002) revealing little master's level professional preparation in the area of childhood sexual abuse. National certification and accreditation boards require professional preparation programs to provide instruction on crisis and trauma competencies (ACA, 2005; CACREP, 2008) however, there is no guide regarding what type of crisis or trauma must be addressed. For the innovative counselor education program or counselor educator who decides childhood sexual abuse is a pertinent instructional topic, supportive educational material is limited. Textbooks consider war, natural disasters, school/workplace/community violence, and terrorism with little or no mention of violence against women or childhood sexual abuse (Austad, 2009; Gladding, 2009; Kerr, 2009). Alpert and Paulson (1990) state that by omitting the topic of childhood sexual abuse from the curriculum, counselor educators and counselor education programs are "...perpetuating the belief that sexual abuse seldom occurs" (p. 368).

Supervision

The third factor contributing to counselor meaning-making is supervision opportunities. The supervision relationship parallels the therapeutic relationship in many ways and has several shared components (Bernard & Goodyear, 2004; Stoltenberg &

McNeil, 2010). These components contribute to the growth and meaning-making ability of the counselor/supervisee just as the therapeutic relationship supports client growth (Bernard & Goodyear, 2004; Stoltenberg & McNeil, 2010). Those shared components include a safe holding environment (Kegan, 1982) where the counselor/supervisee can explore beliefs and values, increase their own awareness, and talk through internal conflict (Bernard & Goodyear, 2004; Stoltenberg & McNeill, 2010).

Existing research in the area of counselor preparation and supervision to work with survivors of childhood sexual abuse is limited. While Illinois helping professionals (including social workers, psychologists, and nurses) were surveyed in 1999 in relation to preparation experiences (Campbell et al., 1999); no national study on the meaning making experiences of master's level counselors was found with regard to their work with childhood sexual abuse survivors.

Rationale

Research has not yet determined whether personal factors, counselor education, professional experience, supervision opportunities, or a combination thereof are to account for the meaning-making process of counselors. Yet there appears to be a professional as well as moral responsibility to counselor education students and the communities they will serve to include preparation about childhood sexual abuse in professional preparation programs since the sheer numbers of reported cases of childhood sexual abuse demonstrate that this is a significant issue in society. Hence studies investigating the meaning-making process of counselors who work with childhood sexual abuse survivors could provide insight into the role of master's level preparation and supervised experiences.

Purpose of the Study

Thus, the purpose of the study was to understand the meaning-making process of counselors who work with survivors of childhood sexual abuse. The following questions guide this study:

- 1 What factors influenced the professional counselors' decision to work with survivors of childhood sexual abuse?
- 2 What has been the impact of the stories of abuse on the professional counselor?
- 3 How do professional counselors make-meaning of their counseling experience with childhood sexual abuse survivors?
- 4 What changes do professional counselors recognize within themselves that related to their individual meaning-making with childhood sexual abuse survivors?
- 5 Have educational or supervision experiences (with regard to survivors of childhood sexual abuse) impacted the frame of reference of the professional counselor?

A better understanding of counselors' meaning making of survivors' stories benefits both counselor educators and supervisors. Findings from the study lend themselves to provide professional experiences that may enhance the counselors' meaning-making ability. This study additionally provided an opportunity to begin to hear those thoughts and feelings that counselors' experience as they attempt to make sense of their clients' stories of childhood sexual abuse.

Qualitative research was chosen for this study because the qualitative design allowed the researcher to hear and experience the participant's stories of meaning-making. The essence of qualitative research is to give voice to the participant and balance that with the researcher's voice, maintain an empathic position with "sensitivity, respect, awareness, and responsiveness," (Patton, 2002, p. 40) and to understand the voice and process of the counselor. This speaks to the specific purpose of this study, to understand the meaning making process of counselors who work with survivors of childhood sexual abuse.

Phenomenological design was chosen for this study as it allowed for the purest representation of the participants words with the least corruption by the researcher (Moustakas, 1994; Patton, 2002). Moustakas (1994) asserts that phenomenological design allows the participant to truly "feel understood" (p. 12). A phenomenological approach captures the raw words of the participant and through reflective analysis, the researcher then co-constructs an interpretation of those words within the context of the participants' and researcher's meaning-making process (Moustakas, 1994).

Researcher as Instrument

I first became interested in the life of survivors of childhood sexual abuse while attending a women's divorce support group many years ago. As I listened to their stories of childhood sexual abuse I wondered how they made sense of such an intimate betrayal of love and trust. Several years later in the last semester of a bachelor's degree, I volunteered at a women's shelter and among the stories of interpersonal violence, I heard their stories of childhood sexual abuse and their fears of their children also becoming victims. As I talked about and tried to make meaning of this form of abuse, distant and

dear friends shared their stories of childhood sexual abuse. I found myself in awe of their strength and resilience. I developed the belief that one cannot hear the stories of abuse without being changed.

While completing my master's degree in human development (community/agency) counseling, I was again drawn to survivors of childhood sexual abuse, but this time as a counselor. There was no semester long course on childhood sexual abuse or even interpersonal violence; it was simply discussed if it came up in class. During my internship, I chose to work with clients who experienced interpersonal violence and found childhood sexual abuse to be a prevalent and intergenerational issue. I again struggled to make meaning of this so as not to impact my own relationships and personal psyche. I chose to read existing literature, attend continuing education workshops, and participate in supervision opportunities surrounding the issue. As a logotherapist, I realized that I was again changed by the experience.

After graduation, I initially chose to work in community- and hospital-based counseling settings, later moving into private practice. Quickly I found 50-80% of my case-load filled by survivors of childhood sexual abuse. Once again, I struggled with how to make sense of their stories and again chose continuing education and supervision opportunities to learn as much as I could about childhood sexual abuse, effective treatments, and how to manage my empathic response to their stories of abuse. I met counselors unwilling to work with survivors and upon client disclosure would refer them on to someone else. This disservice to the survivor concerned me. I began to wonder about those counselors choosing to work with survivors and how they made meaning of their experiences. As a doctoral student, I furthered my understanding of some of the

many facets of childhood sexual abuse including the effectiveness of group treatment, preparation programs, ethical responsibility to client and student counselor, and the role of supervision in counselor development. As a doctoral candidate, I came back to the counselor's meaning-making process of the experience of working with survivors of childhood sexual abuse (see Appendix A for more details).

Significance of the Study

Findings from the study will help to identify the meaning-making process of master's level professional mental health counselors who counsel survivors of childhood sexual abuse. By choosing a phenomenological qualitative design, the participants' method of meaning-making emerged from the data. Emergent themes create understanding of how counselors make sense of the abuse stories they hear. Identifying meaning-making themes may lead to improved training and supervision opportunities as well as understanding those personal characteristics that allow for meaning-making. Further, this study contributes to the limited body of literature available relating to formal training and supervision practices related to counseling survivors of childhood sexual abuse. Identifying themes of counselor meaning-making provides a starting point to conduct larger scale quantitative studies that could provide transferable results to classroom and supervision opportunities.

Benefits of the Study

While there were a number of benefits to conducting this study, the direct benefits were specific to counselors working with childhood sexual abuse survivors and counselor educators and supervisors. Counselors working with survivors of childhood sexual abuse may benefit from another's perspective or increased self-awareness of the meaning-

making process. Increased self-awareness may assist the counselors' own meaning-making process thus providing some protection from vicarious traumatization. Survivors of childhood sexual abuse benefit from counselor awareness, preparation methods, treatment practices, and supervision methods and opportunities. As the issue of childhood sexual abuse is discussed more, counselors may become aware of the severity of the childhood sexual abuse and its impact on society.

Counselor educators may benefit from hearing the counselors' stories of what experiences, whether personal or professional, influenced their ability to make meaning of their work with childhood sexual abuse survivors. Counselor educators may learn if there are experiences that can be provided in the professional preparation program to promote personal growth, determine an adequate level of classroom exposure to the topic, or tips for enhancing practicum and internship experiences to supervisors. Benefits may include increased understanding of what encourages or deters counselor supervisees from exploring client related childhood sexual abuse in supervision. Supervisors also may learn practical information for improving the supervisory relationship thereby improving the likelihood of counselor supervisees sharing their concerns in working with childhood sexual abuse survivors.

Phenomenological Design

Meaning making is at the heart of the phenomenological design. Victor Frankl (1984, 1988, 2004) reminds us that people do not live in isolation, but are constantly presented with situations with which one must make meaning and it is through meaning that people understand their world. Phenomenological research questions the very concept of reality (Moustakas, 1994) and states that reality is constantly changed by

experience and perception, that indeed there is no one absolute reality but a series of meaning-making experiences.

When the meaning-making process of counselors working with survivors of childhood sexual abuse is examined, their reality is constantly shifting with each new client, each new disclosure, each personal experience, each learning activity, each supervision opportunity, and each casual encounter they experience. Again, the counselor cannot sit with a survivor and hear their stories of abuse without being changed. As Moustakas (1994) points out, any experience that an individual has ever had colors the reality or meaning that they find in any other moment. This is true for the client, the counselor, and the researcher. He stresses that to pursue phenomenological research, the researcher must truly understand oneself before any true understanding of another can occur (Moustakas, 1994).

Phenomenological design was chosen for this study to guide the researcher to hear the words of the stories of the participants. While other research designs could have been successfully employed, the outcome would have been different and therefore not truly discovering the participants lived experience of meaning-making. The purpose of the study was to understand the meaning-making process of counselors who work with survivors of childhood sexual abuse. Using a phenomenological design requires the use of the participants' voice, not the researcher's, therefore giving specific value to the participant's own words.

Constructivist Lens

Just as phenomenological design is at the heart of meaning making, so too is the selection of constructivist theory. Gonçalves (1997) states that "...all living beings know

and change their knowledge in the course of existence...” (p. xii). There is a constant reevaluation of what has been experienced and witnessed as one attempts to make sense of ones’ world or reality. Hayes and Oppenheim (1997) state that a constructivist approach holds the following tenets: 1) “development is contextual” (p. 22), 2) “individuals are producers of their own development” (p. 22), 3) “cognition is an active relating of parts”(p. 23), 4) “meaning-making is self-evolution” (p. 24), 5) “reality is multiform” (p. 24), and 6) “language constitutes reality”(p. 25). Therefore, to understand the lived experience of counselors working with childhood sexual abuse survivors, counselors must be understood in the context of their personal and social development, their process of meaning-making as an individual process, counselors’ willingness to continually self-evaluate, and that the language of the counselor is essential to understanding their personal process of meaning making.

While Guyer and Rowell (1997) state constructivist approaches have given “...validity to the realities of rape, violence, and sexual abuse without blaming women and excusing men has been accomplished through the acceptance and institutionalization of rape counseling, domestic violence programs, and protection for victims” (p. 60). Phipps (2009) points out that our very language and culture has biased our ability to purely examine issues of rape and sexual violence. It was the goal of this researcher then to examine the counselors’ words and context to draw out their meaning and meaning-making process while minimizing the lens of the researcher.

Qualitative research was chosen for this study to draw out the rich meaning-making process (Patton, 2002) of counselors who counsel survivors of childhood sexual abuse. The life experiences of these counselors provided a depth of understanding

regarding their meaning-making process that quantitative designs cannot (Moustakas, 1994). Several quantitative studies have been conducted that uncovered various components that may contribute to meaning-making such as supervision and master's level preparation (Campbell et al., 1999), however qualitative research to understand the meaning-making process with counselors who work with childhood sexual abuse survivors has not been conducted. In addition to selecting a qualitative study, phenomenological design and constructivist theory were selected to further discover the counselor meaning-making process and maintain the participants' meaning within their context.

Limitations

As with any study, there are limitations and advantages to the research questions, design choice, participant selection, and so on. The choice of research question and design limits the transferability of the results to others, especially other populations. The choice of design also limits the volume of data collected. Choosing 10-12 participants for in-depth interviews is significantly different than asking hundreds of participants a few questions. The exclusion of other helping professionals could be viewed as a limitation; however this exclusion is intentional to the purpose of the study and may offer specific insight to the professional needs of masters' level mental health counselors upon graduation. Another limitation specific to sampling was the intentional choice not to directly ask participants whether they (the counselors/participants) are survivors of childhood sexual abuse. Research has revealed that it is not uncommon for survivors to choose careers in counseling and specifically working with survivors (Kitzrow, 2002). Participants were free to disclose or not disclose at their own discretion during the course

of the study whether they themselves were survivors of childhood sexual abuse. Each choice was done with significant contemplation to guide the research toward a specific question with a specific population for a specific purpose. It was believed that whatever the results, the question of what the meaning-making process of master's level professional mental health counselors was answered and provided insight to counselors, counselor educators, and supervisors regarding the meaning-making process of counselors who work with survivors of childhood sexual abuse.

Definitions

Child – for the purpose of this study, a child is any minor under the age of 18 years.

Childhood sexual abuse - child sexual abuse has been defined as oral-genital, genital, and anal touch with a child, non-touching abuse such as voyeurism, sexual penetration, prostitution, pornography, and acts where a child is forced, coerced, or encouraged to perform these acts upon an adult (Substance Abuse and Mental Health Services Administration [SAMHSA], 2000).

Disclose or disclosure – when a survivors of childhood sexual abuse tells someone that they have been sexually abused (not necessarily in those words if not developmentally appropriate for the child).

Licensure – a process by which a counselor obtains legal recognition as a licensed professional counselor within the state they practice counseling. The designation such as licensed clinical professional counselor, licensed mental health counselor, or licensed professional counselor varies by state as do the exact requirement to be licensed.

However, all states that require licensure to function as a licensed counselor require some combination of educational training and supervised experienced.

Meaning-making – the process by which a person takes in information and experiences and makes sense of them in the context of their life.

Mental health counselor – is a professional counselor who has specific training and supervision in diagnosis and treatment planning and may include such specialties as community, addictions, marriage and family, gerontological, and marital, couple and family counseling.

Professional counseling – defined by the American Counseling Association (2010) as “Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

Professional counselor (master’s level counselor, counselor) – a person who has completed the necessary professional preparation and supervised experiences required to graduate from a professional counseling program and become licensed within their state of practice.

Professional preparation – master’s level college or university program specifically designed to prepare students to become professional counselors.

Supervision – clinical supervision is an intervention between a more senior member of the profession and a junior member of the same profession. Clinical supervision is “...evaluative, extends over time, and” improves the professional functioning of the junior member while enhancing the profession as a whole (Bernard & Goodyear, 2004, p. 8). Peer supervision is conducted between members of the same

profession but is not limited to the hierarchical and evaluative constraints of clinical supervision.

Survivor – a person who has experienced childhood sexual abuse and not died as a result of their abuse regardless of age at the time of counseling. While death due solely to childhood sexual abuse is minimal, it can occur. The term survivor is also a therapeutic tool enhancing survivor self-concept at the onset of treatment.

Vicarious traumatization – exposure to traumatic stories of clients and the development of symptoms of posttraumatic stress disorder as a result of that exposure.

CHAPTER II

LITERATURE REVIEW

To fully understand the meaning-making process for professional mental health counselors who provide service to survivors of childhood sexual abuse there must be a common language and understanding of the complexities associated with counseling this complicated population. Definitions impact how we frame an issue such as childhood sexual abuse. Reported rates of prevalence and willingness to report are complicated by the overall impact of child sexual abuse on the child and adult survivor. Meaning-making is influenced by the process of counseling on the survivor and the counselor. Counselor meaning-making is also affected by counselor training and supervision experiences. Each of these issues will be addressed in the following sections of this chapter while seeking to understand the meaning-making process of professional counselors who counsel survivors of childhood sexual abuse.

Defining Childhood Sexual Abuse

There are many definitions of childhood sexual abuse (Alpert & Paulson, 1990; American Academy of Child and Adolescent Psychiatry [AACAP], 2008; Fassler, Amondeo, Griffin, Clay, and Ellis, 2005). A brief definition may simply be that child sexual abuse can consist of any act from “foundling to rape” (Briere & Scott, 2006, p. 9). However for the purpose of this study, child sexual abuse was defined as oral-genital, genital, and anal touch with a child, non-touching abuse such as voyeurism, sexual penetration, prostitution, pornography, and acts where a child is forced, coerced, or encouraged to perform these acts upon an adult (SAMHSA, 2000). Further, “child sexual abuse means engaging a child in sexual activities that the child cannot not comprehend,

for which the child is developmentally unprepared, and for which he (or she) cannot give informed consent” (SAMHSA, p. 11). Yet, both legal and moral debate continues to occur as to legal age of consent, especially where high school and college persons are involved.

A distinction between sexual abuse which is perpetrated by a caregiver and a sexual assault which is perpetrated by a non-caregiver is also made (SAMHSA, 2000) and is especially significant in the case of reporting. Finkelhor and Jones (2004) state that Child Protective Services (CPS) provides child sexual abuse data to the federal government, although CPS does not track non-caregiver child sexual abuse. Further clarification includes that another child five years older than the victim who perpetrates a sexual act against the younger child constitutes child sexual abuse (Briere & Scott, 2006). However, this older child, if not a family member, would not involve CPS and therefore would not be reportable under that agency. “Intercourse between an adult and a child” as the definitive definition of childhood sexual abuse is an important misconception (Dominguez, Nelke, & Perry, 2002) as any number of sexual acts toward a child constitutes child sexual abuse, not only intercourse (SAMHSA, 2000).

Another important distinction is between legal implications and survivors perception of the abuse. In the previous definition provided by SAMHSA (2000), any of the acts listed as childhood sexual abuse are equally illegal under the law and punishable under state laws. However, the perception of the survivor must be given attention when attempting to discern level of harm caused. Some forms of voyeurism may go undetected by the child such as the perpetrator who goes to a public park or pool to view children without ever approaching them. Certainly there are degrees of impact that the perpetrator

and the act can have on the child (Briere & Scott, 2006). Not only does this variance impact treatment outcomes, but clearly impacts prevalence and disclosure rates as well.

Prevalence of Childhood Sexual Abuse

Difficulties in definition and prevalence appear to plague one another. There are other issues that complicate the collection of accurate prevalence data besides the problem of defining what constitutes child sexual abuse (Fassler et al., 2005) and caregiver/non-caregiver issues. Reporting policies and methodology vary from state to state (Allen, 2001; Fassler et al., 2005; Finkelhor & Jones, 2004). Gorey and Leslie (1997) found that as much as half of the variability of prevalence rates in a review of studies was attributable to response rates and operational definitions. Additionally, there is a significant amount of misunderstanding, guilt, and shame associated with child sexual abuse that prevents many children from disclosing their abuse (Briere & Elliott, 2003; Briere & Scott, 2006, Sprang et al., 2007; Walker, 2004). Each of these issues relates directly to reporting practices and determining an accurate rate of prevalence.

CPS received 3.3 million reports of suspected child abuse and neglect cases in 2008, 9% of which were for allegations of child sexual abuse (CDC, 2010). For those reported, another estimated 70% of cases go unreported (Briere, 1992). It is unknown how many of those cases unreported to CPS are due to the fact that CPS does not investigate non-family member perpetration (Finkelhor & Jones, 2004). Other helping agencies such as law enforcement, clergy, and counselors may take the initial report, and if an immediate family member is not the perpetrator, then CPS does not become involved and therefore is not necessarily included in any federal reporting (London, Bruck, Ceci, & Shuman, 2007). Additionally, there are a number of reasons that

prevalence statistics are not consistent from one organization to another. Problems with intake techniques (Briere, 1992; Fassler et al., 2005; SAMHSA, 2000), criteria and definition (Dominguez et al., 2002; Gorey & Leslie, 1997; Sprang et al., 2008), reporting methodology, and CPS caseload size and staff cutbacks complicate obtaining statistics on the prevalence of childhood sexual abuse (Briere & Elliott, 2003; Briere & Scott, 2006).

The intimate nature of childhood sexual abuse compounds the difficulty of accurately reporting the prevalence (Muller, Kraftcheck, & McLewin, 2004). Prevalence rates of sexually abused male children are suggested to be significantly underrepresented in part due to the misconception that only females are victim to child sexual abuse (Briere & Scott, 2006), the misconception that males are always the sexual aggressor, and the shame and confusion of a perceived homosexual act (Kia-Keating, Sorsoli, & Grossman, 2010). Briere and Elliott (2003) reported considerable occurrences of female perpetrators in regard to male survivors of childhood sexual abuse; however Denov (2004) points out that research related to female perpetrators has barely begun. More recent research looking at discrepancies between CPS and criminal justice records suggests that female perpetrators are a more significant issue than previously thought (Bader, Scalora, Casady, & Black, 2008; Denov, 2003). However, Finkelhor and Jones (2004) reported that most perpetrators of child sexual abuse continue to be male.

Disclosure

Children who are sexually abused are generally hesitant to disclose their abuse (London et al., 2007). Children are likely to “remain silent about the abuse, ... deny that abuse ever occurred, or ... produce a series of disclosures of abuse followed by recantations of these disclosures” (London et al., 2007, p. 12). Many issues contribute to

a child's unwillingness to disclose (London et al., 2007). The relationship of the child to the perpetrator can be a significant deterrent if there is a close relationship such as a parent or older sibling (London et al., 2007). The younger the age at abuse, the less likely the child is to disclose. It is unknown if this is a function of developmental level or fear of reprisal. While some children are willing to disclose within hours of their abuse, many more wait a year or more to tell anyone (Briere & Elliott, 2003; Briere & Scott, 2006; Foynes et al., 2009). Disclosure may be impacted by how the abuse was discovered and the setting in which the child is asked to disclose (London et al., 2007). If the abuse is discovered in the act and the child protected from repercussions, the child may feel safer to make a full disclosure than if a well-meaning helper sternly or persistently questions the child without evidence. A child may feel safer to disclose to a friend, teacher, or other family member as compared to a stranger in a strange office (i.e. a social worker in an office). The type of questioning used in an attempt to elicit a disclosure also impacts the child's willingness to be open and genuine (Feltus, Powell, Snow, & Hughes-Scholes, 2010). Overall there are contradicting results on what compels some children to disclose their abuse and others to carry their secret in silence (Foynes et al., 2009). Children are dependent upon their family to protect and care for them. Children also depend upon other significant caretakers such as extended family members, teachers, coaches, and clergy to protect them from harm. When this unspoken trust is broken, it can have far-reaching implications for the survivor (Briere & Scott, 2006).

Impact of Childhood Sexual Abuse on the Survivor

Research findings conclude that child sexual abuse can impact many areas of a survivors' life (Allen, 2001; Briere & Scott, 2006). Immediate physical consequences, long-term emotional difficulties, and social repercussions may arise as a result of child sexual abuse (Edwards & Lambie, 2009). Some of these repercussions are a result of the child not forming secure attachments to caretakers. It is necessary for children to form attachments with their caretakers and if those attachments are not safe, it prohibits the child from developing a sense of safety in the world (Allen, 2001). While any damage to a child's ability to attach can be defined as attachment trauma, the perpetration of child sexual abuse specifically by a biological father is perceived as the greatest "betrayal of trust and exploitation of love" (Allen, 2001, p. 26). As Allen (2001) writes, "Imagine the fate of the child who needs protection from the attachment figure" (p. 21).

Physical

There are immediate and long-term physical effects associated with childhood sexual abuse. The immediate effects may include "pain or irritation of the genital area, vaginal or penile discharge, and difficulty urinating" as well as "nervous or aggressive behaviors", "sexual provocativeness", and substance use or abuse (NCVC, 2010, p. 2). The literature reveals that childhood sexual abuse may lead to "increased physical complaints" and "high risk behaviors" leading to increased health problems as adults (Chartier, Walker, & Naimark, 2010, p. 455) and are at a much higher risk of developing physical health problems than their non-abused peers (Chartier et al., 2010). Some of the specific health problems that childhood sexual abuse survivors may experience include chronic pelvic pain, genital herpes, non-epileptic seizures (Maniglio, 2009), HIV/AIDS

(Bubar, 2010), sleep paralysis (Abrams, Mulligan, Carleton, & Asmundson, 2008), and other general somatic complaints (Briere & Scott, 2006; Chartier et al., 2010). Substance abuse is also a prevalent long-term issue faced by childhood sexual abuse survivors that encompasses physical, emotional, and social aspects of the survivors' life (Briere, 1992; Briere & Scott, 2006; Beckerman, 2002; Beitchman et al, 1992; Chartier et al., 2010; Leahy, Pretty, & Tenenbaum, 2004)

Emotional

The emotional effects of child sexual abuse can be numerous. Immediate effects may include isolation (Kia-Keating et al., 2010), fear, anger (Briere & Runtz, 1988), depression, and extreme anxiety (Briere & Scott, 2006). Long-term effects of childhood sexual abuse may include depression, anxiety, post traumatic stress disorder (PTSD), dissociation including Dissociative Identity Disorder (DID), eating disorders, substance abuse, and personality disorders such as borderline personality disorder and obsessive-compulsive personality disorder (Briere & Elliott, 2003; Briere & Scott, 2006; Howe, 2005; Hutchings & Dutton, 1993; Maniglio, 2009; Scaer, 2001). Relationship challenges such as trusting one's partner and sexual identity confusion can be a source of frustration and pain for males and females alike (Beitchman et al, 1992; Kia-Keating et al., 2010). Survivors of childhood sexual abuse can present themselves with many primary diagnoses other than childhood sexual abuse and then becomes the responsibility of the professional counselor to have adequate training to be aware of the signs and symptoms of childhood sexual abuse (Briere & Scott, 2006; Campbell et al., 1999; Hutchings & Dutton, 1993). Briere, Kaltman, and Green (2008) talk about childhood rape being a "unique predictor" of symptom complexity. "Multiple trauma exposure is not uncommon

and is associated with relatively complex symptomology” (Briere et al., 2008). This complex symptomology may create long-term social concerns for some survivors of childhood sexual abuse.

Social

The physical and emotional issues faced by childhood sexual abuse survivors can have a lasting impression on the survivor’s social life and wellness. The primary symptoms that may be noticed include distractibility in the classroom or poor work histories, somatic complaints, social isolation, depression, anxiety, and difficulty initiating and maintaining close relationships (Briere & Scott, 2006). Survivors may experience sexual difficulties and dating aggression as they move into puberty and young adulthood (Feiring et al., 2009). Childhood sexual abuse survivors are more likely to engage in unprotected sex, have multiple partners, and become involved in prostitution (Edwards & Lambie, 2009; Maniglio, 2009). The literature revealed that survivors of child sexual abuse are more likely to be revictimized as adults through rape, domestic violence, and other acts of violence or domination (Campbell, Greeson, Bybee, & Raja, 2008; Maniglio, 2009; Stoner, et al., 2007; Walsh, Blaustein, Knight, Spinazzola, & van der Kolk, 2007). Another troublesome social and societal finding is the significant number of incarcerated perpetrators who report a personal history of childhood sexual abuse (Johnson et al., 2006).

Survivors of childhood sexual abuse may experience difficulty in forming close relationships and exhibit significant difficulty in trusting others (Briere & Scott, 2006). The difficulty in trust may cause a survivor of childhood sexual abuse to be slow to disclose their abuse. Therefore, counselors need to understand the value of initial

interviewing techniques and rapport building (Edwards & Lambie, 2009), as many clients self-disclose at a later time (Fassler et al., 2005) if the initial interview has been handled with sensitivity, respect, and acceptance (Saywitz, Esplin, & Romanoff, 2007).

Impact of Counseling

Counseling the survivor of childhood sexual abuse is directed at improving the emotional and social functioning of the survivor. In recent years, general trauma counseling has employed cognitive-behavioral therapy (CBT) as the evidence-based treatment of choice (Edwards & Lambie, 2009; Sprang et al., 2008). Cognitive-behavioral interventions including relaxation training, systematic desensitization, and the identification, disputing, and replacement of irrational thoughts and beliefs are among those most commonly used (Briere & Scott, 2006; Sprang et al., 2008). The use of CBT in combination with medication fit the National Institute for Mental Health (NIMH) criteria for best practices (Sprang et al., 2008).

Between 1986 and 2007, only 16 randomly assigned controlled research studies examining the effectiveness of treatments for child sexual abuse were conducted while only 5 experimental studies were conducted between 1986 and 1994 to examine the effectiveness of group settings (Nurcombe, 2008). Several smaller studies were conducted between 1986 and 2004 involving controlled groups of children and adolescents to examine the effectiveness of CBT (Nurcombe, 2008). CBT groups were found to be generally effective. Lundqvist, Svedin, Hansson, and Broman (2006) and Wolfsdorf and Zlotnick (2001) also found groups to be an effective modality in counseling survivors of childhood sexual abuse. Lau and Kristensen (2007) conducted two small groups and found systemic group therapy to be highly effective in symptom

reduction by using empowerment and solution-focused techniques. Others have found empowerment and solution-focused counseling groups to be effective with adolescent females (Kress & Hoffman, 2008; McWhirter, 1994).

While counselors working with child sexual abuse survivors use evidence-based treatments, they have also employed other counseling modalities to fit the specific needs of the survivor. Murthi and Espelage (2005) have examined the treatment of child sexual abuse survivors from a “loss framework” (p. 1215) recognizing positive social supports as a key factor in child sexual abuse trauma treatment and is focused on resolution and empowerment. Fassler et al. (2005) examined the family as a mediating factor in trauma response severity revealing the key role family can play in the recovery process. By involving non-offending family members in a positive manner, survivor trauma response may be significantly decreased. Unique counseling techniques such as dance therapy have also been examined in limited populations with some success (Mills & Daniluk, 2002). Edwards and Lambie (2009) recommended the use of person-centered counseling as an effective treatment modality.

Empowering survivors of childhood sexual abuse is a priority of many counseling goals. Among the strategies to empowerment are learning coping skills and restoring the survivors’ sense of safety and trust. While child sexual abuse is certainly a horrific act and can be devastating, for some this experience “can provide an opportunity for growth and personal challenge and allow individuals to reflect on themselves and the meaning of their lives” (Wright et al., 2007, p. 397). Wright, Crawford, and Sebastain (2007) found a direct connection between the survivors’ ability to find benefit from the abuse experience and their ability to make meaning of the abuse experience in the recovery process. In the

few studies that have been conducted to understand the meaning-making process in survivor recovery, in general it was found that survivors struggled significantly with the meaning making process, yet once the event became an integrated part of their life story they felt “stronger for it” (Wright et al., 2007, p. 397). In line with the value of meaning-making as a coping mechanism is Kress, Adamson, and Yensel’s (2010) study examining therapeutic stories to empower child survivors in their meaning-making process.

Therapeutic stories can provide a non-threatening way to empower children to explore their experience and regain trust in their world. The role of the counselor in any technique employed is to connect with and guide the survivor in the recovery process.

Briere and Scott (2006) state that the counselor must offer respect, positive regard, hope, and a consistent counseling relationship. Research has been scattered across the variety of issues that impact childhood sexual abuse survivors. One such area of research has historically focused on female victims and male perpetrators; however more information is becoming available about male victims and female perpetrators as well as same sex perpetration (Bader et al., 2008). Gender of the victim and perpetrator are only one of the myriad factors that impact the long-term effects of childhood sexual abuse. Seeking assistance for the emotional issues that can result from childhood sexual abuse is difficult for many survivors and so developing a trusting relationship with a counselor is essential to the counseling relationship and survivor recovery process.

Counselor knowledge, awareness, and skills related to counseling survivors of childhood sexual abuse benefits both client and counselor. Walker (2004) states that problems arise in the counseling relationship when “...supervision is not good enough, and training has

not prepared counselors sufficiently for such demanding work” (p. 180) leaving the survivor feeling unsupported in the counseling relationship.

Client-Counselor Relationship

Trust is important when building a relationship with any client (Asay & Lambert, 1999; Wampold, 2007), however it is essential when counseling survivors of childhood sexual abuse (Briere & Scott, 2006; SAMHSA, 2000). The therapeutic relationship has the “...potential healing and threat” (Etherington, 2000, p. 378-9). The threat is that of betrayal, a fear that if the survivors discloses too much or trusts too much that the counselor will somehow betray them as their perpetrator did (Cole & Putnam, 1992). Many childhood sexual abuse survivors learned at an early age to be wary of their surroundings and those in it (Leahy et al., 2004) and may be cautious of counselors for a variety of reasons (Scaer, 2001). For example, if a child’s counselor reported the abuse as mandated and the child was taken from the home and placed in foster care, the child could have mixed feelings about counselors, even as an adult survivor depending upon the outcome of the foster placement (Gumpert, 2007). Counselors must be sensitive to the clients’ interpretation of the abuse (SAMHSA, 2000) and how it impacts the survivors’ current life story. Childhood sexual abuse is an “abnormal and uncontrollable situation” (Etherington, 2000, p. 378) and can impact normal growth and development (Briere & Elliott, 2003; Etherington, 2000). Briere and Elliott (2003) believe that “at least some basis for their client’s psychological disturbance may involve childhood maltreatment experiences” (p. 1220). The SAMHSA (2000) training project recommends that counselors be knowledgeable regarding cultural concerns, language differences, gender issues, and have a non-judgmental presentation in their interactions with survivors

of childhood sexual abuse. Talking about childhood sexual abuse “elicits strong emotional responses” (Alpert & Paulson, 1990, p. 370) for both survivor and counselor.

Impact of Counseling on the Survivor

As previously stated, the therapeutic relationship is vital to the survivors’ recovery process. Previous studies have shown that the counselor’s beliefs about therapeutic effectiveness can have a significant impact on treatment outcomes (Asay & Lambert, 1999; Austad, 2009; Gladding, 2009; Wampold, 2007). This is especially true in the case of childhood sexual abuse in that counselors (or other helping professionals such as nurses, physicians, law enforcement, and CPS) can have a significant impact on survivor treatment outcomes (Briere & Scott, 2006; Cole & Logan, 2008; Davis, 1984; Ginzberg et al., 2006; Muller et al., 2004). The literature has shown that counselor subtle attitudes and biases regarding childhood sexual abuse may have a deterring effect on survivors’ willingness to initially disclose or explore issues of child sexual abuse in the therapeutic environment (Cole & Logan, 2008; Davis, 1984; Day et al., 2003). If the survivor is unable to safely talk to the counselor about their abuse, resolution or therapeutic processing is unlikely to occur.

Fortunately, the therapeutic process may positively assist the survivor as they attempt to make sense of their abuse. Just as trauma can disrupt and cause distress in life, it can also push people to grow and develop new skills and insights. Briere and Scott (2006) report that as a result of trauma, survivors may develop “...new levels of psychological resilience, additional survival skills, greater self-knowledge and self-appreciation, increased empathy, and a more broad and complex view of life in general” (p. 68). Counselors have the opportunity to instill hope and through interactions that are

based in respect and positive regard, survivors may find the safety, stability, and support necessary to explore the abuse they have endured and find meaningful interpretations (Briere & Scott, 2006; Yalom & Leszcz, 2005).

Impact of Counseling on the Counselor

Counseling survivors of childhood sexual abuse can be a gratifying experience (Walker, 2004). However, the possibility for transference, countertransference, and vicarious traumatization must be acknowledged. This possibility increases for mental health professionals who themselves are survivors of childhood sexual abuse. Kitzrow (2002) states that "...33% of women and 10-15% of men mental health professionals..." (p. 116) could be childhood sexual abuse survivors. "Recognizing that people can be traumatized without actually being directly physically or emotionally harmed..." (Walker, 2004, p. 174) is an important aspect of addressing transference, countertransference, and vicarious traumatization. Transference is typically defined as the client projecting thoughts and feelings of the past onto the counselor while countertransference is the counselor projecting past thoughts and feelings onto the client (Austad, 2009). Counter transference can provide insight into the client's world if it is recognized as feelings of empathy and understanding. If however the feelings of the counselor are simply unresolved issues from the counselor's own past, then the interaction has the potential to be detrimental to the survivor and supervision should be sought (Etherington, 2000).

Vicarious traumatization (also referred to as compassion fatigue, secondary trauma, and secondary traumatic stress disorder) can occur as a response to the graphic stories survivors of childhood sexual abuse may share with their counselor (Etherington,

2000). Counselors may develop symptoms of post-traumatic stress disorder (PTSD) as a result of secondary trauma or hearing the client's story (Sommer, 2008). The "shocking and horrific stories" that clients share may impact the counselor's "sense of security, self-esteem, self-identity, and faith in humanity" (Etherington, 2000, p. 381). This impact on personal and professional life (Sommer & Cox, 2005) may present itself as nausea, headaches, and exhaustion as well as emotional and vigilance issues commonly associated with PTSD (American Psychological Association, 2000). Knowing oneself and establishing appropriate boundaries is helpful in protecting the counselor and the survivor. Maintaining therapeutic boundaries when counseling survivors of childhood sexual abuse is paramount to protect both the counselor and the client. Harper and Steadman (2003) remind counselors that for some survivors of childhood sexual abuse "their physical, emotional, intellectual, and spiritual boundaries have been violated by the perpetrator" (p. 64). Therefore it is important for the counselor to model appropriate but caring and respectful boundaries for their client. Given the possibility of vicarious traumatization counselor personal and professional self-care is essential when working with this population (Sommer & Cox, 2005). Supervision is a recommended part of that self-care.

Supervision specific for vicarious trauma has been suggested in a number of studies (Etherington, 2000; Sommer, 2008; Walker, 2004). Etherington (2000) encourages counselors to watch for and recognize subtle changes in behaviors toward clients, a change in connection to their clients, and intrusive thoughts about the client's trauma seeping into their personal lives. Sommer & Cox (2005) promote "trauma-sensitive supervision" (p. 131) which focuses on the personal feelings and reactions to

trauma. They also promote “opening dialogues concerning trauma counseling and vicarious traumatization in practicum and internship classes” (Sommer & Cox, 2005, p. 131) and encourage introspection as a self-care tool. Study participants felt that supervision was helpful in relation to self-care and creating greater personal awareness of possible countertransference (Sommer & Cox, 2005). With greater self-awareness, counselors attempt to make meaning of the horrible stories their clients share. Frankl (1984) reminds us that “...in some way suffering ceases to become suffering at the moment it finds meaning” (p. 135).

Impact on Counselor Development

It seems inconceivable that the stories of abuse that a counselor hears and the relationship that is built with a survivor in the process of therapy would not impact the counselors’ personal and professional development. The simple human component of being fully present with another human being changes the nature of being. Hearing the survivors’ stories of abuse and witnessing their struggle to find meaning may cause the counselor to struggle with similar issues thus impacting the counselors’ personal and professional development. The goal then would be to create intentional, self-reflective, and self-guided change. Timpson (1996) calls upon the professional to reflect on “[t]he therapeutic ‘use-of-self’ ... to call for the ‘educated heart’ and the ‘educated mind’ to be used together”, so that the individual then develops “the insight to investigate the process of learning and the organization to enable its facilitation” (p. 45). Just as the survivor must navigate through therapy and make meaning of their abuse, so then the counselor must take that lead in their own self-development and self-understanding.

Hansen (2009) argues that counselor training programs cannot simply be a production line of sorts where the counselor-in-training learns a checklist of skills and competencies much like an auto mechanic, but a meaning rich environment where counselors-in-training learn to think critically and are exposed to a variety of meaning making experiences. One such way to promote counselor meaning-making is by encouraging curiosity about the client, the self, and the process occurring between the two (Strong, 2003). Having a curiosity for and recognizing that individual experience, personal and familial culture, and historical context all contribute to the meaning-making process of the counselor.

Counselor Preparation

Based on the prevalence of childhood sexual abuse in combination with the special needs survivors may present, it seems reasonable to ask whether master's level counselors are receiving adequate professional preparation to meet the needs of their clients upon graduation. SAMHSA (2000) states that childhood sexual abuse impacts client treatment needs due to the complex array of issues survivors may present with in counseling. Survivors of childhood sexual abuse have an increased incidence of self-destructive, self-harming, and suicidal behaviors (Briere & Scott, 2006; Levenkron, 1998; SAMHSA, 2000). These potentially harmful behaviors, in addition to causing harm to the client, create a liability for the counselor. There are legal implications associated with the duty to warn when self-harming behaviors are involved (SAMHSA, 2000) and ethically it is the counselors' responsibility to know and understand the population they are counseling (ACA, 2005; CACREP, 2008). This responsibility extends to the psychological disorders and symptoms that childhood sexual abuse survivors may

exhibit. SAMHSA (2000) specifically addresses the need for training and supervision to work with childhood sexual abuse survivors. Kitzrow (2002) and Harper and Steadman (2003) recommend a solid theoretical foundation to build upon while obtaining “training and supervision from experienced faculty” (Kitzrow, 2002, p. 115). Not only are there legal implications for inadequately prepared counselors who work with survivors of childhood sexual abuse, but there are personal concerns as well related to countertransference and vicarious traumatization.

The responsibility to adequately prepare counselors to work with the populations they are most likely to encounter upon graduation is multifaceted. Accreditation and state licensure standards demand preparation programs provide basic information such as the history of counseling, counseling theory, growth and development, assessment, and ethical practice standards (ACA, 2005; CACREP, 2009; Joint Committee on Administrative Rules, 2004). Preparation programs are responsible for specialty area training such as guidance and lesson planning for school counselors, diagnosis and treatment planning for mental health and community counselors, and vocational and disability preparation for rehabilitation counselors. The basic and specialty specific coursework in addition to required practica and internship can easily create a 2-3 year master’s preparation program. The ACA (2005) further requires professional preparation to counsel special populations such as women, children, and minorities. Counselor educators are also responsible to teach counseling students “self-care strategies appropriate to the counselors role” (CACREP, 2008, p. 9).

Concerns about transference, countertransference, and vicarious traumatization are significant issues that can impact the personal and professional lives of those who

counsel survivors of childhood sexual abuse (Alpert & Paulson, 1990; Beckerman, 2002; Etherington, 2000, Harper & Steadman, 2003; SAMHSA, 2000; Sommer, 2008; Sommer & Cox, 2005; Walker, 2004). Pope and Feldman-Summers (1992) surveyed clinical and counseling psychologists in a national study and found that overall psychologists felt poorly prepared to competently provide services to survivors of childhood sexual abuse. Campbell et al. (1999) surveyed Illinois mental health professionals to assess their professional preparation experiences to counsel victims of violence against women. Their definition of violence against women included “sexual assault, domestic violence, sexual harassment, and childhood sexual abuse” (Campbell, et al., 1999, p. 1003). Campbell et al. found training was infrequently provided during graduate preparation. Preparation programs endorsed by CACREP were surveyed to evaluate counselor preparation training practices related to sexual abuse material and revealed that 69 percent of the CACREP program officials who participated in the survey did not offer a course on sexual abuse (Kitzrow, 2002). The lack of preparation in sexual abuse and childhood sexual abuse issues raises an important question regarding the ethical responsibility to student consumers of professional counselor preparation programs and whether they are adequately prepared for the clients they will likely counsel.

Kitzrow (2002) stated that “students need a solid base in theoretical knowledge and clinical skills to provide effective counseling services for survivors of childhood sexual abuse” (p. 115). Supervision studies of psychologists have revealed deficits in clinical psychology preparation programs (Beckerman, 2002; Etherington, 2000; Harper & Steadman, 2003; Walker, 2004) as well as counseling preparation programs (Kitzrow, 2002, Sommer, 2008; Sommer & Cox, 2005). A number of issues arise in relation to

supervision around childhood sexual abuse. Sommer (2008) points out that supervision by supervisors with experience with survivors of child sexual abuse is clearly essential to counselor development. Counselor development in this respect addresses not only general clinical skills, but the personal process of working with this population and making meaning of the stories.

Preparation and supervision must include information and processing about countertransference and vicarious traumatization. While a didactic presentation of this material may be helpful, it is in the supervision setting that a deeper understanding of the phenomena may be understood and related directly to the counseling experience. Countertransference can be a helpful component in counseling as it may give the counselor insight about the client; however it can also be very damaging if not kept in check (Beckerman, 2002; Etherington, 2000). Sommer (2008) recommends information about vicarious traumatization as a significant portion of the supervision experience and necessary to counselor meaning-making in addition to overall well-being.

Any discussion on the meaning-making process of counselors must include the topic of training or preparation. Kitzrow (2002) states that without professional preparation specifically related to childhood sexual abuse during their master's level counseling program, graduates of these programs may not be adequately prepared to practice within the scope of required professional competencies. Counselors addressing the needs of childhood sexual abuse survivors must also consider issues related to counter-transference (Beckerman, 2002), boundary issues (Harper & Steadman, 2003), supervision issues (Etherington, 2000; Sommer & Cox, 2005; Walker, 2004), vicarious traumatization (Sommer, 2008), and research effects on the researcher (Stoler, 2002).

The concerns for counselors working with survivors of childhood sexual abuse highlight the responsibility of professional preparation programs to adequately prepare future counselors in this area.

Kitzrow (2002) points out limited research in evaluating the training of counselors in the treatment of sexual abuse. The CACREP survey revealed that 69% of the sample (68 programs accredited by CACREP) did not offer a course on sexual abuse and 54% felt that there was no room in the current curriculum for such training. Campbell et al. (1999) surveyed Illinois mental health professionals including licensed professional counselors, licensed social workers, licensed clinical social workers, and psychologists, but not licensed clinical professional counselors (a separate level of licensure in the state of Illinois). This inclusion of other helping professionals appears to distract from the evaluation of counselor preparation. Sommer (2008) addressed CACREP concerns with trauma and vicarious traumatization and questions whether this important issue is being addressed in general counselor preparation programs with course work specifically related to childhood sexual abuse. Others recommend training and indicate deficits in the current body of literature relating to childhood sexual abuse, vicarious traumatization, and the ethical responsibility to adequately prepare students for the future profession (Beckerman, 2002; Etherington, 2000; Harper & Steadman, 2003; Sommer & Cox, 2005; Walker, 2004).

Counselors meaning-making appears directly related to “counseling self-efficacy, counselor conceptual level, and ego development” (Little et al., 2005). As previously stated, childhood sexual abuse survivors typically present in counseling with complex counseling issues requiring counselors to tolerate higher levels of case complexity and

discrepant life views without becoming overly directive or rescuing of their clients (Duys & Hedstrom, 2000). Higher levels of counselor development were associated with greater acceptance of clients, more objective stance in case note and report writing, and better attention to counselors' own reaction to the counseling relationship clients (Duys & Hedstrom, 2000; Little et al., 2005). Experiential opportunities in the preparation program led to greater levels of counselor development (Little et al., 2005) allowing counselors greater skill in the meaning-making process. Additionally, counselors who demonstrated higher cognitive complexity also demonstrated effective use of empathy and "understanding of the counselor-client relationship" (Choate & Granello, 2006, p. 116).

Counselor Development and Supervision

Counselor Development

Counselor development is a complicated undertaking. Once past theory and skill acquisition, supervised practicum and internship experiences promote the development of the counselor as a professional in the field. The supervisor has an ethical responsibility to the supervisee (counselor) to provide them with support and guidance as they enter the field. Sommer (2008) strongly states that it is the responsibility of the supervisor to monitor for vicarious traumatization and provide trauma sensitive supervision. One responsibility is to monitor for appropriate countertransference. Supervisors must be sensitive to the counselor identifying too strongly with the client, feeling the need to rescue the client, and identifying with the abuser when pushing the client (Etherington, 2000). Also, recognition of parallel process between the counselor-client relationship and the supervisor-counselor relationship is primarily a responsibility of the supervisor

(Beckerman, 2002; Bernard & Goodyear, 2004; Etherington, 2000); however managing the relationship between supervisor and counselor has mutual responsibility (Daniluk & Haverkamp, 2001). The supervision setting must be a place where the counselor may feel safe and supported in examining and recognizing vicarious traumatization and learn appropriate containment skills to manage those feelings (Walker, 2004). One way to frame this need for structure and containment is through therapeutic boundaries. Harper and Steadman (2003) expound upon the need for therapeutic boundaries not only for the growth of the client, but to assist the counselor in understanding the need to balance self-disclosure and why certain reactions to survivors of childhood sexual abuse may occur.

Meaning-Making

Meaning-making becomes an integral part of understating why a counselor may react a certain way to a client. Harper and Steadman (2003) discuss the counselor's anxiety in the therapeutic relationship as it relates to keeping the survivor safe, managing their own feelings about the counseling relationship and the roles experienced, and worry about the survivors' feelings in the counseling session. Supervision is an opportunity to help counselors "to speak of themselves, their anxieties, their feelings in the moment of contact with the client that may model what the client needs" (Etherington, 2000, p. 386). Being able to address these feelings lends to improved counselor development (Little et al., 2005). Formal practicum and internship supervisors may be able to provide these opportunities. Another supervision resource for counselors is their program advisor (Choate & Granello, 2006). Whichever path the counselor takes to make meaning of the stories they hear, one thing is certain, "there is power in having a voice" (Etherington, 2000, p. 387) and being heard in the supervision relationship.

A Call to the Counseling Profession

Counselors' meaning-making in working with survivors of childhood sexual abuse is essential. The prevalence of childhood sexual abuse and its shroud of secrecy merit this topic worthy of coverage in the preparation and supervision of counselors who will work with survivors. Therefore the manner in which counselors who work with survivors of childhood sexual abuse are trained and learn to make meaning of the abuse stories they hear and the work they do with survivors must be intentional and specific. Accreditation and licensure boards view counselor preparation to counsel clients in crisis as highly important (ACA, 2005; CACREP, 2008), however they do not give specific direction to childhood sexual abuse. A general understanding of crisis is important for all practitioners; however, survivors of childhood sexual abuse can present a complicated case especially for inadequately prepared counselors. In response to this deficit, understanding how counselors make meaning of their experience with childhood sexual abuse survivors appears essential not only to client welfare but to counselor personal and professional well-being.

While there are many facets to understanding the meaning making experiences of counselors who work with survivors of childhood sexual abuse, this study was guided by the following research questions.

1. What factors influenced the professional counselors' decision to work with survivors of childhood sexual abuse?
2. What has been the impact of the stories of abuse on the professional counselor?

3. How do professional counselors make-meaning of their counseling experience with childhood sexual abuse survivors?
4. What changes do professional counselors recognize within themselves that related to their individual meaning-making with childhood sexual abuse survivors?
5. Have educational or supervision experiences (with regard to survivors of childhood sexual abuse) impacted the frame of reference of the professional counselor?

By understanding the ability of counselors' to make meaning of survivors' stories, counselor educators and supervisors would be able to focus on and provide those personal and professional experiences that may enhance the counselors' meaning-making ability. This study then provides an opportunity to begin to hear those thoughts and feelings that counselors' experience as they attempt to make sense of their clients' stories of childhood sexual abuse. Having this understanding could enhance existing counselor education programs and provide specific guidance to counselor supervision. Ultimately the survivor of childhood sexual abuse will benefit by way of improved training and treatment practices. The next chapter describes the qualitative methods that were used to understand the meaning-making experiences of master's level counselors who counsel survivors of childhood sexual abuse.

CHAPTER III

METHODOLOGY

Little research has been conducted to understand professional mental health counselors' meaning-making process specific to counseling survivors of childhood sexual abuse. The lack of research surrounding meaning-making suggests a need for qualitative research to better understand the meaning-making experiences of professional counselors who work with survivors of childhood sexual abuse. The goal of this study was to explore the rich stories of those professional mental health counselors who work with childhood sexual abuse survivors and contribute to the existing knowledge base (Patton, 2002).

Qualitative Research Methods

Patton (2002) states that the purpose of qualitative research is to “understand and capture the points of view of other people without predetermining those points of view through prior selection of questionnaire categories” (p. 40). Therefore the purpose of qualitative research exemplifies the reason why a qualitative research methodology was chosen to understand the meaning-making process of professional mental health counselors working with childhood sexual abuse survivors. The emergent design inherent in qualitative research allows for the adaptation of inquiry in the data gathering process “...as understanding deepens” (Patton, 2002, p. 40). Through emergent design, findings from this study may lead to future studies.

Choice of Design

A phenomenological qualitative design was chosen to provide an “exhaustive description” (Wang, 2008, p. 269) and understanding of the phenomena, specifically the

meaning-making experiences of professional mental health counselors who council survivors of childhood sexual abuse. Karlsson (1993) characterizes phenomenological design as rich in description and meaning, free from hypotheses in which the researcher is continually searching for a deeper understanding (of the phenomena), mindful or conscious in design, and intentional in the work. McCauslin and Scott (2003) state that for the design to truly be phenomenological there must be “shared meaning of experience of a phenomena for several individuals” (p. 449). A phenomenological design was chosen specifically as an anchor allowing the researcher to hear and understand the individual depth of knowing that the participants hold. Coming into the research relationship, the researcher was continually mindful of the hypotheses that were entertained and the need to acknowledge those biases and set them aside in favor of the participant’s own words and experience (Giorgi, 2006). A qualitative design, specifically phenomenology, was chosen to best acknowledge and “understand the complexity of people’s lives” (Wang, 2008, p. 256), expressly that of the participant.

Qualitative researchers recognize these complexities and acknowledge context as an essential element which can “create and give meaning to their social experience and lived realities” (Wang, 2008, p. 257). Just as the participant’s lives are complex, so too is the life of the researcher. Patton reminds the researcher that “personal experiences and insights are an important part of the inquiry and critical to understanding the phenomenon” (2002, p. 40). As such, the researcher is the primary data gathering instrument (Lincoln & Guba, 1985). Qualitative research demands that the researcher search inside themselves for personal assumptions and judgments about life and the world and then attempt to set aside these personal biases (Giorgi, 2006; Moustakas, 1994;

Wang, 2008) being cognizant of the personal filter through which each researcher views life. Patton (2002) states that the phenomenological researcher must examine how one's experience, background, and personal perceptions affect how the researcher's understanding and response to the world with the recognition that those responses change the world with every action and reaction.

Constructivist Approach

In counseling, the client must make sense or meaning of their existence. As a consequence, constructivist counselors try to understand how clients make sense of personal experience, that is, how clients make meaning (Hayes & Oppenheim, 1997, p. 32). The constructivist approach supports the idea that meaning-making is based in context and experience (Sexton, 1997). Constructivists view life as a series of experiences built one upon another with the context of experience as essential to meaning-making and the understanding of each experience dependent upon all those that have previously occurred. The "process of learning is embedded within social discussion and reflection" (Sexton, 1997, p. 13) and within the social and historical context of life's meaning-making (Patton, 2002; Sexton, 1997). Without a previous experiential knowledge base and a context within which to place the experience, each experience is considered to be separate and disconnected from the whole of the individual and therefore without meaning. Each person is charged with the task of mastering one's existence.

Study Design

The design of this study lies in the very nature of the phenomena. Qualitative inquiry was the logical method to understand the lived experience of professional mental

health counselors who work with childhood sexual abuse survivors. In a phenomenological research design, the researcher “elects to allow the research design to emerge” ... “rather than to construct it preordinately” (Lincoln & Guba, 1985, p. 41). The use of qualitative methods assisted the researcher in understanding the depth of a counselors’ attempt to make sense of the abuse stories they hear. In this same vein, phenomenological design guided the researcher to stay true to the participants’ words and meaning in their own context without predefined categories of answers to chose from. The study design focused on the lives of the participants and the collection of the stories that assisted them to make meaning of their work with childhood sexual abuse survivors. It is important to recognize that participation in the study had the potential to impact participant individual meaning-making if only through personal reflection.

Research Questions

This study was guided by the following research questions.

1. What professional factors influenced the professional counselors’ decision to work with survivors of childhood sexual abuse?
2. How do professional counselors make-meaning of their counseling experience with childhood sexual abuse survivors?
3. What has been the impact of the stories of abuse on the professional counselor?
4. What changes do professional counselors recognize within themselves that related to their individual meaning-making with childhood sexual abuse survivors?

5. Have educational or supervision experiences (with regard to survivors of childhood sexual abuse) impacted the worldview of the professional counselor?

Participants

Sampling for this study was purposeful and criterion-based (Lincoln & Guba, 1985). In qualitative inquiry, Wang (2008) and Patton (2002) point out specific criteria that must be in place to discover rich descriptions about the population or phenomena of interest. In this study for example, selecting a professional career counselor who has never met a survivor of childhood sexual abuse would offer little insight into the meaning-making process of professional mental health counselors who counsel survivors of childhood sexual abuse. Therefore, great care was taken in selecting professional counselors who work predominately with childhood sexual abuse survivors because of their relationship with and immersion in their population. These professional mental health counselors had specific “insight about the phenomena” (Patton, 2002, p. 40) that could potentially contribute rich detail about the meaning-making experience.

Participant selection

Specific criteria were selected to improve the likelihood of obtaining participants capable of sharing rich descriptions of meaning-making experiences with survivors of childhood sexual abuse. Initially, all counselors in the United States were potential participants. The criteria screened for included: post-graduate licensure as a professional counselor, minimum of five years experience working in a professional counseling capacity, and experience counseling childhood sexual abuse survivors. To contribute specifically to the professional counseling literature, other helping professionals such as

social workers, psychologists, and psychiatric nurses were excluded from participation in the study. A minimum of five years experience was selected to provide professional counselors with an experience base from which to make meaning as a professional counselor. This criteria was selected to minimize meaning-making specific to becoming a new professional as compared to meaning-making with a complicated population such as survivors of childhood sexual abuse. Each participant provided a unique contribution to the study based on their experience (Patton, 2002). Additionally, a nationally representative sample based on the Association for Counselor Education and Supervision (ACES) regions (See Appendix B). ACES regions were selected to understand any potential impact of national and local context. Due to licensure constraints, counselors from California were eliminated from the potential pool of participants. California had not yet obtained licensure status for professional mental health counselors at the time the study began (NBCC, 2010). An additional criterion was also included to control for rural/urban impacts. It is unknown whether the meaning-making experiences of urban counselors is different than those of suburban or rural counselors, therefore a cross section of population was also included in the participant selection process.

Several resources were utilized to locate potential participants that met the inclusion criteria. The American Counseling Association and the National Board for Certified Counselors were the primary websites used to locate professional counselors who work with childhood sexual abuse survivors. These websites use the same professional counselor database. With membership to either association, counselors can list themselves in the database for potential clients to search for services. The professional counselor self-select several areas of expertise to assist potential clients in

their search for services. The counselors chosen for inclusion in this study self-identified as providing services for childhood sexual abuse. Both websites allow free access by potential clients to search their database to find a counselor in their community for a specific issue. The American Mental Health Counselors Association website was excluded due to the fees associated with obtaining member names. There was no way to search their site for potential counselors with paying a membership fee.

A pool of 50 participants were identified with ten participants from each region. A contact letter (see Appendix C for contact letter) outlining the study, the study time commitment, informed consent, and response form were sent to the potential participants upon dissertation committee and IRB approval. Upon receipt and review of the potential participants' information, two from each region were selected for participation with the remaining held as a substitute in case a participant changed their mind or dropped out after beginning. Every attempt was made to have equal number of male and female participants to control for gender bias in participant report. Additionally, attempts were made to have equal representation from urban, suburban, and rural settings. To further assure counseling experience with childhood sexual abuse survivors, potential participants were asked in the screening questionnaire how many survivors they had counseled. Those who responded working with less than five survivors would have been eliminated from the participant pool to provide consistency within the sample. All participants indicated they had counseled more than five survivors. It seemed reasonable that the meaning-making experience of a counselor who had worked with two survivors would be different than a counselor who had counseled five or more childhood sexual abuse survivors.

Procedure

Consent

Potential participants were provided with a consent information sheet (Appendix D) outlining the nature and purpose of the study, the participants' rights and responsibilities, the benefits and risks of participation, and how the information would be collected, managed, and eventually disseminated. Participants signed, dated, and returned the consent document prior to participating in the interview process. Participation in the study and questions answered were completely voluntary. It is important to recognize that participation in the study may also impact participant individual meaning-making if only through the act of personal reflection. Participants could voluntarily withdraw from participation in the study at any point.

Plan For Data Collection

Once the 50 names were selected, the contact letter, consent, and response form were mailed to all 50 potential participants. Upon receipt back, two participants from each region were selected with the other names held as a backup in case of participant drop out. Next a telephone call or email based on participant preference was placed to answer any missing demographic questions, and schedule the initial telephone interview (the scripts used for the telephone call and sample email can be found in Appendix E and F). Once the initial interview was scheduled, a reminder email was sent the day prior to the scheduled interview simply as a reminder of the appointment (see Appendix G for email reminder). At the appointed time, the telephone call was placed and the conversation recorded. Three to four days after the telephone interview, an email was sent thanking them again for their participation and providing them with their reflection

question to complete (see Appendix H for reflection questions). One additional contact was initiated by the researcher in the form of a member check to ensure accurate interpretation of the participants' words. They were asked to return the reflection question within five days by mail or email (with the understanding that confidence could not be assured by email).

Response Form

A response form (Appendix I) was sent to each potential participant for completion prior to final participant selection. By obtaining this prior to the telephone interview, any missing information could be obtained while scheduling the telephone interview or the participant could be marked as ineligible. The demographic data on the response form was added to the context of the participant for data analysis. The response form took approximately 15 minutes to complete.

The response form served two purposes. First as a preliminary screening tool by ensuring that the selected participants met the study criteria of state licensure, counseling concentration for masters' level education, minimum of five year's post-masters experience, experience working with childhood sexual abuse survivors, and that the participant had supervision or counseling opportunities available to them if they chose to participate. The second purpose of the response form was to provide the researcher with background (gender, age, geographic region of employment) about the participant which could assist in understanding the context of the participant more fully. The response form provided basic quantifiable data and in combination with the interview, the reflection, and other artifacts, facilitated in creating context.

Documents

The primary document obtained was the follow-up reflection question. This document asked the participant to reflect on the interview and report if they believe the interview impacted their meaning-making process. It also allowed for any further comments they wanted to make about the meaning-making process, their participation in the study, or their work with survivors.

The participant was invited to submit other artifacts that contribute to understanding the context of the participant within their world be it work, personal, or community. The webpage describing the participant, their areas of specialization, and their statement of counseling were gathered. The webpage organization names were omitted to protect the privacy of the participants, their organization, and their clients.

The Qualitative Interview

The questions included in a qualitative interview must be specific, but not overly limiting, a basic guide to keep the interview on track. The format included questions that probed the participant and then transitioned to the next area to create structure and flow within the interview (Patton, 2002). Patton (2002) offers several reasons that an interview instrument should be utilized. First, it makes the interview structure available for inspection by the IRB. Second, it minimizes variability between interviews or interviewers decreasing interviewer effects. Thirdly, the interview instrument keeps the researcher/interviewer highly structured, and last, it increases the ease of analysis. The standard open-ended interview guide was designed specifically to delve deeply into the life and experience of the professional mental health counselor as they make sense or meaning of their work with survivors of childhood sexual abuse. Exploring what

experiences contributed or distracted from their meaning-making process were among those questions. Minimal prompts were utilized to keep the interview moving forward.

Pilot Study

A pilot study was conducted with three professional counselors to test the study interview process. The first interview was conducted in person so that the researcher would have the full benefit of sitting with the participant and visually observing their reaction to the questions. The second and third interviews were conducted over the telephone to test the planned telephone interviews. The face-to-face interview took considerably longer than the two telephone interviews. The researcher initially believed that seeing the visual cues was the reason for this, however as the actual study telephone interviews unfolded, it was decided counselor personality and communication style was the greater issue.

The pilot study gave the researcher the opportunity to practice pacing of the questions and use of minimal prompts for effectiveness. The pilot proved useful in preparing the researcher for participant possible responses. One pilot study participant disclosed a personal history of childhood sexual abuse and how that impact both the participant's personal and professional life. This disclosure helped prepare the researcher for actual study participants who disclosed histories of childhood sexual abuse. The pilot study telephone calls were recorded to test equipment and as a result, alternate recording devices were chosen as a result. The pilot study telephone conversations were not transcribed. (See Appendix J for further information about the pilot study.)

Interview Setting

The choice of telephone interviews for the interview setting was intentional. The use of the telephone provided the participant the option of any location they choose for the interview allowing conditions that were comfortable, natural, and familiar (Lincoln & Guba, 1985; Patton, 2002). The telephone interview allowed the participant a level of privacy or anonymity if so desired. Telephone interviews eliminated travel time for both participant and researcher allowing more efficient use of time. The location the participant chose expressed aspects of the experience of that participant whether it be home, office, or other private location (Wang, 2008). While the telephone interview limited the researcher from seeing the emotional expression of the participant, the researcher felt the emotional expression and developed a “deep involvement in the process over time” (Wang, 2008, p. 283).

Managing and Recording Data

An audit trail was developed using a combination of letter and numbers. For example, the interview for participant one was coded 001i001 (participant code, interview one, first quote) while the reflection questions were coded 001rq001 (participant code, reflection, quote one). A code was developed for each contact and document or artifact and a key constructed for ease of understanding (See Appendix K for Coding Key).

All telephone calls were recorded using a digital recording device and a Live Scribe recording pen. Double recording devices ensured minimal chance for loss of information both in recording and transcription. Digital recordings allowed all recordings to be downloaded to a password protected laptop. Electronic removable storage devices

were stored in a locked file cabinet at the researcher's home. At the conclusion of the research, all electronic copies of recordings and transcriptions were moved to a single removable storage device and were locked in the researcher's locked file cabinet.

Transcription was completed using a naturalized transcription method which included recording of words, utterances, and texture such as involuntary vocalization signals (laughter) and non-vocals (pauses, overlapping, turn-taking) (Edwards, 2010; Oliver, Serovich, & Mason, 2005). The transcription was completed by the researcher/interviewer to ensure transmission of contextual knowledge (Lapadat & Lindsay, 1998): for example, sniffing related to a cold versus sadness (See Appendix L for Sample Transcription). Since this study was a first attempt to explore meaning-making experiences with professional mental health counselors who counsel childhood sexual abuse survivors, it seemed logical to start with naturalized transcription to gather "empirical data and analysis" (Oliver et al., 2005, p. 5) of participants' words. Later work may be conducted utilizing critical discourse transcription methods to further understand the deeply embedded meaning within the words. The transcriptions intentionally contained verbatim dialogue including slang, improper use of words, grammar errors, involuntary vocalization (cough, laugh) and token responses (um, hmm, nuh uh). This was done to capture the full picture of the participant's words. While Oliver, Serovich, and Mason (2005) cautions on this issue, no disrespect of participants was intended. No analysis was conducted during transcription; that was held for the analysis phase (Lapadat & Lindsay, 1998).

Trustworthiness

Trustworthiness is a significant issue in qualitative research. Patton (2002) compared the trustworthiness of qualitative research methods to rigor in quantitative research methods. Therefore credibility, transferability, dependability, and confirmability would equate to internal external validity, reliability, and objectivity respectively (Patton, 2002). In this study, patterns emerging within each participant's interview and artifacts as well as between the participants were scrutinized for accuracy and truthfulness.

The researcher as human instrument plays a significant role in trustworthiness. The researcher has the capability to sense cues, respond in multiple ways, and adapt as needed to an immediate situation (Lincoln & Guba, 1985). These capabilities allow the researcher to place the phenomena in context as well as push to expand current knowledge. Through practice, the researcher develops as a research instrument. This researcher has formally studied qualitative research methods and has participated in previous qualitative research projects (from inception to completion). The researcher's knowledge and experience with counseling childhood sexual abuse survivors also provides "tacit knowledge" to further support trustworthiness (Lincoln & Guba, 1985, p. 197).

Credibility was assured through the selection of participants who have the appropriate licensure and experience with childhood sexual abuse survivors. Lincoln and Guba (1985) state that credibility is gained through "prolonged engagement, persistent observation, and triangulation" (p. 301). This researcher has spent 15 years studying various aspects of childhood sexual abuse and counseled survivors for 12 years. This prolonged engagement with the phenomena and other professionals working with

childhood sexual abuse survivors has provided insight into the phenomena and lends trust with the participants. By counseling in multiple settings, the researcher has participated in persistent observation and learned to “identify those characteristics and elements in the situation that are most relevant” (Lincoln & Guba, 1985, p. 304). Triangulation of the response form, the interview, the reflection question, and the member check also contributed to credibility by validating the themes at the individual level.

Credibility can be established through peer debriefing where one “exposes oneself to a disinterested peer” with the purpose of making explicit what may only be “implicit within the inquirer’s mind” (Lincoln & Guba, 1985, p. 308). Peer debriefing also allows the researcher the opportunity to discuss thoughts and emotions that may be distorting one’s view (Lincoln & Guba, 1985). Two counseling professionals agreed to function as peer debriefers. One peer debriefer worked with childhood sexual abuse survivors. Both peer debriefer had experience as a qualitative researcher and was a professional counselor. Both peer debriefer worked in different counseling environments and had different years of counseling experience. One peer debriefer was male and the other was female. Researcher engagement in the data is essential; however, the peer debriefers provided additional perspective to monitor researcher bias (Lincoln & Guba, 1985).

Transferability was achieved through a comprehensive audit trail which allowed for replication of the study with a same or similar group of participants. Rich description of the purposeful sample assisted to establish transferability (Lincoln & Guba, 1985). Standard qualitative research methods were employed to maintain dependability and objectivity or confirmability and were enhanced through peer and member debriefings. Dependability is inextricably linked to credibility. Lincoln and Guba (1985) go so far as

to say it is unnecessary to prove dependability separate from credibility. However, they recommend a vigorous audit process as essential to dependability. Confirmability was established with the audit trail by specific detail of the raw data, analysis, synthesis, and the researcher's journal including process notes (Lincoln & Guba, 1985). As part of ensuring rigor in this research process, triangulation and the careful monitoring of the researcher's reactions were conducted and recorded in the researcher's journal (See Appendix M for Sample from Researcher's Journal).

Another component to trustworthiness is triangulation. Triangulation involved a thorough evaluation of interview transcripts, reflection questions, and other documents (McLeod, 2003) looking for common themes as well as unusual comments. A part of the triangulation process requires sensitivity to the "social, historical, and temporal" (Patton, 2002, p. 41) context of the phenomena as an integral part of qualitative research.

Interviews

The initial interview was comprehensive in nature to avoid inadequate evidence collection. The call was placed at the arranged time and the participant obtained on the telephone line. The researcher reintroduced herself and reminded the participant of the purpose of the telephone call. Participants were reminded that the interview would be recorded and then asked if they needed to secure their location in any fashion (close door, turn on sound machine). The semi-structured interview guide (SOIG) was followed, especially as it related to the phrasing of the study questions (see Appendix N for SOIG). Minimal prompts such as "can you tell me more about that" and "could you share more" were used as were minimal encouragers such as um-hum, ok, and I see. The interviews were estimated to take approximately 30 to 45 minutes each to conduct. The telephone

calls was initially planned as part of the member check to fill in any additional information; however this was managed through the follow-up email with the transcription.

Researcher's Journal and Self-Examination

A researcher's journal was kept through the duration of the study to capture personal experiences and the engagement of the researcher. The journal chronicled direct contact with and the relationship to the participants. Since "personal experiences and insights" (Patton, 2002, p. 40) are critical to inquiry and understanding of the phenomena the use of journaling was engaged in throughout the study (McLeod, 2003).

The researcher's journal served three purposes. First, it created an audit trail allowing the researcher to track the various activities engaged in during the process of the study. This proved beneficial in the data analysis phase. The second purpose of the journal was to encourage reflexivity. Reflexivity being the self-questioning and self-understanding that is vital to qualitative research in general and phenomenological research in particular (Lincoln & Guba, 1985; McLeod, 2003). The reflection of the researcher's voice or perspective in the research process may promote a more "self-analytical, politically aware, and reflexive" consciousness (Patton, 2002, p. 41) not just as a researcher but as a human being. This heightened self-awareness and self-understanding that is gained then acknowledges "the humanity of both self and others and implies relationship, mutuality, and genuine dialogue" (Patton, 2002, p. 64) which is necessary for the researcher to listen to the participants' stories as told with minimal filtering through the researcher's own lens. The third purpose of the researcher's journal was to monitor researcher immersion or engagement in the data to explore how the data

is held in context of the researcher's work all the while managing my own bias (Lincoln & Guba, 1985).

Member Check/Participant Debrief

Two member checks were completed as part of the study. The first was three to four days after the initial interview to ask any additional questions and to clarify any necessary points. The second was after all transcripts were complete to assure the participants felt their words were read in the appropriate context allowing them to clarify as they chose. These two additional opportunities protected the study from faulty interpretation of the evidence. Member checks were also an important component related to credibility allowing the researcher to assess intentionality, correct errors, and gather additional information.

Phenomenological Data Analysis

There seems to be significant variance in the terms used to describe phenomenological data analysis. For example, Wang (2008) uses Moutakas' terms of epoché, phenomenological reduction, imaginative variation, and synthesis. McLeod (2003) however recommends "immersion, categorization, reduction, triangulation, and interpretation" (p. 85) and careful inductive analysis. The theme that seems consistent is Patton's (2002) guidance for comparative case analysis using a progression of open, axial, and selective coding. The vigilant thorough examination of each interview and document or artifact was essential to understanding the whole. As Wang (2008) reminds us, each part informs the whole and leads to an empathic understanding of the phenomena.

Each interview and document or artifact was read and reread for thorough familiarity and multiplicity of meaning (Thomas, 2006). As part of this process, data files were cleaned (Patton, 2002; Thomas, 2006), in essence text was changed to a uniform font size and type to improve readability. Next the transcriptions were read thoroughly and then reread identifying key phrases or thoughts in each transcript, reflection, and other artifact. The next phase was the identification and pulling of text to create initial categories. This process was completed 13 more times to reduce any “overlap and redundancy among categories” (Thomas, 2006, p. 242). The coding or reduction phase brought the researcher to a point of saturation where nothing new emerged from the data. Final interpretation was then completed and reported.

Ethical Considerations

In addition to participant confidentiality, participant safety was also guarded. Participant safety was protected in three ways. The first safety precaution was to ensure that participants had personal counseling or clinical supervision opportunities available to them in their own community if needed as a result of participation. The process of meaning-making with the stories that childhood sexual abuse survivors share could trigger powerful emotions or thoughts for the counselor. Disclosure of the nature of the study prior to participation may have naturally eliminated those who felt ill-prepared to self-evaluate their meaning-making process. However, if a participant had an unexpected strong reaction, it was important to have support available to them by way of personal counseling or supervision opportunities.

The second safety precaution was built into the questions developed for the standard open-ended interview guide. The interview script did not directly ask the

participant if they personally, a friend, or a family member was a survivor of childhood sexual abuse. Every attempt was made to avoid questions that would elicit participants' own possible history of childhood sexual abuse. This was done intentionally to avoid placing participants in a potentially uncomfortable position. The researcher hoped to avoid participant disclosure of private information in an effort to be a "good" participant.

The third attempt to protect participant safety was through the interview setting. All interviews were conducted by telephone. This allowed the participant control over location or personal space selected for participation to best suit their individual needs. The time of the telephone interviews was also arranged (as much as possible) around the participant's schedule to allow the greatest privacy and personal safety. Telephone interviews may have decreased the level of influence the researcher has as an authority (McLeod, 2003).

Researcher's Role

The researcher's role for this study was that of "participant observer" (Patton, 2002, p. 266). Given the desire to interview participants, it was impossible to remain unobserved. At the opposite end of the spectrum, this researcher wanted to remain separate and unencumbered from the daily duties of working with each participant in their site. Therefore the participant observer role provided the researcher distance to consider the participant from different vantage points as well as continually reflect upon emotions that arose in the researcher as a result of interactions with the participants. Lincoln and Guba (1985) suggest that inquiry is never fully value free as inquiry and interpretation are by nature influenced by the values of the researcher. The researcher's role then was to set aside personal values and convictions as much as possible (Wang,

2008) and listen to the lived experience of the participant as they conveyed their meaning-making process. Immersion in participants' words allowed for "patterns, themes, and interrelationships" to be discovered (Patton, 2002, p. 41). As qualitative researchers the inescapable truth that all inquiry is biased in value reminds us to continually reflect and assess.

Entry

Gaining entry with the participants was much more than simply meeting them on the telephone in this case and asking questions. Entry moved beyond participant selection to establishing a relationship with the participant. Part of this relationship development included establishing credibility and gaining trust. Years of experience as a professional counselor working with childhood sexual abuse survivors and dedication to serving this population through research, teaching, and service contributed to this researcher's credibility and trustworthiness in the mind of the participant. The emic or insiders' perspective with professional counselors was gained through the researcher's own experience as a professional counselor, clinical supervisor, and work with childhood sexual abuse survivors (Patton, 2002). Disclosure as to the purpose of the research and how their stories were used improved entry into the participants' lives. Neutrality demonstrated through "sensitivity, respect, awareness, [and] responsiveness" (Patton, 2002, p. 41) increased entry.

Reciprocity

It must be acknowledged that the time and thoughts of the participants were highly valued by this researcher. Since no financial compensation was available, participants received a transcription of their interview and an electronic copy of the final

project as compensation for their time. Participants could benefit from the opportunity to talk about their experience and process how they manage their meaning-making process. The professional counselors involved with this study were part of a larger movement giving survivors of “rape, violence, and sexual abuse” a voice in society through the “acceptance and institutionalization of rape counseling, domestic violence programs, and protection for victims” (Guyer & Rowell, 1997, p. 60).

Confidentiality

Participants’ right to privacy was essential. Upon agreement to participate, each participant was assigned a pseudonym for use on all further documents. This included any telephone interviews, emails, or other written products. Any client names that participants inadvertently disclosed were changed to “client.” Each article collected on each participant was coded with the pseudonym selected. All electronic information collected was kept on a password protected laptop and any hand written documents were kept in a locked file cabinet in the researcher’s home.

Additional Considerations

Several concerns related to ethical considerations came to mind in designing this study. First among these was the researcher’s ability to explain the purpose of the study adequately allowing the participant to truly give their informed consent to participate. Second was the frustration of not being able to compensate these professionals for their time and effort. However, some research indicates that financial compensation may impact the participants’ desire to respond favorably to the study questions (Patton, 2002) thus skewing the results. A third consideration was the possibility of risk to the

participants; however, assessing the participants at the onset for personal and professional support systems seemed to address this concern.

Confidentiality and data access or ownership was a fourth concern. These issues were addressed in the informed consent document as required by the IRB. Data access was limited to the researcher and ownership will remain in the hands of the researcher. All interactions with participants and the handling of data disclosed was managed with strict adherence to professional counseling ethics (American Counseling Association, National Board for Certified Counselors, and Approved Clinical Supervisor) and state legal guidelines (state of Illinois based on researcher's licensure as a professional counselor).

The final ethical consideration was the well-being of the researcher. Previous work states that the researcher is susceptible to vicarious traumatization (Stoler, 2002); therefore, this researcher took care to review the signs of traumatization and arrange peer debriefing opportunities. Additionally, the dissertation committee chair continued to act as a confidant for advice and support in this process.

Summary

In this chapter, the methodology of the study was discussed. Qualitative research with a phenomenological design and a constructivist theoretical orientation were presented as the foundation for understanding the meaning-making process of professional counselors who work with survivors of childhood sexual abuse. The researcher's role, study design, and data analysis were offered for consideration as were the safeguards for ensuring rigor in research design.

CHAPTER IV

RESULTS

Introduction

This chapter presents the themes that emerged from within and well as across each of the ten professional mental health counselors interviewed. Data was collected from interviews with the participants, participant reflection questions, member checks, online participant information such as their website, and other documents that the participants provided. Participant names and locations were altered to protect participant and client confidentiality.

50 invitation packets were mailed to 31 female and 19 male professional mental health counselors covering each of the five ACES regions. While every attempt was made to solicit equal numbers of male and female participants, there were not enough male professional counselors listed in the databases within each region to select from. Only the North Central and Southern regions allowed for equal selection of male and female participants. See Table 1 for a specific breakdown of participant solicitation from each region.

Table 1. Solicitation Breakdown by Region and Gender

| | Western | Rocky Mountain | Southern | North Central | North Atlantic | Total |
|--------|---------|----------------|----------|---------------|----------------|-------|
| Female | 7 | 7 | 5 | 5 | 7 | 31 |
| Male | 3 | 3 | 5 | 5 | 3 | 19 |
| | | | | | | 50 |

Four invitation packets were returned undeliverable. An additional internet search was conducted and different addresses were retrieved for three of those returned

undeliverable. The invitation packet was resent to the alternate address. Of those resent, none were returned a second time. The initial undeliverable responses were all female and represented 3 of the ACES regions. Seven response forms were returned indicating that they were not interested in participating in the study. Of these responses, all were female and represented four ACS regions. Six counselors responded to the initial mailing stating that they were interested in participating in the study. Follow-up phone calls were placed two weeks after the initial mailing to recruit additional participants. During the telephone calls, four additional participants were discovered and nine potential participants declined participation in the study.

A total of ten professional mental health counselors chose to participate in the study. The average respondent was female, 59 years old, and had 21 years experience working as a professional counselor, and currently worked in a private practice setting. See Table 2 for details. Each participant identified themselves as professional mental health counselors and worked in a clinical capacity. The settings that they worked in

Table 2. Information About Participants

| Region | Age | Gender | Yrs. Experience | Clients per Week | # Disclosures | CEUs Required |
|----------------|-----|--------|-----------------|------------------|---------------|---------------|
| North Central | 62 | M | 15 | 25 | 6-8 | 15 |
| Southern | 61 | M | 25 | 20+ | 30-100 | 22 |
| Western | 39 | F | 6 | 21-25 | unknown | 20 |
| Southern | 56 | F | 21 | 15-20 | 50-100 | 25 |
| North Central | 54 | F | 27 | 20-25 | unknown | 20 |
| Rocky Mountain | 61 | F | 21 | 30+ | 100's | 20 |
| Rocky Mountain | 59 | F | 12 | 18 | unknown | 15 |
| Southern | 50 | F | 11 | 40 | unknown | 20 |
| Rocky Mountain | 63 | F | 35 | 10-15 | Unknown | 21 |
| North Central | 80 | F | 35 | 6-8 | 20 | 15 |

included: therapeutic schools, private mental health clinics, residential and outpatient mental health clinics, and private practice. Many of these professional counselors are working multiple sites. They all held licensure within the state they practiced and had varying continuing education requirements per renewal period (CEU's reflected in Table 2 are annual requirements.).

During the course of their clinical work, all had childhood sexual abuse disclosed to them, however some had experienced so many disclosures they could no longer estimate how many disclosures they had heard in their years of practice. All participants had supervision as part of their masters' preparation practicum and internship; however only seven had discussed childhood sexual abuse during that practicum and internship and only seven actively sought out supervision in their current roles as counselors. Of those who sought supervision, supervision is obtained in a variety of ways including on-site, on-line, and by phone as well as through peers, weekly staffing, consultation, and privately paid as desired. Each indicated that having supervision available to them, whether they chose to participate or not, was important to them. All ten reported the availability of supervision, consultation, or counseling if they felt any effect as a result of participating in the study. The remainder of this chapter includes the within-case analysis and cross-case analysis. The within-case analysis examines each participant's responses to the study questions. The cross-case analysis presents and examines the themes that emerged from the participant interviews and reflections.

Within-Case Analyses – Individual Stories

This study was born out of the desire to understand the manner in which professional mental health counselors manage the stories they hear from childhood sexual

abuse survivors as they provide counseling services. Questions such as: when does a professional counselor develop the capacity and skills to create their own meaning-making experience happen, what experiences enhance or detract from the meaning-making process, and what impact does master's level preparation have on the meaning-making experience. As a constructivist, it seemed reasonable to believe that hearing stories of abuse would have an influence on the professional counselors; however the manner in which these stories impacted the counselors was truly individual.

Gil's Story

Gil was a 62 year old professional counselor in the North Central ACES region with 15 years counseling experience. He held state licensure as a Licensed Clinical Professional Counselor (LCPC). He provided clinical services in a therapeutic school as well as in private practice, and previously provided clinical services as an outpatient counselor. Gil worked primarily with adolescent males who are themselves survivors as well as perpetrators. He stated that he felt he had good training in his master's program; however, was not trained around the issue of childhood sexual abuse, and therefore did not feel prepared to handle the issue when first presented in his new role as a professional counselor (001sq002). He commented that childhood sexual abuse did not present during his master's practicum and internship and so little discussion ensued. He felt more discussions in general would have been helpful, but especially more discussion about approaches to talking with young people about sexual abuse (001sq001).

Decision to Counsel Childhood Sexual Abuse Survivors

Working with childhood sexual abuse survivors and perpetrators was not something Gil planned to do. He stated that "I was not too interested in working with

youth or children” (001i001) initially. While completing an internship at a social service agency with several other students, he was presented with “an extensive list of potential clients” and “allowed to pick” their own case load however “an overwhelming number of clientele were either children or young people” (001i002). Given his internship environment, “there wasn’t much avoiding it” (001i003). Even after graduation when he tried to find employment, there were not many choices that did not involve childhood sexual abuse survivors. Over time he found his work with survivors and perpetrators to be rewarding and commented that he can “work on issues like empathy and challenging thinking errors” (001i008) with both.

Impact of Stories

Gil stated that the stories of abuse have impacted him in numerous ways (001i010); however, he felt that the most significant impact had been surrounding his level of empathy. Gil said “I can give a lot more empathy with the kids um whether they have been sexually abused or physically or whatever” (001i011). He acknowledged that “obviously you could let yourself get upset at the people that let it happen or the people that did it” (001i013) but feels there is “not a lot of use in that” (001i014) and does not allow himself to get “depressed over it” (001i035). He choose to look at his work as a “challenge” (001i036) by helping clients “move on in a positive way” (001i037).

Meaning-Making

Gil found meaning in knowing that he is helping (001i015). He stated “at least I’m doing what I can to help” (001i016). He “tries not to take too much credit” (001i017) for improvement because he believed that any changes are ultimately “really up to them in the end” (001i018). Gil admitted that he still worked at his own meaning-making

process. He shared his struggle to understand one teen perpetrator who found “talking about being abused was even harder” (001i034) to talk about than his perpetration of others. The teen “had been sexually abused and it was a really big deal for him to deal with his mother about that” (001i033).

Recognition of Individual Changes

Gil believed his changes have included being “slower to judge others” (001i022) and being more open with “what’s going on with other people” (001i023). He learned to control his “bias” (001i020) over time and develop his level of empathy (001i011) to a greater extent. Gil learned to really hear the adolescents’ stories. In his work with perpetrators, he worked to not allow them to use their own abuse as an excuse, but to help them grow and learn a new way of being in the world. He continued to consult with peers and feels that allowed him room for personal and professional growth (001i025).

Impact of Education, Supervision, and/or Counseling

Gil believed that educational opportunities (001i026) have “challenged some of his presuppositions about” treatment (001i027) and provided him with new ideas and caused him to “give thought” (001i029) to how he goes about treatment. In reflecting on the controversial content of one seminar, he said “I’m still not sure what I’m doing with that” (001i028) or how to incorporate it into his work.

Gil found supervision to be important to his personal and professional growth. Early on in his career, Gil felt that various trainers had a significant impact on his knowledge and “ability to get up to speed” (001i035). On-the-job training (001i006) and on-site trainers were his primary learning resources early in his career. He had access to a site supervisor that he consulted “with from time to time” (001i024). Additionally he

had a colleague that he “bounces things off” to make sure he’s “on track” (001i025). Gil believed it is “important to have that kind of back and forth on things” (001i026) and considered consultation a significant asset.

Ric’s Story

Ric was a 61 year old professional counselor in the Southern ACES region with 25 years counseling experience. He provided clinical services in private practice and holds licensure as a Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT). Ric did a significant amount of work through the courts related to divorce mediation, but worked primarily with adolescent males (002i003) in his private practice. He felt that his master’s program prepared him well and that he was prepared on the issue of childhood sexual abuse in his practicum and internship course and university supervision. He did, however, comment that upon his first disclosure of childhood sexual abuse by a survivor, he was less prepared than he realized (002sq002). He did feel that “theory, concepts, and techniques” change over time (002sq001) and that continuing education is necessary to stay current. Ric practiced from an Adlerian therapeutic (002w001) basis and considers himself “to be very pragmatic” (002w002).

Decision to Counsel Childhood Sexual Abuse Survivors

Ric did not initially choose to work with adolescents (002i003) or childhood sexual abuse survivors (002i004). “Working with kids” (002i006) was the most important influence toward Ric eventually working with childhood sexual abuse survivors. He felt that “watching how things operate in the courts” (002i007) and the manner in which survivors are “treated or mistreated through the legal process” (002i007) was a large contributor to his choice. Ric spoke of early clients “whose stories were so

horrendous that” (002i009) he views survivors as “remarkable” (002i010) human beings. He believes it is extraordinary that “people had lived their whole lives dominated by the abuse that had heaped on them by either caretakers or were their parents and how it affected their well-being for the rest of their lives” (002i010).

Impact of Stories

The impact of the stories of abuse had “changed over time” (002i011) for Ric. Early in his career he reports that “by the end of the week” he “would be pretty tired” (002i012). He stated “it became enough of a difficulty that it caused [him] to reconsider many times doing this kind of work” (002i013). Over time however he was able to “develop the ability to leave most of it” at work (002i013). He worked hard to “process a lot of the information in order to not identify too much with the clients” (002i017) and became greatly “aware of transference and countertransference issues” (002i015) that could impact his judgment. Ric had a partner that he works with who provided him a sounding board (002i016) and if Ric noticed himself “being incredibly invested in protecting a client” he then began to “question his ability to continue work with that client” (002i015). Ric works diligently to “maintain boundaries” (002i019) and limit the amount of countertransference that occurs.

Meaning-Making

When asked about meaning-making, Ric said “my belief patterns have changed a great deal over the years” (002i020). He reported being a new counselor in the age of “Ericksonian hypnosis” (002i023) and trained in “hypnotic therapy” (002i021) as a “communication medium” (002i022). Ric went on to state:

I didn't think that hypnosis was a um a device or vehicle for ah discovering things that had been repressed in the past. And so, because I was somewhat

knowledgeable, known for doing hypnosis, I got a lot of people coming in who wanted to remember if they had been abused or remember about their abuse. And so I heard a lot stories um and usually I would shut that down because I I did not have a ah belief that hypnosis was a device for recovering ah repressed memory (002i026).

Ric believed there were a significant number of cultural and historical issues that played into the treatment of childhood sexual abuse at that time. He believed those issues impacted him (002i027) and perhaps his level of skepticism (002i060) around disclosure. Hearing “these stories of ritual abuse over and over and over again” (002i062) at the “height of heavy metal music” (002i063) and “Satanistic kind of stuff” (002i064) made him skeptical of people who wanted him to use hypnosis to “remember if they had been abused” (002i026) or had ritual or Satanistic abuse in their past.

Ric believed that the changes in counselor licensure and mandatory reporting laws also had a significant impact on his views. His work in the courts and in divorce mediation caused him to believe that “people have figured out” (002i030) that childhood sexual abuse “is the neutron bomb” (002i030) in “custody disputes or divorce disputes or visitation issues” (002i030). He was quick to remind parents and children he sees that reporting childhood sexual abuse is “something to be taken very seriously. It’s not something to be toyed with because once the authorities get a hold of that information, it’s completely out of” his hands (002i032).

All of these issues combined caused Ric “to be very cautious” (002i033) in his work with survivors. In working with adult survivors, he wanted to know how “being a survivor impacts who they are and how they feel about who they think they are” (002rq6). “The meaning the client has assigned to the reported abuse determines

theoretical perspective as well as technique” (002rq007). He said “the client is paying me to work with their meaning, not mine” (002rq008).

Recognition of Individual Changes

Ric recognized that “changes have gone on” (002i011) within him and he has learned to listen and monitor “how much countertransference goes on” (002i049) within himself. If he began to “create a some kind of narrative in [his] head that has to do with the evil or the culture” (002i050) he more quickly recognized this as a time to consult and refer. He said “I have never understood being sexually attracted to children” (002i052) and so that is one meaning that was especially difficult for him (002i051). Other changes that Ric identified related back to his level of skepticism. He reflected about how his “mindset had changed concerning the revelation of childhood sexual abuse by survivors and/or their parents” (002rq001) and believed it has changed how he “goes about doing the work of counseling” (002rq002). The “mandated reporter laws” have forced “therapists who work with minors” to be “abuse cops” (002rq002) which he feels is “not good therapeutic practice” (002rq011). So by “focusing on the telling of the tale” (002rq009) “rather than the trauma and residual damage to the survivor” (002rq010), he must consider whether the revealing of childhood sexual abuse is strategic or targeted (002rq012) and who the target of the revelation is (002rq013). He felt fulfilling the role of both cop and counselor “is not very conducive to doing good therapeutic work” (002rq012).

Impact of Education, Supervision, and/or Counseling

As Ric talked about continuing education opportunities throughout his career, the thing that stood out was his belief that many things had changed over time. He stated that

“evaluating techniques” (002i045) had “changed over the years” (002i047). Ric talked about the changes in theory and technique and what theory or technique works for what diagnosis. He discussed hypnosis and that it “was a huge movement and there was a lot of money spent, articles written in research journals, ... research, and legal consequences” (002i063) related to hypnosis and “repressed memories” (002i062). It was during this movement that his beliefs about the power and use of hypnosis (002i026) evolved to his current belief that while “memories can be created” (002i064), they cannot be “recovered” (002i065) through hypnosis.

Sue’s Story

Sue was a 39 year old professional counselor in the Western ACES region with six years counseling experience. She held state licensure as a marriage and family therapist and identifies as a mental health counselor. She worked in a residential psychiatric setting with adolescents (003i001), and in outpatient private practice with individuals, couples, and families in a major metropolitan area. Sue was “trained in transpersonal counseling” (003i003), has a “postgraduate certificate in marriage and family therapy and sex therapy” (003i004), and “training in EMDR ” (003i005). She felt well prepared in her master’s program for her future work with childhood sexual abuse survivors (003sq004) and received supervision around the issue in her practicum and internship experiences. She stated that understanding the “importance of the relationship between client and therapist” (003sq001) was an important concept not adequately addressed in supervision. Additionally, the importance of “empathy” (003sq002) was not well presented.

Decision to Counsel Childhood Sexual Abuse Survivors

When asked about her decision to work with survivors of childhood sexual abuse survivors, Sue shared “that it wasn’t so much a decision to work with them, they just sort of appeared on her case load” (003i006). She shared that working in “intensive outpatient” (003i007) setting where there are “concurrent disorders” (003i008), “there were a pretty large number of folks that had childhood sexual abuse” (003i009) histories. She found this to be true when working with “adult alcoholics and addicts” (003i012) as well as “in residential treatment with adolescents” (003i011). She believed that the history of childhood sexual abuse is a “big component” (003i014) contributing to the “severity of psychological symptoms” (003i013) in these intensive outpatient and residential settings.

Impact of Stories

Sue recognized that the stories she hears has had an impact and has learned that “trying to leave it at the door isn’t always effective” (003i037). She felt this has increased her level of “empathy for what people go through” and her “appreciation of the courage to make it through” (003i016). She said:

I think there’s (pause) sometimes just seeing how much that can affect a person and how much damage that does psychologically and the shame and the loss and confusion. I think how vulnerable we are as people. That strikes me, you know. (003i015).

Her experience with childhood sexual abuse survivors “deepened [her] perspective as a person” (003i017). She believes she has developed a greater understanding of how “difficult it is to disclose” (003rq003) whether the first time or to a new counselor.

Meaning-Making

Sue's experience of meaning-making was a "natural" (003i018) process for her as a "transpersonal" (003w001) counselor. She focused on the individual and how the abuse "has affected them and their life and their sense of themselves" (003i020). She commented that "it is incredibly powerful to be in the presence of survivors" (003i026) as they learn how to make meaning of the abuse (003i024) and "go on and fight for a good life" (003i025). She wondered "how much help we're really able to give" (003i023) but believes that "just being with them on the journey of healing" (003i021) with all its "ups and downs" (003i022) is important. She found that doing her "own art work" (003i045), journaling (003i039), and staying close to her own family and partner and "making sure [her] relationships are good and leading a full life" (003i047) were ways of managing her meaning-making process.

Recognition of Individual Changes

Sue stated that just knowing that this kind of work impacts her was an important realization (003i036). She said "I can sometimes leave it at the door, but sometimes it follows me home" (003i038). Sue shared that she might "have a good cry" (003i027) "if something really in particular has gotten" to her (003i028). She learned to give herself permission to have her own feelings about the stories (003i029). While she has felt "angry on behalf of her clients" (003i030) she continually works to "allow those emotions to move through" her "without pretending like it doesn't affect" (003i031) her. She learned not to "stifle" (003i032) her emotions too much, but is careful within the session not to let her "emotions run the gamut" (003i033). She said she is recognizing that pacing is important (003i048) and "understanding that slow work is good work"

(003i049). She's not sure that her 'frame of reference has changed' (003i051) so much as "learning additional skills" (003i052) to balance the work of trauma has given her greater empathy.

Impact of Education, Supervision, and/or Counseling

Sue reported having had "excellent clinical supervision" as an intern (003i053), and "still has access" (003i054) to her supervisors. In her current position she had "weekly meetings" (003i055) where she and three other counselors discuss their cases and how they're "impacted" (003i056) by them. She valued education as evidenced by pursuing additional training in EMDR (003i005), substance abuse (003w002), and marriage and family and sex therapy (003i004). "Learning additional skills, how to balance it when dealing with trauma" (003i052) was valuable to her.

Fay's Story

Fay was a 56 year old professional counselor in the Southern ACES region with 22 years counseling experience. She held state licensure as a Licensed Professional Counselor and as a Licensed Marriage and Family Therapist. She provided clinical counseling services in a private practice setting, and had previously worked in hospitals and community settings (004i001). She did not feel the issue of childhood sexual abuse was covered well in her master's program and did not receive supervision around the issue. She felt fortunate to come to counseling after working for ten years in the child abuse area with a master's in child development (004sq001). She does not engage in supervision as a private practitioner; however felt she could process issues with a colleague if needed (004sq002).

Decision to Counsel Childhood Sexual Abuse Survivors

Fay did not initially choose to work with survivors of childhood sexual abuse. She commented that in her first setting, who she worked with was “not her choice” (004i002). Working in a hospital setting, as “people are admitted” (004i003) and “somebody beyond” (004i004) her assigned patients to work with therapists. Fay saw many different clients working in private practice, some of whom happen to have a history of childhood sexual abuse (004i005). She felt “there’s a need for people to understand what needs to happen and how to work with this issue” (004i006) and so continues to do the work. Fay expressed apprehension about placing survivors of childhood sexual abuse into a “unique category” that requires an “entirely different approach” as stigmatizing to survivors and a “disservice” to “qualified therapists” (004i056).

Impact of Stories

Fay said “I think our job is to keep healthy boundaries” (004i018) and that she has found “survivors trying to make sense out of what has happened to them, when what has happened to them is completely senseless” (004i017). She worked hard to not “let what has happened to a client” (004i019) affect her and to remain neutral (004i020) or at least “objective about things” (004i021). Fay commented:

I think of my professional work and my professional life as just that. And myself and my personal life is separate and I have to take care of myself emotionally and personally and enjoy my life in order to be able to do that and not let my work with any of my clients become all consuming (004i025). And so when I’m present with them, I am fully present with them and when I am not present with them, I am in my own life and not in theirs (004i028).

She thought that “whatever clients we work with, regardless of what their stories are or what their issue is, have an impact” (004i007) on her.

Meaning-Making

Fay did not think meaning-making is up to her (004i013) but up to the client. She said “their stories are their stories” (004i013). “I don’t have to make meaning out of them” (004i014), “they need to mean what they mean to them” (004i015). She commented that the “term meaning-making” was “not a thing [she] ever encountered before as a concept” (004i012). Fay went on to state “I don’t doubt their stories so it’s not as though I have to make sense out of them” (004i016). She stated “I don’t find working with survivors to be any more intrusive or distressing than some of the other issues and clients that I’ve worked with” (004i035).

Recognition of Individual Changes

Fay felt she has “gotten better at having boundaries” (004i030) but believed this was part of her process of “maturing as a therapist” (004i032) “not necessarily related to working with survivors” (004i031). Her “exposure to abuse issues was real early” (004i036) in her career before she “went to graduate school to study counseling” (004i037) and believes this may have created a difference in her experience of graduate school (004i043). “Fellow students but even professors would turn and ask for a clarification related to [Fay’s] experience of having directed” (004i044) a preschool program. She often wrote special reports or presented specific topics for class (004i045) related to childhood sexual abuse. She recognized that “long-term exposure” gave her a different perspective than someone without her background (004i046). She acknowledges it would be different for someone who comes into counseling wanting to work with someone dealing with depression or anxiety and “suddenly the person sitting in front of them reveals this horrible history” (004i046).

Impact of Education, Supervision, and/or Counseling

Fay's education, internship, and supervision covered a broad range of issues (004i049). She felt that breadth prepared her for all of her clients, not just survivors of childhood sexual abuse (004i050). Fay commented that "if working with a survivor makes a therapist uncomfortable, they probably should not work with them" (004i057). She believed that is true of any issue and believes that "if an issue makes you uncomfortable, there's something going on in you that you haven't examined and you need to do that work before you work with that issue" (004i059). Fay may have been ahead of her peers because she had "already been exposed to childhood abuse including sexual abuse in profound ways (004i062) working in the "child abuse area" (004sq002). She hopes that "any graduate program worth the tuition would be covering every possible scenario, you know, that someone could be exposed to" (004i063) after graduation.

Pam's Story

Pam was a 54 year old professional counselor in the North Central ACES region with more than 27 years counseling experience. She held licensure as a Licensed Clinical Professional Counselor (LCPC) and as a Licensed Social Worker (LSW). She provided clinical services in a private practice setting serving mostly adults along with some children and couples in a major metropolitan area. While she was licensed as a counselor, she was trained in a predominately psychoanalytic agency (005i003) as a child therapist. She felt her master's program covered the issue of childhood sexual abuse in her practicum and internship; however she did not feel prepared to address the issue once in the field. During her supervision she was encouraged to talk about sexual abuse issues

(005sq001) and believes that was helpful. She does find value in supervision and continues in supervision even though she maintains a private practice.

Decision to Counsel Childhood Sexual Abuse Survivors

When asked about her initial decision to work with childhood sexual abuse survivors, Pam said “I would not say anything influenced my decision (005i014). I would say that as I began to see people, more people came to me with issues of childhood sexual abuse” (005i015) and “many times it will emerge in therapy” (005i016). Pam stated “most of the time I have found, particularly in the longer term treatment, that people present not with the abuse as the issue, but with depression or anxiety and then will talk about childhood sexual abuse” (005i017) later.

Impact of Stories

In Pam’s words, “I’m not sure that it would be easy to articulate how (005i018), I think listening to the stories is very difficult (005i019) and my own defensive reaction to them has been different depending on who I’m sitting with” (005i020). Pam felt that she “had to learn a lot more about trauma (005i021) and understand the psychological impact of long-term trauma” (005i022) to effectively work with survivors. By understanding the long-term impact of trauma, she was able to discern how difficult it is to make sense of it for the client (005i023).

Meaning-Making

Her meaning-making process involved understanding “childhood sexual abuse as a trauma” (005i024). “It is a real trauma and it is a violent trauma that has an impact at many levels on a person’s personality” (005i026). Pam stated “It’s very hard to make sense out of it” (005i031). To assist her in this, she referred to a paper titled “The

Confusion of Tongues” (0050i35) written in about 1934 by McKinze (005i033). She refers to this as her “touchstone” (005i032). It was about the “trauma of abuse” being “disorienting to a child” (005i036). She felt it has been very helpful to her in her meaning-making process and “rereads it every year” (005i037) as a reminder of her work path. She recognized that “she’s older” (005i037) and perhaps after 30 years “it’s gotten easier not to reverberate” (005i039) the stories. She believed that receiving “consultation and staying in her own treatment” (005i040) significantly impacted her meaning-making process.

Recognition of Individual Changes

Pam “definitely” recognized changes within herself. She cited her “reaction to multimedia, to art, and film and the depiction of children – innuendo” (005i045) has significantly changed. She finds these “things trouble” (005i046) her a lot more than they used previously. She said it’s all much more real to her (005i047). Being trained as a psychoanalyst, she’ll free associate (005i049) about jokes she hears and so things just aren’t that funny to her. She commented that her awareness “kind of sets you apart from the world” (005i051) over time.

Impact of Education, Supervision, and/or Counseling

In discussing education and supervision, Pam went back to the “idea of understanding trauma through the literature and an ongoing educative process as most helpful and influential” (005i052) (005i053). She is currently completing a doctoral program on-line in psychoanalysis through a North Atlantic region program and receives supervision twice a week (005i054). During her 15 years in private practice, she has chosen to have paid supervision once or twice a month (005i055).

Eve's Story

Eve was a 61 year old professional counselor in the Rocky Mountain ACES region with more than 21 years counseling experience. She was a Licensed Clinical Professional Counselor (LCPC) and worked in private practice assisting more than 30 clients each week in a rural area. She worked at a university women's center in crisis management for sexual assault and incest. She then went into a community college based program helping single women. Eve felt that her master's program provided her with solid training and supervision around the issue of childhood sexual abuse, and she appreciated learning to work with dissociation issues that survivors often struggle with (006sq001).

Decision to Counsel Childhood Sexual Abuse Survivors

Eve became interested in sexual abuse and childhood sexual abuse while working a "crisis management program for sexual assault and incest" (006i002) at a university women's center (006i001). She said that it "seemed like a lot of the girls came to college and then started having some symptoms of trauma" (006i003) or having concerns "about a younger sibling" (006i011). Her next position was in a college program women's center (006i006) for displaced homemakers (006i007) and single parents (006i008). Moving on to an employee assistance program and then into private practice, she was still influenced by those early clients and so chose to continue to work with survivors of childhood sexual abuse.

Impact of Stories

Eve recognized that the stories have an impact "maybe to a fault" (006i088). She believes she is "more sensitive to it" (006i014) and tends to "screen for it all the time"

(006i015). She stated, “I’m not sure all my colleagues are as tuned in” (006i017) to the stories. She recognized “a lot of strengths that people don’t know they have” (006i018). She is awed by the strength people have to “cope with just really awful situations” (006i019) and “how wonderfully neat we are that we can dissociate” (006i020) from all the pain and memories. She viewed many adult coping strategies as adaptive versus pathological (006i021) and believed it is “helpful to see strengths in some real bad situations” (006i022). Eve reflected that “when you do the work we do for so long, there’s a little bit of numbing in [her] personal life” (006i023) and feels that is an effect she has to watch for (006i025). She said “I don’t always feel like I can respond the way I would to people in my personal life if I hadn’t heard all the stories of things that have happened” (006i024).

Meaning-Making

Eve stated that her meaning is derived from “the healing process” (006i026). She believed that “we can make it work for the good in our lives” (006i027) and so believed that she is “helping in that way” (006i030), therefore finding her meaning in helping. Eve talked about the “ambivalence that the survivor has” (006i075) about the sexual abuse and the struggle “to decide what to do with that” (006i078). Her role was assisting the survivor in “answering the how or what” (006i085), but she avoided the why question as she feels there is never a good answer for that (006i087) and could create a loss of meaning for both client and counselor.

Recognition of Individual Changes

Eve reflected on the numbness in her personal relationships as a personal change resulting from her work. She also recognized her need for “wanting more solitude”

(006i033) and being “much more introverted” (006i035) than she was earlier in her career. She joked that the “rule in my house is kind of don’t talk to me until I get my shoes off” (006i072) and that her spouse can tell when she’s had a “bad day” (006i32). She found “outlets” (006i036) such as “watercolors and pastels” (006i037), “gardening” (006i038), pets, and “lots of things that don’t involve people but gives [her] solitude” (006i039). Eve “lives in a very small community” (006i045) and found that part of her “withdrawal on the weekends” (006i044) is because she tends to “run into clients almost every time” (006i045) she goes out. While Eve created good boundaries with her clients, she’d “much rather not interact” (006i056) on the weekends. She commented that “I’m totally with them in the session and I will give everything in a session” (006i057) but would prefer not to have the “intrusion when [she’s] in [her] own space” (006i053) when she’s not working.

Impact of Education, Supervision, and/or Counseling

Eve cited having “doctoral supervisors at the university women’s center” (006i061) as a great experience. She stated that she “continued supervision with one of the doctoral candidates long after graduation” (006i063). She reflected that mentors had a profound impact on her career and the many mentors she can still turn to for consultation and support (006i064). These mentoring relationships have inspired her to “give service” (006i065) to her profession and mentoring counseling interns in her local area. She feels that providing mentoring and supervision keeps her “fresh” (006i067) and believes that “at some level we communicate when we’re ready to hear” (006i071) or learn something new which is one reason working with students appeals to her.

Ali's Story

Ali was a 59 year old professional counselor in the Rocky Mountain ACES region with twelve years experience as a professional counselor. She held state licensure as a Licensed Professional Counselor (LPC) and provided play therapy counseling services in a private practice setting with children. She worked with the family and has been involved in reunification” (007i072) of the perpetrator back into the family. She had a history of “work within child protective services in her state prior to obtaining her master’s degree in counseling which gave her a unique perspective in her work as a professional counselor. She felt she had good preparation in her master’s program surrounding childhood sexual abuse and felt very prepared to meet survivor needs upon graduation. She does continue to have supervision available to her in the private practice setting if she chooses to pursue it.

Decision to Counsel Childhood Sexual Abuse Survivors

In Ali’s case, there “wasn’t a particular decision to work with” (007i012) childhood sexual abuse survivors, “it was just part of the case load” (007i013). She said “you know you can’t really refuse them” (007i010) because “they’re just cases that you would take as any other case” (007i011). Working with children, she finds that “a lot of times it’s an unknown before you even really see the child” (007i017). Ali felt strongly that cases of childhood sexual abuse should be handled like any other diagnosis (007i095) and that if the counselor has “issues with that problem area, they need to seek counseling themselves to resolve it” (007i010).

Impact of Stories

Ali recognized that the “stories of abuse always have an impact on” (007rq001) her. She believed “they enrich [her] knowledge base and allow [her] to put [her]self in that client’s shoes” (007rq003). She was impacted by play therapy itself. She sees it as this amazing vehicle that allows children to act out the abuse (007rf007) in ways that show “very clearly what happened to them” (007rf007). She shared a story from her work nearly 22 years ago while running a group for mom’s who had been sexually abused as children. She remembered this woman and her hard work creating her own meaning and it was obvious the story still impacts Ali.

Meaning-Making

Ali looked at meaning-making with childhood sexual abuse survivors as the same way she makes “meaning with anything else” (007i019). Ali shared a story that a client had written for a group many years ago and upon finishing, she said “that’s how you make meaning” (007i032). “Each client makes their own meaning from their experiences and as a therapist I reflect back what their meaning is or what I think their meaning is and they feel validated most often” (007i034). While helping the client feel validated helps her find personal meaning, so did her belief system. She shared her belief that “there’s good in the world and in order to have good in the world there has to be evil in the world” (007i035). She pointed out that there are “lots of people who were victimized first and then they victimize” (007i038) creating a cycle (007i039) that “can go on for generations and generations” (007i041).

Recognition of Individual Changes

Ali learned to “talk more openly with” (007i043) survivors over the years allowing her to obtain minor details. She felt she is better able to understand how the abuse changes a person (007i047) and had become “more empathic toward the child or even an adult” (007i050) and less “shocked” (007i054) by the stories. In the beginning she remembered feeling angry for the survivors (007i071), but “not any more” (007i095). She believed she is “more accepting of what has happened to someone” (007i053). As her understanding of childhood sexual abuse and trauma increased and her expertise in play therapy has expanded, she was still “fascinated” (007i094) and energized by the possibilities play therapy offers to child and adult survivors (007rf008).

Impact of Education, Supervision, and/or Counseling

Supervision opportunities “greatly impacted” (007i056) Ali’s frame of reference. She continued consultation once a month with a specific supervisor because of his ability to evoke empathy and “put yourself in the client’s shoes and feeling where they’re coming from” (007i059). She also reported that supervision by a registered play therapy supervisor was much more helpful to her than supervision by a marriage and family therapist (007sq001).

Ava’s Story

Ava was a 63 year old professional counselor in the Rocky Mountain ACES region with 35 years counseling experience. She held state licensure as a licensed professional counselor (LPC) since her state passed licensure laws in the 1970’s. She currently spent her time between private practice and a developmental preschool providing clinical services. In her private practice she worked primarily with adults and had over

20 years experience in community mental health. Ava was originally trained in school counseling through an educational psychology program but then moved into community mental health and sought licensure as a LPC. She specifically identified as a mental health counselor. She felt that her academic education was adequate in most areas, but did not cover childhood sexual abuse in the classroom or practicum and internship. Her professional knowledge of childhood sexual abuse has been through on-the-job training and consultation with colleagues.

Decision to Counsel Childhood Sexual Abuse Survivors

Ava felt she “came into counseling through the back door” (008i001) as a school counselor, however she pointed out that there were “not a lot of programs around” (008i003) when she finished her master’s education. She had “taught for many years as an elementary teacher”(008i005) and moved into a position at “a mental health center in” (008i006) her community. She shared that her experience working in a diverse community mental health clinic 35 years ago was very different than the work done there today. Her community “used a model coming out of the Johnson era” (008i008) to develop community mental health programs that included input from “clinicians, police and sheriff departments, the hospital, social services, and the schools” (008i011). Clinicians were hired for their expertise in a certain area or program and so Ava felt she had the opportunity to work with a “very well educated group of clinicians” (008i013) when she began working there. It was these clinicians that inspired her to work with this population (008i031). One clinician in particular “became her mentor (008i021) and due her view of him as “a consummate clinician” (008i029) she took every opportunity to ask “can we do a group together?” (008i032) or “what can you teach me?” (008i033). She

said “he was probably the best trained person I could ever run into to work with the sexual abuse issues” (008i030).

Impact of Stories

To understand the impact the stories of childhood sexual abuse have had on Ava, she shared her historical and personal knowledge. In her experience in the 1970’s and 1980’s, “you really didn’t report” (008i017) child abuse or childhood sexual abuse. There was so minimal “reporting of sexual abuse” (008i018) that “you didn’t have a lot of exposure to it” (008i019). However, she feels that her marriage into a family of doctors and nurses was extremely helpful to her to remove the stigma of discussing childhood sexual abuse. She said “there was all this real interest in medical experience” (008i035), so much so that medical and “gynecological issues became table talk” (008i034). Therefore by the time she began to work in the community mental health clinic, “in some respects [she] had become immune to hearing that and letting that bother” (008i036) her. As a clinician now, she said “when I hear somebody’s story, I don’t take it home at all” (008i037); however she did admit that when the survivor is a child, it still bothers her (008i038).

Meaning-Making

Ava firmly believed that her belief system helps her manage her meaning-making. She said that as part of her belief system, she believed “that everybody has their own story and it’s the sum total of everything they have experienced in their lives” (008i040).

She tells her clients:

when you were sexually abused, it’s like being placed into a pair of colored glasses and the depth of that glass, the darkness however it is, it could be dark or it could be light, it can get lighter as you work through it, but it will always be a part of your life (008i044).

She attempted to help clients decide how to “deal with the different memories” (008i046) and figure out how to “work at what comes into the rest of your life” (008i047). Her meaning-making was closely tied to how she assists her clients in making meaning. She worked to help survivors separate “sympathy, empathy, and compassion” (008i049). She viewed sympathy as “a one up one down system” (008i050) that is not helpful to the survivor. She believed that “empathy is where we really feel for the other person” (008i051) and can be unhealthy for the clinician if it “effects or manages their life” (008i058). Compassion is where the clinician is able to validate the survivor (008i054), witness their telling of the experience (008i055), and “believe in total healing” (008i052) if that is what the survivor wants and “put the memories to rest” (008i057).

Recognition of Individual Changes

In the beginning of the work with survivors Ava “could be taken back or astounded by what people have gone through” (008i061) however she has learned, with the exception of children, not to “react to [the stories] in the same way” (008i062). She had done “a lot of personal work” (008i064) and “extensively trained in neuro-linguistic programming” (008i065) to promote personal and professional growth. Another belief that Ava had is that “people have to be about their own personal growth” (008i068) and has learned that “some people don’t want to get well” (008i068). She came to the belief over the years that as a clinician, “you need to have some real core principles” (008i133) and “you can’t have judgment” (008i134) when working with survivors. Without your own core principles, you can become lost in the stories.

Impact of Education, Supervision, and/or Counseling

The theme that ran throughout Ava's interview was that of mentoring. She reflected on the community mental health center that she started her counseling career in and said "everybody was beautiful and mentoring me" (008i129). She reminisced about the various people she had known, but especially about key mentors she had at every stage of her career. She felt that one of her early mentors had imparted vital skills. He taught her "techniques about how to go and be with a person and actually take on some of that [empathy] and then actually give it back" so that "they felt supported and heard in the telling of their story" (008i060) without the counselor carrying the burden of the story away with them.

She learned techniques over the years such as neuro-linguistic programming (008i065) and attended conferences with "good multi-topic seminars on sexual abuse and survivors of childhood sexual abuse" (008i085) that have been helpful. She expressed concern about current counselor training programs emphasizing "brief therapy models" (008i115) where counselors-in-training are not learning to build relationships (008i111) and look "at something really in depth" (008i112). She expressed serious concern over on-line programs and whether the students are "really getting adequate supervision and experience" (008i119) to meet the diverse needs of survivors and other clients.

Kim's Story

Kim was a 50 year old professional counselor in the Southern ACES region with 13 years experience as a counselor. She identified as a mental health counselor and is licensed in her state as a licensed clinical professional counselor (LCPC). She provided clinical services in a private practice setting working a combination of mental health and

substance abuse counseling. She shared that while childhood sexual abuse was disclosed to her during her practicum and internship; it was not discussed so she did not feel prepared to address the issue with survivors. Kim felt the need for supervision so strongly that she sought out an additional internship site with domestic violence and sexual trauma survivors to obtain the experience and one-on-one supervision she desired. While she worked in a private practice setting, she has created a network of therapist friends that she can process cases with in lieu of on-site supervision or consultation.

Decision to Counsel Childhood Sexual Abuse Survivors

When asked what influenced her decision to work with survivors of childhood sexual abuse, Kim responded, “I am a survivor” (009i029). Additionally she said that “witnessing it happen to her neighbors” (009i030) was an equally important factor. She did not feel they had anyone to protect them (009i031) and so told her mother. The response of the other children was “pretty bizarre to witness” (009i040) though as they told her they didn’t care if the perpetrator touched them because “he gave them money for things” (009i039). She disclosed a history of multiple rapes earlier in her life that have further impacted her decision to work with survivors (009i046). She went on to talk about her work experiences in substance abuse and domestic violence and stressed the prevalence of childhood sexual abuse among these populations. She said “it’s just there” (009i070), I don’t know how you cannot be exposed to it” (009i072).

Impact of Stories

Kim’s work in domestic violence and substance abuse has placed her in a position to hear many stories of childhood sexual abuse. She found that “huge numbers of both men and women are sexual abuse survivors” (009i052) in the substance abuse population.

She felt she was meant to go into her substance abuse internship for a purpose or reason (009i053). Her experience was that the numbers of survivors in substance abuse populations is “much, much, much higher than in the general population for both the men and women” (009i054). “They don’t get addicted for no reason, there’s an underlying trauma usually there” (009i056). Given her extensive experiences, she recalled a “really awesome teacher that right from the very first day of school” (009i074) talked about learning to detach “so that you could care about the client but” not own “their stuff” (009i075). She felt this “really, really powerful” (009i076) lesson has helped her develop compassion for her clients while maintaining her own boundaries.

The stories have impacted her on a personal level at least once when a young client experienced a dissociative episode while in session and a client became very fearful (009i085). Some weeks later she had a flashback to her own rape (009i088). She recognized the need to “put [her]self back in therapy for a while” (009i091). She stated that “if you have not done your work, then she could imagine you would be triggered all the time working with this population” (009i097).

Meaning-Making

For Kim, her meaning-making path has been a journey. As a member of the military, she initially “had a completely different path” (009i108) from counseling but knew she wanted “something else” (009i109). For her, it was a “lightning bolt moment when” she said she “wanted to be a counselor” (009i110). Kim sees being a counselor as “more of a calling than it is anything else” (009i111) and believes she is “fulfilling [her] purpose” (009i113) in her life. She said

for me coming to work is like my version of church everyday, because this is what I think I was meant to do and why I experienced what I experienced. So that

I can understand and make connections and I can feel that compassion without the pity part (009i118).

Recognition of Individual Changes

Kim believed she “grows more and more every day” (009i119) and sees that as “part of our purpose too” (009i120). She continued to be “fascinated by new techniques” (009i121) and sees learning as part of her own healing process (009i125). She learned to be “much more comfortable in her own skin” (009i127) and while she may “still have insecurities” (009i128), she was “not so completely ravaged by them” (009i128) to interfere significantly in her life. She pointed out that she had “more compassion now that ever in her life” (009i077).

Impact of Education, Supervision, and/or Counseling

Kim soundly believed that therapy is “something that is important for therapists – to put yourself in therapy occasionally” (009i093). She has surrounded herself with “some therapists that she really, really respects” (009i094) to “do support work and things like that with” (009i095). She stated that “all of that is really crucial” (009i096) to staying healthy. In addition to doing a counselors’ own counseling, Kim commented that supervision and mentoring relationships have “absolutely” (009i188) been important to her. Supervisors in addictions have been “powerful to have since” she had “no experience with substance abuse” (009i137). A domestic violence supervisor taught her “how to deal with another group of people that ... wouldn’t have been able to work with [her] because [she] would have intimidated them” (009i147). She said this supervisor’s passive, meek manner taught her how to temper her “bull in a china shop” (009i142) demeanor and she commented that she “just kind of plows through” and can be brash (009i143). She laughed and said “I’ve learned to temper that, I hope” (009i143).

She talked at length of a colleague who became a mentor and consultant. She was working in an agency that “didn’t do supervision, they would just sign off saying they did it” (009i160). So she “asked him if he would be her supervisor” (009i162) and has “just kept him for years” (009i166). She “found that connection really helpful” so they “would talk every week on the phone for an hour” (009i165). She has paid him until this past year because she found the “conversations so valuable” (009i163). She reflected on these supervisors and mentors as being a “powerful” factor in her finding her own voice, her own style, and “being ok with that” (009i199).

Liz’s Story

Liz is an 80 year old professional counselor in a major metropolitan area in the North Central ACES region with about 35 years experience as a counselor. She holds state licensure as a licensed clinical professional counselor (LCPC) and works in a private practice setting. She has clinical and supervision responsibilities working with adults. She previously worked in community mental health settings. The topic of childhood sexual abuse did not come up in her practicum or internship and she was therefore not supervised around that issue. She reports having support in her current work setting, but does not receive supervision.

Decision to Counsel Childhood Sexual Abuse Survivors

When asked what led her to her work with survivors, she said “they came into my office” (010i009) and “clients began to reveal ... some of the things that had happened to them” (010i010). Liz “never really thought of it as a specialty” (010i011), however she facilitated a series of support groups for incest survivors for a number of years (010i014). She shared that the reason she offered the groups was “because somebody walked into

her office and at some point started talking about it” (010i019). “That was my whole introduction to it” (010i020) she commented. Her observation of counseling in 1980 was that “nobody was talking about that sort of thing at all” (010i021) and remembered “a number of clients saying that their therapist couldn’t stand to listen to them or took vacations from them or didn’t believe them” (010i024). She felt that survivors at that time “had some pretty awful experiences” (010i025) in counseling.

Impact of Stories

Liz reflected that certainly the stories had an impact as they “opened up an area of experience” (010i027) that she hadn’t known about. She said “it was all new and a lot of it was rather horrifying” (010i028). She disclosed that one of her “first clients had been the victim of all kinds of cult abuse and some really horrific things” (010i033). She said she would always “stay with her” and felt in belief of what she was telling” (010i039) but then might walk out of the session and question whether this could really be true (010i035). She uttered that “it goes on much more than we would think or can hardly believe” (010i044).

Meaning-Making

Liz shared that mostly she processes the stories for herself (010i046) but sometimes she might “even cry” (010i045). While most times she doesn’t feel the need to do anything to make meaning, when she’s “particularly horrified or almost hurt by it” (010i050), she “may just sit down and let those feelings roll over” (010i051) her and “feel how they are and sometimes talk to somebody” (010i053). Because of her 30 plus years experience, her ability to process is a natural part of her. She later reflected that the “phrase meaning-making doesn’t connect for” (010rq001) her. She believed that her

“commitment to a client-centered approach” has provided her with a solid foundation and therefore “has not been distracted by attempts to analyze and do the ‘right thing’ at the ‘right time’” (010rq003).

Recognition of Individual Changes

She felt more open to her own process of meaning-making (010i054). She stated that she didn’t feel she had changed much (010i055) but went on to reflect that she’s “less likely to be surprised” (010i056) and the stories are “not shocking anymore” (010i058). She later disclosed that she “couldn’t see too many at once” (010i093) and could not have specialized in working with childhood sexual abuse survivors (010i095). She shared that “it was difficult hearing all this” (010i096) and she found that survivors “frequently need something extra” (010i097) whether it is a longer session or after hours support that she simply couldn’t give. She learned over years and years that “they usually survive” (010i103) and she didn’t have to give as much as she was in the early years (010i104). Liz commented that she is not quick to hospitalize clients and for one client in particular “it really seemed terribly important to her that [Liz] respect her process whatever it was and give her that room if she wanted it” (010i107). She admitted that as a counselor, it can be scary giving clients that trust and that she’d “spent quite a few sleepless nights” (010i019) wondering about a client’s safety.

Impact of Education, Supervision, and/or Counseling

For Liz, “always learning the client-centered approach for years” (010i072) was the most important piece of education in preparing her for this work. She said “I didn’t just take a practicum and become ... a solid client-centered therapist” (010i072). She really worked at it for years. She reported attending workshops and conferences, but

hadn't "found any of them all that useful" (010i065). She felt becoming "more comfortable with the approach and with yourself" as "the most helpful to" (010i071) her over the years. Liz believes that her client-centered theoretical "orientation has been extremely important" (010i118) to her as that orientation "holds things together at a basic, stable level" (010i120).

During her early years, she had many supervision opportunities. She laughed and said "but nobody knew anything about it" (010i077). She was the first among her peers at the counseling center to work with known survivors and "then others began to have these experiences too" (010i079). She reminisced about her experiences with supervision and consultation and said "we didn't even use the term supervision" (010i080) back then. She did however have a peer consultant that gave her an outlet to "talk to him about a lot of this" (010i085). She appreciated his "just being there and helping [her] work it out" (010i089) and believes that is where she took a lot of her feeling in the beginning (010i091).

Summary

Part one has presented the words of the participants. From their words, several themes have emerged. Those themes include: I know a man (the stories of abuse), they came into my office (how they came to work with survivors), attending to one's empathic capacity (the evolution of connecting with the survivor while preserving personal well-being), I'm still not sure what to do with that (supervision and other educational experiences), counselors have to have a strong belief system (therapeutic foundations), and I remember feeling that way (counselors change over time). The next section will examine each of these themes.

Cross-Case Analysis – Emergent Themes

Qualitative research and specifically phenomenological design allows for the participants' own words to create the themes as they emerge. The researcher listens to the words and reflects upon them to find the specific themes. This process is typically referred to as phenomenological reduction (Moustakas, 1994) during which the researcher immerses oneself in the experience of the participants' words and then contemplates their meanings (Patton, 2002). The first three rounds of reduction revealed 31 themes. Further reduction narrowed the themes to 16. By the eleventh round of reduction the themes had been collapsed into 6 themes based on the participants' own words. In the process of cross-case theme analysis, the theme had to be present in at least three cases to be included. Those emergent themes include: I know a man (the counselors use of story), they came into my office (how they came to work with survivors), attending to one's empathic capacity (the evolution of connecting with the survivor while preserving personal well-being), I'm still not sure what to do with that (supervision and other educational experiences), counselors have to have a strong belief system (therapeutic foundations), and I remember feeling that way (counselors change over time).

Theme 1: I Know a Man

Each participant told a story within their story. They told stories of clients or cases they had during their career counseling survivors of childhood sexual abuse. Six of the eight participants told a client's story and a seventh told story through the retelling of a movie. Each story told not only of the survivor, but of the counselor and the impact of the story on them as a professional and a human being. Ali read a survivor's letter to this

researcher. After reading the survivor's story, she reflected "I remember this, that this woman wrote that she was (pause) she could not see much past his belt buckle, because that's how small she was when he did this to her" (009i031) letting the gravity of the act touch us both. While she no longer remembered the woman's name, she still remembered the story more than 20 years later.

The participants shared their confusion and admiration of survivors. Minimization was expressed in comments such as "at least mine wasn't a bad experience" and "it felt more like sexual play" yet there was recognition that what had happened wasn't acceptable. Ava shared that this "couldn't possibly happen in our home" (006i099) as a comment she has heard many times. Ric reminisced that "I could make images in my mind of the stories people were telling me" (002i034) and realizing that he created stronger boundaries for himself. Kim shared a story of a survivor who as a small child was "brutally raped" (008i150) by several adult men. Her admiration of his strength was evident when she said he went "into therapy ... deal with his sexual assault" (008i154) and believes that all therapists should engage in "therapy occasionally" (008i090).

Providing services in a university counseling center brought Eve together with young women who were afraid for their younger siblings and felt as though they had betrayed them by leaving. Once entering dorm life they would begin to have symptoms of PTSD and eventually would reach out if not for themselves, for the little sister still at home. She talked of the anger the survivors would share regarding their moms: "mom knows everything, why didn't she protect me?" (007i083). Eve went on to share that she doesn't address why with survivors because it is not a question that can be answered.

Mom's neglect was reflected by Eve, Gil, Ric, Ali, and Kim directly and through the recognition of childhood sexual abuse as an intergenerational issue.

Ava shared a story of a man she knows who is now in federal prison for molestation. He had reached out for help and didn't receive it, he continued to molest until caught and sentenced to nearly 30 years in prison. She said he was "brilliant" and "saved thousands of lives", yet now "he's in prison for the rest of his life" (006rf003). Her frustration and sadness showed as she wondered "how different his life could have been if he had gotten help as a youth" (006rf003). The stories display how this issue touches each person: the survivor, the perpetrator, the family, the friends, the counselor, and the community.

Theme 2: They Came Into My Office

By the time the first three interviews were complete, it appeared there was a theme emerging related to the decision to work with survivors. However, it was obvious by the close of the interviews that there really was a theme there...none of the participants had initially consciously chosen to work with survivors of childhood sexual abuse. Liz's statement that "they came into my office" truly summed up the experience of the participants. Pam commented "I would not say anything influenced my decision" and Sue shared "I don't know that it was so much a decision to work with them, they just sort of showed up on my case load." Many of the counselors interviewed started out in community mental health agencies and hospital settings where "people are admitted and assigned to work with a therapist" (004i003) with little if ever any input from the counselor. Ali added "well you know you really can't refuse them. They're just cases that you would take as any other case" (009i011) and Gil offered that "there wasn't much

avoiding it” (001i003). While it “wasn’t really a particular decision to work with them” (009i012), Ava found herself working with survivors because of a colleague and supervisor. She said “I just wanted to learn from him” (006i031) and did what she could to learn from his knowledge.

There were other issues related to this lack of choice regarding work with survivors. Some commented that in working with addictions counselor see numbers of survivors which are “much, much, much higher than in the general population for both men and women” (008i054). Kim reported seeing higher numbers in the domestic violence cases that she worked. She said “all of those women were sexually abused and still being sexually abused by their husbands” (008i059). Work in a university and a college counseling center also demonstrated significant numbers of survivors (where a crisis line and support groups were offered year round for their students surrounding sexual assault and incest). Sue shared that her work in intensive outpatient highlighted the higher numbers of survivors in acute settings. Other participants stated that their experience had revealed higher than average numbers of survivors in youth residential settings. Sue stated “I think we’re looking at that kind of severity of psychological symptoms” from the abuse that one presents in these settings. Ric shared that his interest in the welfare survivors was inspired by his mediation work in the court system. As he watched “how things operate in the courts” he became more aware of the way survivors were “treated or mistreated ah through the legal process” (002i007).

Another interesting finding was that for many participants their “whole introduction to it [childhood sexual abuse]” (010i020) was when their first client walked into their office. Liz remembers that in 1980, “nobody was talking about that sort of

thing at all” (010i021). This was echoed by Fay who commented that if she had not been immersed in issues of childhood sexual abuse through prior employment, she may not have felt prepared for her role as a counselor with this population. Gil “wasn’t too knowledgeable” (001i005) right after graduation from his master’s preparation program and remembers that there was not a tremendous amount of information available about childhood sexual abuse at that time.

For some participants the move from employment in an agency or other facility to private practice did not lessen the number of survivors on their case loads. Some found that the clients they saw in the agencies would follow them into private practice. Others found that as their private practice case loads grew, the numbers of clients disclosing childhood sexual abuse did as well. Several stated that their clients set initial appointments for depression or anxiety but then later after the client-counselor relationship had grown the survivor could disclose a history of childhood sexual abuse.

Theme 3: Attending to One’s Empathic Capacity

Empathy for the survivor and oneself as a counselor came through as participants explored the meaning-making process. Liz wondered “how some of us are able to be comfortable with this kind of material and how some of us aren’t” (010rq002). Some stated that the clients’ stories belong to the client (Fay, Ric) and that the meaning is assigned by the client. Fay went so far as to say “it’s not as though I have to make sense out of” (004i016) their stories. The interviews unfolded that the survivor and counselor alike grappled with “survivors trying to make sense out of what happened to them, when what happened to them is completely senseless” (004i017). Each counselor dealt with

their own feelings in different ways, but one thing they agreed upon was that they could not let their client, the survivor, see how they were affected by their stories.

Fay was clear that she could not let the survivor see her being affected by what they told her. She said:

that causes them to stop telling me. (pause) I think often what has happened to them in other areas of their lives is when they told somebody, that person was so shocked by it that they would kind of shut down (004i023).

Ava believed that “it stops their growth...as soon as I start taking on their story, because I’m too attached to what they went through” (006i058). Ali clearly conveyed that the counselor’s responsibility is to allow “each client to make their own meaning from their experiences” and as a therapist “reflect back what their meaning is” (009i033) without taking it on themselves. “It’s hard enough for survivors to come forward and seek help and share their story” (004i065) without their counselor being shocked.

Ava found the work interesting yet in some ways also has found herself “immune to hearing it and letting it bother her” (006i036). Eve believes that:

when we do the work we do for so long there’s a little bit, ... some numbing maybe in my personal life. I don’t always feel like I can respond the way I would if I hadn’t heard all the stories of things that have happened to people in my personal life (007i023)

Others find they are less shocked or surprised by the stories than they once were.

While each participant handled the impact of the stories in different ways, most recognized an increased sense of empathy for the survivor. Gil became slower to judge others and more open as he developed “a lot more empathy” (001i011) over his years of practice. Ali became more open and able to talk openly in order to get minute details from clients. She too felt more empathic and accepting, and hoped she could help survivors feel less different or separate from others. Her concern that survivors know

they are not the only ones to whom abuse has happened allowed her to be “more accepting of what has happened to someone” (009i053). Liz pondered whether the counselor’s empathy is about the act of sexual abuse or “one’s ability to be empathic with an person’s very painful experience” (010rq005). She admitted she could not work with very many survivors at one time because it was difficult to hear the stories.

As Ric navigated through this journey of leaning empathy, he also learned to be “aware of transference and countertransference issues” (002i015). He stated, “if I notice myself being incredibly invested in protecting a client, then I begin to get somewhat suspicious of my own ability to continue to work with that client” (002i015). As a client-centered therapist, Liz wondered why she “wasn’t shocked, but just listened” (010i114) to the many survivors’ stories. Liz suggested that this important for counselors to “attend to one’s empathic capacity, noticing when we can’t [be empathic] and trying to be aware and process whatever is in the way” (010rq004). Pam noticed “that jokes aren’t that funny” (005i050) to her when they are about “sexuality and women” (005i050). Her “reaction to multimedia and art and film and the depiction of children with all its innuendo trouble her a lot more” (005i046). At times Pam felt set “apart from the world” (005i051) because her perspective had been so impacted by her work with survivors. Eve knew that she was “more sensitive to” (007i014) childhood sexual abuse, and was not sure that her “colleagues are as tuned in” (007i017) to the issue of childhood sexual abuse be it from personal or professional experience. Fay’s previous employment exposed her to “childhood abuse including sexual abuse in profound ways” and significantly affected her experience as a counselor. Sue knew her “appreciation of the [survivors’] courage to

make it through” (003i016) the abuse and work through recovery deepened her “perspective as a person” (003i017).

Each participant found their own way to manage their reaction to their work with survivors. Gil found the work “exciting” (001i009) and Ali stated “I live my work. I just absolutely love it.” (009i070). Sue shared that while it is “incredibly powerful to be in the presence of that survivor” (003i026), sometimes she had to “have a good cry” (003i027). Participants talked about giving themselves “permission to have [their] own feelings about it” (003i030) and sometime sit down and allow those emotions to move through” (003i031) them and “feel how they are” (010i051) without pretending that it did not affect them. Pam agreed that “listening to the stories are very difficult” (005i020). She felt it was important to understand her “own defensive reaction to them” (005i020) knowing that sometimes they are “different depending on who [she’s] sitting with” (005i020). Some participants prefer to process these feelings on their own but found sometimes it helped to talk to someone. Each discovered that while they prefer to “leave it at the door, sometimes it follows them home” (003i038), therefore, having other ways to cope can be valuable.

Early in his career, Ric remembered that he would “come home on Thursday or Friday and really feel exhausted” (002i012). He learned to manage tough aspects of the job, but admitted “early on it was really enough of a difficulty that it caused him to reconsider many times doing this kind of work” (002i014). Sue shared that sometimes just reminding herself that she was human and the work was going to impact her played a key role in managing the impact. Eve limited the physical “intrusion” (007i054) into her private space as a way of managing the impact of her work on her personal life. She

enjoyed “solitude”(007i032) and “lots of things that don’t involve people” (007i034) such as watercolors, pastels, and gardening. Sue echoed this in her use of journaling and her own “art work” (003i043). Sue and Fay both shared the belief that they must take care of themselves “emotionally and personally” (004i026) and enjoy their own life in order to be beneficial to their clients. Sue said “making sure my relationships are good and leading a full life myself helps me manage it” (003i047).

Theme 4: I’m Still Not Sure What I’m Doing With That

Education, supervision, consultation, and mentoring were the crux of the next theme that emerged. Fay said, “I would be hard pressed to come up with an educational opportunity” (004i071) specifically related to childhood sexual abuse that made a real impact. Liz commented, “I have gone to workshops and things but (pause) I haven’t found any of them all that useful somehow” (010i065). However, conferences and workshops were cited as by most as fascinating opportunities to learn new techniques or gain insight that can be utilized in therapy. Ava appreciated “a good multi-topic seminar on sexual abuse and survivors of childhood sexual abuse” (006i085). Kim’s newest interest for her clients and herself has become “mindfulness” (008i122) while Sue continued to train in EMDR. Ric traveled out of state to “study mediation” (002i005) so that he could be involved in creating a “therapeutic mediation service” (002i005) within his own state as a way to assist the young people he works with. Learning more about special concerns such as work with Dissociative Identity Disorder (DID), borderline personality disorder, as well as new “evaluating techniques” (002i045) allowed participants to keep up with how science or practice may “have changed over the years” (002i046). Liz remembered:

that it was pretty important for me to find support and confirmation of what I was hearing from some clients, and what I was experiencing with them from Judith Herman's book *Father-Daughter Incest*, the Harvard Workshop featuring Judith Herman and Bessel van der Kolk, and attendance at meetings of the Society for the Study of Multiple Personality [or something like that]. (010rq003)

She commented that "this was way back when there wasn't a whole lot about this"

(010i122) topic of childhood sexual abuse available to the counseling community. Gil

shared that he had attended a conference recently that "was actually challenging some of his presuppositions" and he "still wasn't sure what to do with that" (001i028)

information. Eve believed that "at some level we communicate when we're ready to

hear" (00i071) whether that is by attending a workshop, picking up a book, or engaging

in a new topic of conversation with peers. Gil admitted he's going to "have to give some thought" (010i029) these new ideas.

Workshops and print material along with "a group of very supportive colleagues" (010rq001) helped Liz "to feel less alone" (010rq002) in her work with survivors.

Supervision, consultation, and mentoring relationships were essential to all the

participants. Early in their careers Sue, Ava, Pam, and Kim reported that "supervision is probably the most important" (005i043) aspect of their training. Sue remembered "an

excellent clinical supervisor" as did Ava. Eve remembered having the opportunity to

"work under doctoral supervisors" (007i061), and continued to work with one of them

long after she graduated because she found the experience so valuable to her own growth.

Kim credited her supervisors with her becoming "a good therapist" (008i189). Without

them she "wouldn't have had the guts to go out on her own" (008i190) into private

practice. She had the opportunity to "co-facilitate groups with 6 different therapists"

(008i198) and recognizes the "relationships" (008i191) as vital to her growth as a unique

individual. Pam continued in “supervision twice a week” (005i054) because of her doctoral work, but personally paid for consultation “once or twice a month”(005i055) throughout her personal career.

Consultation with trusted colleagues was something that each participant valued. Gil had a colleague that he consulted with because he believed “we definitely need to bounce things off” (010i025) another person to maintain perspective in counselors’ work. Pam reflected that she heard “a lot of horrible stories” (005i039) and so found a peer consultant helpful in working it out. Liz found peer consultations helpful for sorting out her feelings “from the beginning” (010i091). Ali found a psychologist that she consults with once a month on play therapy because “he is an absolute genius when it comes to empathy and putting yourself in the clients’ shoes and feeling where they’re coming from” (009i059). Liz also found it important to “have a peer consultant” (010i084) so that she “could talk to him about a lot of this” (010i085).

These long term supervision and consultation relationships turned into mentoring relationships for several of the participants which, in turn, inspired them to become mentors themselves in the counseling profession. Eve mentored counseling interns within her community and have “given service” (007i065) to her profession all her life in part due to her mentors. She believed interns “keep you fresh and on your toes and you learn a lot from your interns” (007i067). Kim remembered a “really awesome teacher” (008i174) that pressed her to learn “detaching” (008i175) skills so that “you could care about the client but you’re not owning their stuff” (008i175). She found this to be highly valuable in her work with survivors. Fay felt that her education, internship, and supervision “covered a board range of issues” (004i049) which helped to prepare her to

work with childhood sexual abuse survivors. Pam believed that working with survivors is an “ongoing educative process” (005i053) and that counselors need to have “these conversations over and over again” (008i179) to really grasp the depth of the work. Kim cited a “very wise person” who continually reminds her “there is nothing like a trauma survivor that will make us a therapists feel...all of a sudden we’re just deskilled” (008i173). In her mind, having those “having those weekly meetings where we talk about our cases and how they’re impacting us (003i055) are vital to counselor self-care.

Initial training as well as ongoing educational and supportive opportunities whether through supervision, consultation, or mentoring was important to each participant. Ric pointed out that “experience is a wonderful teacher but at the same time” (002i065) counselor educators must make sure that adequate training is in place. Ava was especially concerned about “clinical richness” (006i138) and expressed worry about whether students of on-line programs “get adequate supervision and experience” (006i119). She also wondered if the movement toward “brief therapy” (006i115) in “the training programs” (006i114) is detrimental to counselor training. Participants felt that there was a “sort of breadth of being able to practice” (003i063) moving counselors beyond just the basics. Liz explained there is much more to counseling than simply putting “the right therapy in at the right moment” (010i117).

Theme 5: Counselors Have to Have a Strong Belief System

Participants drew from a variety of therapies or techniques once they are “out in the field” (008i021), however a “belief system” (006i068) seems to have been profoundly important to most of the participants. Kim explained:

I feel it is very important in doing this work that the counselors have to have a strong belief system that incorporates answers for why human beings do such

horrible things to each other. I've seen interns get out of the field because their belief system doesn't provide any answers. So they have no way to hold this information and still have hope and faith in the world. Most got out of the field because they couldn't reconcile this. (008rq001)

Ava's belief system included the idea that "everybody has their own story and it's the sum total of everything they have experienced in the lives" (006i040). She mused that "Carl Jung said we live 18 years and then we sort out those 18 years the rest of our life" (006i042). If Ava is correct, it stands to reason that counselors would have to develop a belief system in their professional life. Ali shared her belief system as:

You know there's good people in the world and in order to have good in the world, there has to be evil in the world. And there's some good people and there's some bad people but there are also people that have had screwed up childhoods. There have been lots and lots of people who have been victimized first and then they revictimized so it's a whole cycle. And just like the cycle of domestic violence ... it can go on for generations and generations" (009i041)

Ave also saw childhood sexual abuse as a generational problem. She said:

More money needs to go into treatment for both the victim and the offender. Most victims (generally women) go through life with poor self esteem, poor body image, and codependent. Their children often become victims because they didn't get the help they needed when younger to protect their children better. The same holds true for offenders. Without help the cycle gets repeated. (006rf002)

Liz reminded counselors that it took years of working at her approach to be proficient.

She said: "I didn't just take a practicum and become ... a solid client-centered therapist"

(010i073). Whether it was a personal belief system or a therapeutic foundation, it seemed all participants agreed counselors must have one or the other (perhaps both) to be effective with survivors.

Liz insisted that "we each need to have a therapeutic or a theoretical foundation that we're operating from then sure we can draw on techniques from various theoretical bases but we have to be grounded ourselves in something" (010i000). She went on to

stress that her “orientation has been extremely important” (010i118) to how she “makes sense of the work” (010i121) she does. Liz clearly identified “as a client-centered therapist” (010i116) while Pam and Kim held “psychoanalytic therapy” as their standard. Kim believed that the combination of theoretical foundation and excellent supervision “was so powerful in” (008i199) finding her own voice and style and “being ok with that” (008i200). This foundation of theory and supervision allowed Kim to draw on a variety of techniques such as “dream analysis” (008i023) and “art therapy based on again the symbolism and the archetypes” (008i024). So while she considered herself “pretty eclectic” (008i026), the psychoanalytic techniques “seem to be the ones that work” (008i028) for her and her clients. Pam’s foundation in psychoanalytic theory left plenty of room for her focus on the “trauma of abuse” and how “disorienting to a child” (005i059) the trauma is. She had focused on the trauma aspect and believed that as a “profession we need to look and understand the psychological distress it causes” (005i057). Ric found it interesting that his “belief patterns have changed a great deal over the years” (002i020). Having started out in the “heyday of Ericksonian hypnosis” (002i023) Ric gradually realized that he didn’t believe in the concept of recovering memories through hypnosis. He looked at “hypnosis as a communication medium” (002i022) not as a “key to unlocking repression” (002i026). Like hypnosis, Ava viewed neuro-linguistic programming and EMDR simply as tools in the therapists’ toolbox to “take the heat or intensity out of the history ... neutralize the memory and put it in an archive” (006i075).

Theme 6: I Remember Feeling That Way

There were several ideas that played into the participants' views about personal and professional change over their years of practice. Learning to manage their own feelings, learning how to work with the survivor, and historical context were factors in their change. Ali reminisced, "I remember feeling that way you know in the beginning" (009i071) while discussing anger toward the perpetrator. Ali told of her experience in reunifying children back in to the home with the perpetrator. She said:

So I had to work with the perp as well as the child and you know put in all kinds of safeguards and I mean it was tremendous amount of work but I think some of my anger dissipated when I started to understand the perpetrators of sexual abuse (009i076)

Over time, she, Ric, and Gil found less value in holding those feelings of anger. While Ric believed the work has caused him "to be very cautious" (002i033) he found the anger unproductive. He reported that early on he would try to understand the idea of "sexually being attracted to children" (002i052), but "it's never made any sense" (002i065) to him. So while he may be able to "have empathy" he "certainly doesn't understand" (002i066). Gil has come to understand that "in many ways they [the perpetrator] has been victimized themselves" (001i030) which helped him develop some level of empathy.

In order for participants to manage their own feelings they had to engage in their own counseling. Ava, Kim and Pam all believed that engaging in counseling and doing their own work was part of the "healing process" (008i153) and enabled them to be better counselor. Part of this process allowed the participant better insight into their own countertransference so that he or she could draw appropriate therapeutic boundaries within treatment, or identify who the counselor was willing to work with in practice. Ric was "pretty selective in who" he worked with because of knowing his own "transference

issues” (002i015). Fay was emphatic that “if there is an issue that makes you uncomfortable...there’s something going on in you that you haven’t examined and you need to so that before you work with that issue” (004i058). Ali repeated the belief stating counselors “need to seek counseling themselves” (009i000) to resolve issues prior to trying to work with clients with that particular issue – no matter what the issue.

Learning how to work with the survivor took time and reflection. Fay reported that she had “gotten better at having boundaries” (004i030) and felt it had “been a process of growing and maturing as a therapist” (004i032). Fay, Ali, Ava, and Sue found that working with survivors has not been radically different for them than working with any other population or diagnosis. Fay firmly stated, “I don’t find working with survivors to be any more intrusive or distressing than some of the other issues and clients that I’ve worked with” (004i035). However, participants agreed that the process “often takes longer” (004i055) and could be “more complicated” (004i055) given the “many layers” (004i055) of issues to sort through. Pam referred to the “shattered mind” (005rq002) that the counselor many times must work to heal. Ric relied on “therapeutic instinct” (002rq001) as he began a course of treatment with survivors. Ava believed in taking her time to gather a clear history of the survivor to develop a treatment plan while attempting to interrupt “intrusive memories” (006i138) and educate survivors beginning with the first session.

The phrase “so many things have changed in the last few years” (006i137) reflected the historical context of remembering and growing as a counselor. Ava remembered when the community mental health center was the place that people from all backgrounds went in order to get long-term therapeutic services, and commitment to “a

state mental hospital” was the place to “get some really quality treatment” (006i028). She was concerned that the “emphasis on the dollar and getting them out as fast as you can” (006i110) that the quality of therapeutic care has diminished. At the time there was no professional discomfort about “not building a relationship” (006i111) or taking time to “looking at something really in depth” (006i112) both of which Ava believed it unnecessary to working with survivors. Sue also saw the relationship between the counselor and the client as playing a “pretty significant role” in connecting and developing a safe relationship where things can be shared and shame can be worked through” (003i058). She revealed:

I think just the sense of meaning as a counselor in some of those relationships I think is deeper and may be more profound because the relationship is so important, the counseling relationship is so important and that means meaningful to me and it strikes me now looking back on the things I’ve said to you. (laughs) I don’t think I would have thought of that until we had this talk. (003i062)

Another factor playing in to the changing historical context of counseling was that of licensure and mandated reporting. Ric remembered coming into the profession about 25 years ago, at about the same time as licensure in his state. This was also a time of major training program changes, reorganization of community programs, strides in survivors’ willingness to disclose to their abuse, and the infancy of mandated reporter laws. Ava reflected that “there were not a lot of [counselor preparation] programs around” (006i003) 35 years ago and many that did exist were being eliminated due to budgets and changing societal norms. Community mental health centers took on a new purpose moving from employing the best of the best to a “place you begin your career” (006i136). Liz and Ava remembered being the first ones in their communities who openly worked with survivors and that “your working relationship” with their peers “at

least allowed you someplace to talk about and to process what you were experiencing” (010i121) because there were not any workshops to attend at that time. Ric had given significant thought to the role the counselor plays as the “abuse cops” (002rq001) and wondered how the impact of the mandatory reporter laws impacted the therapeutic role of the counselor in the counseling relationship. He felt the ‘threat of legal consequence if the “cop” function was missed or ignored made for what feels like a very stilted and careful therapeutic relationship, one that was not very conducive to doing good therapeutic work” (002rq004).

Chapter Summary

This chapter has presented the results of the study. The within case analysis was presented first detailing the participants’ meaning-making experience working with survivors of childhood sexual abuse. The second portion of the chapter presented the cross-case analysis which revealed the themes that emerged from the data. Those six themes gave insight as to why some counselors are able to work with survivors of childhood sexual abuse without bearing the burden of the stories upon themselves. The next chapter will offer a discussion of the findings and provide implications for future research and counselor education and supervision opportunities.

CHAPTER V

DISCUSSION

Introduction

The purpose of this study was to better understand the meaning-making experiences of professional mental health counselors who work with survivors of childhood sexual abuse. The first two chapters presented information about the impact of childhood sexual abuse on the survivor, difficulties in survivor disclosure, and the benefits of counseling. The fourth chapter offered insights into the meaning-making process of professional mental health counselors who have worked with survivors of childhood sexual abuse. This chapter discusses the relevance of those insights to this study through the themes that emerged.

Discussion of Themes

The themes that emerged from the study provide some insight into how these particular counselors' work with survivors for as many as 35 years and not become impaired themselves. The professional counselors interviewed had an average of 21 years experience counseling; however what was striking was that they had combined years of counseling experience totaling 208 years. That is a tremendous amount of experience to have the privilege to draw from. The participants were unable to firmly identify the numbers of survivors they have counseled in their years of experience, because they had simply lost count of the number of souls they had touched. The themes that were important to their meaning-making process were: I know a man (the stories of abuse), they came into my office (how they came to work with survivors), attending to one's empathic capacity (the evolution of connecting with the survivor while preserving

personal well-being), I'm still not sure what to do with that (supervision and other educational experiences), counselors have to have a strong belief system (therapeutic foundations), and I remember feeling that way (counselors change over time).

Theme 1: I Know a Man

What has been the impact of the stories of abuse on the professional counselor? This was a very individual process. The literature shows that the stories of abuse impact the counselor (Sommer & Cox, 2005; Walker, 2004). Each participant had a survivor story in mind as they spoke with the researcher. Some chose to share that story. One even read a story written by a survivor. It was obvious that the stories had an impact on the counselors interviewed. Having a firm personal or professional foundation assisted some, while personal time and healthy personal relationships helped others. Other participants worked to continually monitor for countertransference thus protecting themselves and the survivor. Personal observation and the use of supervision or mentoring assists counselor to be aware of unresolved feelings that may result in countertransference (Beckerman 2002; Harper & Stedman, 2003). The participants generally said that they don't deny themselves the stories they have heard or the growth they have seen in their clients; they see their humanness in this and embrace it.

Theme 2: They Came Into my Office

What professional factors influenced the professional counselors' decision to work with survivors of childhood sexual abuse? The participants of this study did not intentionally choose to work with survivors of childhood sexual abuse at the beginning of their careers. Their work with survivors emerged as a function of where they were employed. Most started out in community mental health, hospital, school, and substance

abuse settings. They felt in these settings it would have been impossible to avoid work with survivors. Over time each found meaning in their work with survivors of childhood sexual abuse and so continued with that population.

Theme 3: Attending to One's Empathic Capacity

As the counselors developed greater empathy for the survivors they worked with, they came to the realization that the stories have an impact and they needed to learn to do something with that. The term meaning-making was a little confusing for some participants who said that their job was not to make meaning of the survivors' stories but to assist the survivor in making their own meaning. However as the interviews proceeded, the participants were able to articulate how they manage to hear the stories of abuse day after day and not become traumatized themselves.

The participants reported that they have grown over their years of counseling work and have learned new levels of empathy for their fellow human being. Several participants have worked to deepen the meaning in their personal lives as a result of their work with survivors by cherishing the relationships that they have and finding creative outlets for the feelings that working with survivors brings to the surface.

Another idea that emerged from this theme was that all trauma share similar components and as professional counselors there is the expectation that they are adequately trained to manage general trauma issues. Therefore if a counselor has an inability to counsel survivors of childhood sexual abuse there is either a deficit in their training or there is a personal issue standing in their way that must be resolved to move forward. The participant felt these issues could be resolved through personal counseling or through additional training and supervision.

Theme 4: I'm Still Not Sure What I'm Doing With That

Have educational or supervision experiences (with regard to survivors of childhood sexual abuse) impacted the worldview of the professional counselor? Participants felt that educational and supervision experiences had an impact, but that relationship was the key issue. The relationship was the most important factor when each participant discussed those experiences whether a professor, a supervisor, a consultant, or a mentor. The participants talked about really great teachers, phenomenal supervisors, and amazing mentors. What came through was the level of respect they each held for these professionals. They felt safe to engage in introspection and dialogue within those relationships which gave them the opportunity to learn to think critically (Hanson, 2009). Several participants sought out specific supervision or mentoring relationships from which to learn.

Another theme that emerged was the need for a strong educational background and ongoing supervision and mentoring opportunities. Each participant was able to easily think of one teacher, supervisor, consultant, or mentor who had a significant impact on them as a professional as well as a person. This theme seemed to run through all the others whether their development of empathy or their own developmental history as a professional counselor. Workshops and conferences offered opportunities to learn new theories and techniques related to the treatment of survivors of childhood sexual abuse, but it was the relationships and support in their own journey that seemed most valuable to them. The participants have created a network of peers, mentors, or supervisors to provide support in the work they do. They have allowed themselves to

grow and mature over time, in many cases seeking out those opportunities for personal and professional growth.

Theme 5: Counselors Have to Have a Strong Belief System

How do professional counselors make-meaning of their counseling experience with childhood sexual abuse survivors? Most participants were able to articulate that they view the world and their relationships differently because of their work with survivors. Whether how they respond to a friends' concerns, how they interpret and internalize what they see and hear in the media, or how they spend their free time, all were impacted by their work.

Most participants felt that having a strong set of beliefs as a human being was import in to their meaning-making experience while the others felt that a strong foundation in their theoretical orientation was sufficient. Either way they all conveyed the needed to have a solid base from which to build their work with survivors. The participants had a strong personal and professional belief system that includes why people do such terrible things to each other. They had a strong foundation in their specific theoretical orientation and then supplemented that with various techniques to meet individual survivor needs. Hanson's (2009) discussion on humanists being displaced reflected the participants' belief in the need for relationship, increased training, and empathy for the survivor. They also mentioned that unresolved personal issues may get in the way of that foundation and prevent the counselor from having hope for the survivor or their finding resolution (Asay & Lambert, 1999; Yalom & Lecszs, 2005).

Theme 6: I Remember Feeling That Way

What changes do professional counselors recognize within themselves that related to their individual meaning-making with childhood sexual abuse survivors? The most significant change reported was that of increased empathy both for the survivor and many times for the perpetrator. Some participants shared that at one time they felt angry for the survivor. Another commented that some for their ideas about abuse, survivors, and perpetrators had changed over time. Participant ideas about the media and how society in general views childhood sexual abuse seemed to change over time. Again, these changes appeared to be an individual process affecting each participant very differently.

The themes that emerged as well as the new questions that emerged from the study offer implications for counselors working with survivors, counselor educators and supervisors, researchers, and the survivors of childhood sexual abuse.

Implications

Counselor

Understanding those experiences that will ultimately enhance counselors' abilities is a goal of most professional counselors. This study offered the practicing counselor ideas on ways to improve their efficacy as professionals. Previous research was introduced that spoke to the idea of counselor cognitive complexity (Choate & Granello, 2006; Duys & Hedstrom, 2000; Granello, 2010). These results support those findings and offer professional counselors' insight to improve themselves. Several participants thanked the researcher for the opportunity to participate, however Sue reflected how participation in the study itself improved her awareness. She said: "I did appreciate the opportunity to talk about my work and what it means to me. That process in itself was

beneficial in deepening my thinking and reflection on my work.” (003rq001). This shows that those relationships where counselors have the opportunity to talk about their work has an impact on how they view their work and the meaning they then assign to it, thus improving counselor cognitive complexity and meaning-making. Thus raising the question, does post-graduate supervision affect counselor wellness and what is the role of mentoring for professional counselors.

The opportunity to talk about the work, whether with a mentor or supervisor, allows the counselor time to reflect on the impact and meaning of the work (Sommer & Cox, 2005). It allows the counselor perspective. Several of the counselors interviewed talked about their own counseling and how that helped them not only in their personal lives, but as counselors with their clients (Etherington, 2000). This again relates to counselor cognitive complexity and the ability to be aware of the themes influencing one’s life, both personal and professional. With this understanding, the counselor could then be intentional about the types of continuing education opportunities they engage in. Certainly learning new theory, technique, and treatment modalities is important to any counselor, but knowing that learning reflective practices will enhance the counselor’s ability to thrive as a professional and individual takes on a more important value (Hanson, 2009). Counselors then become intentional in their choices for clients as well as themselves.

An unexpected discovery from the study was that left unassisted, the participants found some childhood sexual abuse survivors may turn to perpetrating childhood sexual abuse upon others more often than the general population. Many times those perpetrating the abuse have great difficulty disclosing their own abuse or reaching out for help to stop

abusing others. Given how important the counseling relationship is to disclosure, how can accurate rates of childhood sexual abuse disclosure among those convicted be expected within the criminal justice system? This raises the question: what counselor qualities enhance the survivors' ability to disclose childhood sexual abuse and what role does environment play in disclosure.

Counselor Educator

Counselor educators and supervisors are a driving force in the counseling profession. Counselor educators and supervisors have the ability to set best practice standards at multiple levels (NBCC, 2005). They create the courses master's level professional counselors complete as part of the degree requirements (CACREP, 2009). They create and present at many of the workshops and conferences that professional counselors attend to gain valuable continuing education credits. They write a significant number of the journal articles that practicing professional counselors rely on to stay current within the field. They offer supervision and mentoring opportunities during the licensure period and beyond (Etherington, 2000). This is a powerful role within the profession; one that counselors in the profession rely on.

As counselor educators and supervisors, there are a number of opportunities to assist counselors who will eventually work with survivors. In the classroom, didactic information about childhood sexual abuse can be provided (CACREP, 2009), but more importantly there is the opportunity for discussions about counselor wellness and counselor growth over time (Sommer & Cox, 2005). Some programs require brief personal counseling as a part of the master's experience thus providing the counseling student the opportunity to see the value in personal counseling as part of their wellness

regime. Some local Chi Sigma Iota Counseling Academic and Professional Honor Society International local chapters offer wellness workshops as a learning opportunity for students and professionals in their communities as part of their chapter services work.

Another way that counselor educators and supervisors are able to assist counselors is through the supervision experience (Etherington, 2000; Sommer, 2008; Walker, 2004). Discussions with the participants revealed that those who had positive supervision experiences in their master's programs tended to see the value in supervision after licensure. A concerning fact was that while some had the issue of childhood sexual abuse surface in their master's program, not all chose to discuss the topic in the supervision experience of practicum and internship. This disconnect between supervisor and supervisee is concerning. As counselor educators and supervisors, we have an ethical responsibility to assist our students in feeling safe within the supervisory relationship so that these important issues can be discussed, impact assessed, and methods of resolution explored (Bernard & Goodyear, 2004; Etherington, 2000).

A concern that arose from this study was that new counselors are being taught brief counseling models which take away from the counselor's development of a deep theoretical orientation. Counselor educators must ask what role the counselor theoretical foundation has in relation to counselor meaning-making as they move through their career and whether this academic deficit in theoretical foundation matters in the professional counselors' long-term well-being as a professional and as a person. There was also concern that immersion in brief therapy models (as opposed to a deeper theoretical orientation) may inhibit the development of a trusting therapeutic relationship with the client which could prevent survivor disclosure.

Another concern that was raised was that counseling students in practicum and internship do not always feel safe to discuss childhood sexual abuse in their supervision. This raises serious implications for counselor educators and supervisors as to why this is happening and what is the role or function of relationship between supervisor and counseling student in practicum and internship. For several participants, they chose to seek additional supervision outside academia to gain the needed knowledge. This speaks to the notion that counseling students expect their university supervisors to have counseling experience so that the supervisor will have a practical frame of reference from which to respond to students.

Researcher

Findings from this study have several implications for researchers who want to better understand the meaning-making experience of professional mental health counselors who work with survivors of childhood sexual abuse. The stories of abuse had a significant impact on each participant in this study. However in their retelling of those stories, it was unclear what it was about the story that made it so memorable to the listener. Further research into the meaning and process of the stories could provide added insight for professional counselors.

The idea of empathy as a component in meaning-making seems equally important. Additional research to understand the connection between compassion for the survivor and the counselor's own meaning-making process could be valuable. Perhaps understanding if increased empathy serves as a protective factor against vicarious traumatization or if increased empathy increases the likelihood of suffering the effects of vicarious traumatization would shed light on improved training methods. What role does

the counselor's personal and professional belief system play in empathy and meaning-making? Participants from this study felt that empathy and strong personal belief and a solid theoretical foundation are essential. Also, what is the role of the counselors' spirituality in communication with childhood sexual abuse survivors?

The final theme important to researchers is the role of education, supervised experience, continuing education, and mentorship. Each of the participants in this study cited these various experiences as instrumental in their growth as professionals and essential in learning to counsel survivors of childhood sexual abuse. Current literature on trauma exposure (Gladding, 2009), countertransference (Austad, 2009), and related supervision issues (Sommer, 2008) gives credibility to the need for additional research. However the dearth of literature surrounding the meaning-making experience of professional counselors points to an even greater need for research in this area.

Other general questions that arose as a result of this study include: what is the impact of mandated reporter laws on the counselors' role and the counseling relationship with the survivor, how accurate are the data gathering methods currently employed, what is the role of CPS in non-caregiver instances of childhood sexual abuse, and would the themes that emerged from this study hold true in a quantitative study using a significantly larger sample.

Survivor

Ultimately the work done by counselors and counselor educators and supervisors benefits the clients we serve. For the survivor of childhood sexual abuse, they see the benefit in counselors being better prepared to meet their needs by not being surprised or horrified by the abuse they have endured (Asay & Lambert, 1999; Cole & Logan, 2008).

Survivors will also benefit by the counselor not experiencing personal traumatization by the stories and therefore being more fully present in the session and not experiencing burnout requiring transfer to another counselor (Austad, 2009; Beckerman, 2002).

Survivors will have the opportunity to work through their journey of healing in a safe and empathic environment taking as long as they need to make meaning of this violent trauma that they have experienced. While this is certainly the expectation for mental health counselors, school counselors also play a role in survivor disclosure. Since many times the initial disclosure for children and adolescents is to a trusted adult at school (SAMSA, 2000), researchers must examine the role of the school counselor in child and adolescent survivors sense of safety at school after disclosure as well as the effect of survivor disclosure on the school counselor. Many times school counselors work in relative isolation (lack of similarly trained peers within the building or even district), therefore, what are their meaning-making experiences?

Limitations

As with any qualitative research study, a limitation that must be acknowledge is that of numbers. Only ten participants were interviewed for this study, therefore the results do not generalize to all counselors in the profession (Patton, 2002). However, these ten participants provide us with power information to build upon as this area is further researched. Another limitation that exists is the SOIG itself. Given the limited research in the area of counselor meaning-making with survivors of childhood sexual abuse, there were definitions and questions that could not be anticipated prior to the study beginning. The term meaning-making caused pause for some participants therefore either having that definition approved as part of the SOIG so there is less concern for leading

the participant or choosing a different term altogether that means the same thing might be a solution.

Another limitation was the method by which the potential participants were discovered. The use of the NBCC and Psychology Today data-bases was utilized because it allowed the researcher to choose an area of specialty to narrow the number of possible participants. Unfortunately not all counselors are members of NBCC and/or Psychology Today. A more representative sample could be found by using state licensure board lists to obtain the names of all licensed counselors within a state. This method would be considerably more time consuming since once the participant names were chosen, each address would have to be found and an initial mailing done to simply to find those counselors working specifically with survivors. Consideration had been given to looking up domestic violence shelters and other organizations working specifically with survivors of childhood sexual abuse, however this was not optimal as it would have eliminated all those counselors in private practice working with survivors every day. Participants like those in this study who proved to have rich experiences.

Conclusions

An exact definition of childhood sexual abuse may seem illusive (Fassler et al., 2005) yet each participant in this study understood what was meant when asked if they worked with survivors of childhood sexual abuse. The SAMSA (2000) definition best illustrated childhood sexual abuse based on the participants stories of survivors. Briere (1992) has discussed the numbers of survivors of childhood sexual abuse who don't report their abuse until later in life, if at all. Many of the survivors who sought counseling from the participants had waited until they were of an adult age. Those

participants working with child and adolescent populations stated that many times it was an undesirable behavior or mood disturbance that initially brought the child into counseling, not a disclosure of childhood sexual abuse. The participants talked about their clients discomfort with disclosure of their abuse. One survivor struggled much harder to disclose his abuse as a child than he did retelling how he had perpetrated others. Muller et al. (2004) and Fassler et al. (2005) reported this same difficulty in disclosure from their research.

Part of the difficulty in disclosure is telling the story to another person. The participants reported that being empathic to the survivor is essential to the survivor's willingness to tell their story and feel accepted as well as developing a trusting therapeutic relationship. The research of Wampold (2007) and Austad (2009) support this idea of the value of the client-counselor relationship and the counselors' beliefs impacting the client. Even subtle attitudes of the counselor can impact the survivors' level of trust and comfort with the counselor (Cole & Logan 2008). Several participants warned that the counselor must not show surprise, horror, or discomfort while the survivor discloses reflecting that this display of emotion no matter how small could cause a survivor to shut down completely. The participants also echoed Yalom and Leszcz's (2005) imperative that the counselor offers hope to the survivor. Of course, Asay and Lambert (1999) in their discussion of therapeutic factors also discusses the importance of hope in the therapeutic relationship.

The participants in this study worked in a variety of setting in addition to or prior to their work in private practice. One thing they each discovered was the complexity of their work with survivors. Many areas of the survivors' life had been affected by their

abuse (Allen, 2001; Briere & Scott, 2006; Edward & Lambie, 2009) causing many problems in daily living. The problems survivors came to counseling for included depression, anxiety, PTSD, dissociation, DID, eating disorders, and substance abuse. Most often survivors do not openly present as survivors of childhood sexual abuse and as Briere et al (2008) points out, survivors many time present with complex symptomology.

CBT (Edward & Lambie, 2009, Sprang et al., 2009) had been reported as the best-practice treatment for survivors' (Briere & Scott, 2006) however the treatments utilized by the participants covered a wide range of theory and technique ranging from traditional CBT and EMDR to psychoanalysis to person-centered and play therapy. Family involvement was seen as beneficial (Fassler et al., 2005) by several participants. The participants discovered that survivors were more prone to high risk behaviors (Chartier et al., 2010) such as substance abuse (Briere, 1992; SAMSA, 2000).

Whatever theory the participant worked from, it had a profound anchoring effect for them. A firm theoretical foundation has been reported in the literature as providing a grounding point that the counselor can work from to meet the survivor's needs. Each participant talked about this foundation that they work from and how it has helped them maintain balance over the years. Yet most reported being ill-equipped at the onset of their work with survivors which supports current literature (Pope & Feldman-Summers, 1992). Given this contrast, can a counselor upon completion of a master's program even with clinical supervision be ready to meet the needs of survivors without prior personal or professional experience? Research suggests that discussions during practicum and internship regarding trauma and vicarious traumatization promote introspection (Sommer & Cox, 2005) which may lead to an increase in critical thinking skills which may

improve counselor meaning-making skills (Hanson, 2009). Strong (2003) believes this process inspire curiosity which will improve counselor meaning-making. The participants felt that supervision or mentoring relationships with counselors who had worked with survivors or were survivors themselves added credibility and a deeper dimension than those without such experience (Sommer, 2008). Working as a counselor with survivors or supervising those counselors entails a tremendous responsibility. The codes of ethics for professional mental health counselors (ACA, NBCC) and supervisors (ACES, ACS) require that counselor and supervisor work within their scope of competency. Walker (2004) discovered that counselors may experience vicarious trauma. The participants talked about feeling overwhelmed, fatigued, and stressed at times. A few spoke of countertransference and how they monitor themselves to prevent inappropriate harm to their clients (Austad, 2009; Beckerman, 2002). Most participants agreed with the literature that counselors must resolve any personal issues that may negatively impact the client (Etherington, 2000) or at the very least put themselves back in counseling periodically.

The opportunity to talk about one's work helps draw meaning from it. This came through in the words of the participants. While all counselors appear to develop over time, these counselors shared how supervision, mentoring, and a strong belief system have given them meaning and guidance in their journey. When we look for the meaning that counselors take from their work, I believe Ava sums up best why we do the work we do. She reflected:

Yes, the joy of having someone come back later in their life, and tell you how the work done together changed their lives, allowing them to develop good self-esteem, a positive sexual identity, and to move forward with a sense of freedom.” (006rq001).

APPENDIX A
RESEARCHER AS INSTRUMENT DOCUMENT

I first recognized my interest in the life of survivors of childhood sexual abuse while attending a women's divorce support group many years ago. While the group was open to anyone going through a divorce, I soon found many of the women working through significant issues of emotional, physical, and sexual abuse. As I listened to their stories of childhood sexual abuse I wondered how they made sense of such an intimate betrayal of love and trust at such young ages and how it impacted them as adults.

Involvement in this group brought back memories of a girl who I had gone to school with as a youth. I remember Susie telling us that a teacher had forced her to stay after school and would look at her and touch her inappropriately. On a particular day toward the end of the school year, this teacher told Susie she had to come in after school again. Another friend and I talked and agreed that there didn't seem to be a good reason for this as she had been sitting quietly in class doing her work like the rest of us. We decided to stay after school and peek in on them. Fortunately there was a small tear in the paper the teacher had over the window of the door to his room that we were able to look in. We found him standing behind her looking down her shirt, holding her shoulders, and stroking her neck. Susie was in tears. At that point my friend burst into the room saying he had forgotten a paper and needed to ask the teacher a question. The teacher withdrew turning red in the face and immediately released Susie from the room. I'm not sure who went to the principal, but Susie was moved to a different class that week and the teacher did not return the following academic year. None of us ever spoke

of the incident. I often wondered what impact this man had on this young girl and who she had in her life to talk to about her experience.

Looking back, this incident had a profound effect on my view of men, educators, women, power, and authority. Issues I had to navigate throughout my teens and twenties. I returned to college after my divorce to complete my bachelor's degree pursued a social science and psychology degree knowing that I wanted to be in the helping professions. In the last semester of my bachelor's degree, I volunteered at a women's domestic violence shelter. Among the stories of interpersonal violence, I heard their stories of childhood sexual abuse. What struck me was the intensity of their fear that their own children would also become victims. As I tried to make meaning of this form of abuse, distant and dear friends shared their stories of childhood sexual abuse. I found myself in awe of their strength and resilience. I was motivated to continue my education to become a professional helper.

While completing my master's degree in human development (community/agency) counseling, I was again drawn to issues of childhood sexual abuse, but this time as a counselor. There was no semester long course on childhood sexual abuse or even interpersonal violence; it was simply discussed if it came up in class. Few in my classes seemed to share my interest for survivors of childhood sexual abuse. During my internship, I chose to work with clients who experienced interpersonal violence and found childhood sexual abuse to be a prevalent and intergenerational issue. I again struggled to make meaning of this so as not to negatively impact my own relationships and personal psyche. I chose to read existing literature, attend continuing education workshops, and participate in supervision opportunities surrounding the issue.

After graduation, I initially chose to work in community- and hospital-based counseling settings, later moving into private practice. Quickly I found 50-80% of my case-load filled by survivors of childhood sexual abuse. Once again, I struggled with how to make sense of their stories and again chose continuing education and supervision opportunities to learn as much as I could about childhood sexual abuse, the physical and psychological effects, effective treatments, and how to manage my own empathic response to their stories of abuse. I met counselors unwilling to work with survivors and upon client disclosure would refer them on to someone else. I believed this refusal to work with survivors to be a disservice to the survivor and was concerned with the possible impact of the client. I began to wonder about those counselors choosing to work with survivors and how they made meaning of their experiences versus those who couldn't and so chose not to work with survivors. As a doctoral student, I furthered my understanding of the many facets of childhood sexual abuse including the effectiveness of group treatment, co-morbid disorders, empirically based treatments, counselor preparation programs, ethical responsibility to client and student counselor, and the role of supervision in counselor development. As a doctoral candidate, I have come back to the counselor's meaning-making process related to the experience of working with survivors of childhood sexual abuse.

As a professional counselor, I have worked with childhood sexual abuse survivors for the past 12 years in private practice, community mental health, in-patient, and partial hospitalization settings. I have also provided supervision to other professional counselors and counselor interns surrounding the issue of childhood sexual abuse. I believe that with quality care, these survivors can move on with their lives and flourish. While

survivors may never forget their abuse, they can place it in the context of the rest of their life and understand the impact and meaning it has created for them. I believe most counselors can learn the necessary skills and approach to work with this sensitive population. But more importantly, counselors can learn to openly hear the abuse stories, be accepting of the survivor, and reach out to nurture the healing and meaning-making process of the survivor.

I value human life and have found a passion for teaching, supervision, and research. I plan to combine all of these areas to serve future counselors and the survivors they will serve. I have devoted much of my professional career and doctoral studies to understanding preparation, supervision, and treatment practices with this population. Each counselor processes the stories of abuse they hear in different ways. However, I believe there will be emergent themes that may be shared with the counseling profession to improve counselor training and supervision opportunities. I believe that improved educational and supervision opportunities will create a snowball effect that will ultimately benefit survivors and society in general.

As a doctoral student I took beginning quantitative and qualitative courses. I had the opportunity to complete a quantitative research project as well as two qualitative research projects. I believe this balanced approach prepared me to think critically about how the research design must fit not only the research question, but examine whether enough literature or appropriate instruments exist to meet the researchers' need. I admit I have a natural draw to qualitative research. I have been in love with stories my entire life. Even as an adult, I can spend hours listening and watching people tell their stories.

Qualitative research has given me a vehicle by which to capture and share those stories in a meaningful way.

I hope that I would be willing to discover whatever may emerge from the data. My discussions with my committee and my peers revealed biases that I carry. I strongly believe that each individual is changed by the experiences they encounter and that it would be impossible to work with survivors of childhood sexual abuse and not be affected by the work. However, what those changes are and how they take place is a mystery to me as it seems to me change would be an individual process. I ponder over whether there is a pattern to how we make meaning in our lives especially as professional counselors who the stories of survivors each day.

APPENDIX B
ACES REGIONS

North Atlantic

Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

North Central

Illinois, Indiana, Iowa, Kansas, Minnesota, Michigan, Missouri, Nebraska, Ohio, Oklahoma, North Dakota, South Dakota, and Wisconsin.

Southern

Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

Rocky Mountain

Idaho, Colorado, Montana, New Mexico, Utah, and Wyoming.

Western

Alaska, Arizona, California, Hawaii, Nevada, Oregon, and Washington.

APPENDIX C
CONTACT LETTER

January 7, 2011

Dear <first> <last>,

I am writing to invite you to participate in a qualitative research study that I am conducting as part of my degree requirements at the University of Iowa in the department of Rehabilitation and Counselor Education. Dr. Susannah Wood is my dissertation chair and will be monitoring the progress of the study. The purpose of the study is to understand the meaning-making process of master's level professional mental health counselors who counsel survivors of childhood sexual abuse. I believe an understanding of this process could lead to improved training and supervision opportunities for master's level counselors.

I obtained your name through the NBCC, ACA, and Therapy Directory on-line provider lists because you indicated that you specialize in sexual abuse or childhood sexual abuse.

If you agree to participate in my study, I will ask you to complete the enclosed questionnaire and possibly an interview. I am interested in interviewing you if 1.) you are a mental health or community counselor, 2) have been practicing five or more years, 3) are currently licensed within your state of practice and 4) you are working with childhood sexual abuse survivors. In the interview, I will be asking 5 questions specifically related to how you go about making meaning of the stories of abuse you hear in your work with childhood sexual abuse survivors. I will NOT be asking questions

specifically about the clients you work with. After the interview, I will also ask that you complete a reflection question provide feedback on a draft of the study findings.

Please read the enclosed Consent Information Sheet for additional information about the study. If you agree to participate in the study, please complete and return the enclosed response form and questionnaire in the enclosed addressed, stamped envelop. If you are selected for the phone interview procedure, I will contact you to make further arrangements.

If you do not wish to participate in the study, please indicate that on the enclosed response form and return it in the return envelop provided and I will not attempt any further contact.

If you have any questions about the study, please contact me using the contact information in the Consent Information Sheet. I hope that you will consider participating in this study as I work to understand the meaning-making experiences of professional counselors working with survivors of childhood sexual abuse.

Sincerely,

Anna M. Viviani, ABD, NCC, LCPC

Doctoral Candidate

Counselor Education and Supervision

Susannah M. Wood, PhD

Assistant Professor

Rehabilitation & Counselor Education

Enclosure

APPENDIX D

CONSENT INFORMATION SHEET

Project Title: **Counselor Meaning-Making: Working with Childhood Sexual Abuse Survivors**

Principal Investigator: **Anna Viviani**

Research Team Contact: **Anna M. Viviani, (309) 648-5499**
 Susannah M. Wood, (309) 335-5050

We invite you to participate in a research study. The purpose of this research study is to understand the meaning making process of master's level professional mental health counselors who counsel survivors of childhood sexual abuse. The meaning-making process involves more than the counselor simply hearing the survivor's stories. Meaning-making is making sense of the stories of abuse and is impacted by individual characteristics and personal narrative, formal counselor education, and supervision experiences which allow the counselor to grow and learn professionally and personally. I believe that through a better understanding of the meaning-making process of professional mental health counselors, counselor educators and supervisors may find improved educational and supervision opportunities for future counseling students.

We are inviting you to participate in this research study because you are a licensed professional mental health counselor and have indicated through American Counseling Association, National Board for Certified Counselors' *Counselor Find* and/or Psychology Today's Therapy Directory databases that you specialize in treating sexual abuse and/or childhood sexual abuse survivors. We obtained your name and address through the NBCC, ACA, and Psychology Today on-line provider lists. Approximately 50 licensed professional mental health counselors from across the United States will take part in this study through the University of Iowa.

If you agree to take part in this study, your involvement will last over approximately two months.

You will be asked to complete and return the enclosed Study Questionnaire. You are free to skip any questions that you would prefer not to answer. It will take approximately 10 minutes to complete the response form and the questionnaire.

You may be asked to complete a telephone interview. We will notify you by E-mail or telephone contact if you are selected for the interview and will schedule the date and time for the telephone interview. You will be asked to provide a phone number where we can contact you for the interview. During the interview you will be asked about your experiences as a professional counselor and your work with survivors of childhood sexual

abuse. You may skip any questions you do not wish to answer. The interview will last approximately 45 minutes.

I will make an audio recording of your interview. The recording will be transcribed. You will be asked to review the transcription of your telephone interview and return your comments related to the transcription to the researcher. We will send the transcription to you through the U. S. mail. After you have verified the content you may mail your response back to me through U. S. mail.

Within one week following the interview, I will send an e-mail containing two reflection questions. You will be asked to return your response to the questions to the researcher via U. S. Mail at an address that will be given to you. Instructions for responding to the reflection questions will be included in the email.

After we have completed the analysis of our study data, we will send you a report and ask you to review the data analysis and return your comments related to the data analysis to the researchers. The material will be sent through U. S. mail. Upon completion of review, you will be asked to return any comments by U. S. mail to the researchers.

Audio/Recording

One aspect of this study involves making an audio recording of the telephone interview with you. The purpose of the audio recording is to allow the principal investigator the opportunity to transcribe and then evaluate your responses. The principal investigator will manage all audio recordings and the transcription process. We will use a study ID to identify your transcription and will replace any proper names of persons or places used in the interview with study names in the transcript. The recordings will only be shared with members of the research team. Once the study has been completed, the audio recordings will be destroyed. The audio recordings will be kept on an external hard drive in a locked file cabinet until such time they can be destroyed.

We will keep the information you provide confidential, however federal regulatory agencies and the University of Iowa Institutional Review Board (a committee that reviews and approves research studies may inspect and copy records pertaining to this research. To help protect your confidentiality, we will use a study name or number instead of your name to identify your study data. We will store all documents with your actual name on them and the list linking your real name and your study name or number separately from your study data. All study data will be stored in a locked file cabinet or in password protected computer files. If we write a report about this study we will do so in such a way that you cannot be identified.

We will ask questions about your personal choices and your work with victims of childhood sexual abuse. You may be uncomfortable discussing these topics with the researchers. You may skip any questions you do not wish to answer or you may end your participation at any time. If you have concerns about the topics or your responses to the questions, please contact your supervisor or counselor to discuss these issues. You will

not benefit personally from being in this study. However we hope that others may benefit in the future from what we learn as a result of this study.

You will not have any costs for being in this research study. You will not be paid for being in this research study.

Taking part in this research study is completely voluntary. If you decide not to be in this study, or if you stop participating at any time, you won't be penalized or lose any benefit for which you otherwise qualify.

If you have any questions about the research study itself, please contact: **Anna M. Viviani, ABD, (309) 648-5499**. If you experience a research-related injury, please contact: **Susannah M. Wood, PhD, (319) 335-5050**, supervising faculty member.

If you have questions about the rights of research subjects, please contact the Human Subjects Office, 105 Hardin Library for the Health Science, 600 Newton Rd, The University of Iowa, Iowa city, IA 52242-1098, (319) 335-6564, or e-mail irb@uiowa.edu. To offer input about your experiences as a research subject or to speak to someone other than the research staff, call the Human Subjects Office at the number above.

Thank you very much for your consideration.

If you agree to participate in this study, please indicate "Yes" on the response form, provide your contact information, and complete the study questionnaire. Return the response form and the study questionnaire to the researcher in the envelop provided. You may keep this information sheet for your records.

If you do not wish to participate in the study, indicate "No" on the response form and return the form to the researchers in the envelop provided. If we do not hear from you in 1 week, we will contact you by phone or email to answer any questions you may have.

If you need additional information before making a decision whether or not to participate in this study or if you have any questions, please contact us using the information presented above.

APPENDIX E
TELEPHONE SCRIPT - CONFIRMATION

(This call will not be audio recorded.)

Secure appropriate person on telephone.

“Hi <name>, this is Anna Viviani from the University of Iowa. I am calling regarding the agreement to participate that you returned to me. Thank you so much for your willingness to participant in my dissertation study. I’d like to go ahead and schedule the interview now if you have a minute.....”

“Great, I have the following dates and time available. <Indicate dates and times.>
Would one of these times work for you?”

“Great, I’ll plan to talk with you again at <day, date, time>. You will receive an email from my a few days prior to our call as a reminder. Also, I just wanted to remind you that I will be audio recording the call to transcription and analysis purposes. Do you have any questions for me?”

If yes, answer the questions about the study.

If no or when any questions are answered, “Thank you again for your time and I’ll look forward to talking to you on <day, date, time>. Bye.”

APPENDIX F

EMAIL - CONFIRMATION AND SCHEDULING

Subject: Interview Scheduling

Hi <name>,

This is Anna Viviani from the University of Iowa. I am emailing you regarding the agreement to participate that you returned to me. Thank you so much for your willingness to participate in my dissertation study. I'd like to go ahead and schedule the interview now.

I have the following dates and time available. <Indicate dates and times.> Please indicate which one of these times will work for you. If none of these times will work, please list for me 4 or 5 times that would work for you and I will review my schedule to try to accommodate your schedule.

You will receive an email from me a few days prior to our call as a reminder. Also, I just want to remind you that I will be audio recording the call for transcription and analysis purposes. Please contact me with any additional questions you may have for me.

Thank you again for your time and I'll look forward to talking to you soon.

Sincerely,

Anna M. Viviani, ABD, NCC, LCPC, ACS

Doctoral Candidate, Rehabilitation and Counselor Education

University of Iowa

Cell: (309) 648-5499

APPENDIX G
EMAIL REMINDER

Subject: Telephone interview

Dear <participant name>,

This is a reminder that we are scheduled to complete our telephone interview on <day, date, time>. I will be asking you 5 open-ended questions about your meaning-making process as a professional mental health counselor working with childhood sexual abuse survivors. If there is a problem with our scheduled time, please let me know as soon as possible so we may reschedule.

Again, thank you so much for your time,

Anna

Anna M. Viviani, ABD, NCC, LCPC, ACS

Doctoral Candidate, Rehabilitation and Counselor Education

University of Iowa

Cell: (309) 6485499

APPENDIX H

E-MAIL CORRESPONDENCE - REFLECTION

Dear Participant,

Thank you again for choosing to participate in this study. I highly value your time; therefore there are only two follow-up/reflection questions that I would like to pose. The questions are presented at the end of this email.

Please return your responses to me at your earliest convenience. Please type your response as an MS Word document and print it out or write your responses on a piece of paper. Please choose whichever format is most comfortable to you. Place your responses in an envelop and mail them to me at the address given below.

After I receive your response, the content will be coded (your name removed to protect your identity) and then placed into a MS Word document for analysis.

If you have any questions, please feel free to contact me either by telephone (309-648-5499) or e-mail (anna-viviani@uiowa.edu).

Sincerely,

Anna M. Viviani, ABD, NCC, LCPC, ACS

Doctoral Candidate, Rehabilitation and Counselor Education

University of Iowa

Please return responses to:

Anna M. Viviani, ABD, NCC, LCPC, ACS

5603 W. Pottstown Road

Peoria, IL 61615

Reflection Questions

1. Since the telephone interview, have you had any further reflection upon your meaning-making process working with childhood sexual abuse survivors? If so, please share.
2. Is there any aspect about your work as a professional mental health counselor working with childhood sexual abuse survivors that has not been asked that you feel is important to share? If so, please elaborate.

APPENDIX I
RESPONSE FORM

Purpose of the study: To understand the meaning-making process of master's level professional mental health counselors who counsel survivors of childhood sexual abuse.

Total Involvement: Completion of consent and response forms, telephone call or e-mail to schedule telephone interview, one reflection activity (e-mailed), feedback on the transcribed data, and feedback on the findings of the study. Total involvement time will span approximately two months.

Name: _____

Please indicate one of the following:

_____ Yes. I am willing to participate in the study.

_____ Maybe. I am interested but need more information.

_____ No. I am not interested in participating in the study.

If you indicated that you are willing or interested in participating in the study, please provide the following information.

Phone number you'd like me to use to contact you: _____

Best times to reach you at the phone number you provided: _____

Email address you would like me to use to contact you: _____

Please answer the following questions.

1. What is your current age? _____

2. What is your gender? _____

3. In what state do you work? _____

4. What is your primary professional affiliation? _____ Mental Health Counseling

- _____ Community Counseling _____ School Counseling _____ Social Work
 _____ Psychology _____ Marriage & Family _____ Other
5. How many years of experience do you have working as a counselor? _____ years
 6. How many years post Master's experience do you have? _____ years
 7. What type of license do/did you hold? _____
 8. Does your license require continuing education? If yes, how many CEU's per year? _
 9. What setting(s) do you currently work in? _____
 10. Are your responsibilities primarily clinical, administrative, or teaching? _____
 11. How many clients do you counsel per week? _____
 12. During your Master's practicum/internship, did the issue of childhood sexual abuse present at your site? Yes No
 13. During your Master's practicum/internship, how prepared did you feel to address the issue of childhood sexual abuse? _____
 14. During your Master's practicum/internship, did you receive supervision around the issue of childhood sexual abuse? Yes No
 15. During your Master's practicum/internship, if you received supervision around the issue of childhood sexual abuse, what was helpful or not helpful about the supervision experience?

 16. As a professional licensed counselor, has a client ever disclosed childhood sexual abuse to you during your career? Yes No
 17. As a professional licensed counselor, how many clients have disclosed childhood sexual abuse to you during your career? _____

18. As a professional licensed counselor, how prepared did you feel to address the needs of a childhood sexual abuse survivor prior to first exposure? _____
19. What is your current comfort level with childhood sexual abuse survivor disclosure?

20. Do you have support in your current work setting to address the needs of childhood sexual abuse survivors? Yes No
21. Do you receive supervision in your work with childhood sexual abuse survivors?
 Yes No
22. Do you have access to supervision, debriefing, or counseling services to process any resolved issues related to your work with childhood sexual abuse and childhood sexual abuse survivors that may arise from your participation in this study?
 Yes No

APPENDIX J

PILOT STUDY

The purpose of the pilot study was to obtain feedback on the interview process and study questions prior to engaging with the Institutional Review Board (IRB) and potential participants. A secondary purpose of the pilot was for the researcher to have time for reflection about the purpose of the study and the questions being asked. Three professional counselors were asked to participate in the pilot study.

The first pilot study participant was a female school counselor with 10 years experience in an elementary/middle school system in the Northern United States. Additionally, she brought 10 years of experience as a social worker with her. She acknowledged that she had been exposed to childhood sexual abuse through her professional positions, but did not consider herself a specialist with this population. Our time was divided between discussing the project in general, reviewing the response form, and walking through the study questions. Bree stated that the response form questions were self-explanatory and easy to follow. She did ask why the focus area of the Master's program was not asked since the goal is to understand the meaning making experiences of mental health counselors working with childhood sexual abuse survivors. This question would add clarification and so was added. This feedback also prompted the researcher to add an additional question to ensure the participant would have access to supervision, debriefing, or counseling services in the event that the study brought to surface any unresolved concerns that the participant may have beyond the scope of the study. The conversation with Bree also assisted in determining the amount of time the response form would take to complete as well as the telephone interview.

Bree easily related stories about the professional work she had done and I could quickly see that the additional prompting questions that I had developed in case the conversation went cold were unnecessary. My conversation with Bree renewed my belief that while childhood sexual abuse is not openly talked about, participants may have strong feelings about it that they are willing to share with minimal prompting. I asked Bree how she would feel about completing a follow-up reflection question if it were emailed to her and she said that she would be open to it. She did indicate feeling at a loss as she has not worked specifically counseling childhood sexual abuse survivors and therefore did not know how to answer some of the questions; however she commented based on classroom discussions, presentations, and her own review of the literature. Bree stated that she is not a survivor of childhood sexual abuse. She believes that strong parental education about appropriate touch shaped her “strong beliefs about children having the right to be safe from predatory behaviors” and led to her interest in prevention services in the schools she worked in.

The second pilot study participant was a female mental health counselor with less than five years experience in clinical settings. Ede currently works as a professional counselor in a community college setting in the Midwest. She serves students, faculty, and staff addressing issues such as advising, disability adjustments, and general counseling services. Her clients struggle with abusive relationships, domestic violence, and adjustment to psychiatric diagnoses in addition to general issues of depression and anxiety. She has specialized in sex therapy and focuses on healthy sexuality across the life span. While Ede does not consider herself a specialist with childhood sexual abuse, she feels that survivors are a major portion of the population and therefore works with

them in the context that they present. Ede utilizes a “present” orientation and does not prescribe to the “survivor model” of treatment. She believes that survivors never “get over” their abuse, but instead learn how to build a new life around that knowledge of the past experiences. She also commented that she believes that society has stigmatized the survivor making it difficult for many survivors to disclose and rebuild their lives due to societal shame and stigma associated with childhood sexual abuse. Ede works from a feminist model but is strongly embedded in a contextual model that allows her to “meet the client where they are” to make sense of their world. She believes she has learned from every client she’s ever worked with and believes she is a better counselor because of it. She does participate in personal supervision to promote her own growth as a professional counselor. Ede herself is a survivor of childhood sexual trauma and continues to seek professional help and guidance in dealing with her own issues related to years of sexual abuse.

The third pilot study participant was a male mental health counselor with 24 years experience in community and hospital based clinical settings. He has served youth through adult populations of male and female clients. His primary theoretical orientation is interpersonal therapy however has effectively utilized play therapy, cognitive behavioral therapy, dialectical behavior therapy, and family systems therapy as needed for client progress. Dan characterized the treatment of trauma such as childhood sexual abuse as a higher level skill and while childhood sexual abuse was discussed in his master’s program, there was not a course or specific instruction on the topic. He also shared historical context that while he was being trained as a counselor, there was great

controversy about false memory syndrome and so many of the classroom and supervision conversations centered on what not to ask clients.

As I went through the study questions with Dan, I was struck by how he responded to the questions. His level of personal reflection and empathy for the survivors seemed to come from a different awareness than the female participants of the pilot. He talked about the impact that survivors have had on him and the growth that he has experienced both personally and professionally as a result of his work with survivors. He talked specifically about being a male counselor and how his work with survivors has made him more aware of how he and other men treat women as well as a heightened awareness of societal norms. He has found his work to be personally rewarding and feels that being a male has allowed him to promote a safe, healthy relationship with appropriate boundaries and establishes trust with a male that can be transferred over to other relationships in survivors' daily lives. Dan participates in ongoing clinical supervision and provides clinical supervision to junior counselors. He is not a survivor of childhood sexual abuse.

The pilot study was beneficial in refining the study questions and developing a sense of timing. While I have previously conducted a qualitative research study, the nature of this one was different and therefore the pilot allowed time for reflection on some of the details of the study. Completing the pilot study reinforced the need to have male and female participants as their perspectives seem vastly different, clear and concise questions, and the minimal use of prompts.

APPENDIX K

CODING KEY

| | |
|--|------------|
| Participant 1 | 001 |
| Interviewresponse..... | i001, i002 |
| Response formresponse..... | rf001 |
| Study questionnaire.....response..... | sq001 |
| Reflection questionresponse..... | rq001 |
| Other documentsWebsite | w001 |
| Participant 001 | Gil |
| Participant 002 | Ric |
| Participant 003 | Sue |
| Participant 004 | Fay |
| Participant 005 | Pam |
| Participant 006 | Ava |
| Particiapnt 007 | Eve |
| Participant 008 | Kim |
| Participant 009 | Ali |
| Participant 010 | Liz |

APPENDIX L

SAMPLE TRANSCRIPT

Anna: (laugh) Ok um. What influenced your decision to work with childhood sexual abuse survivors?

Sue: um well you know I don't know that it was so much a decision to work with them, they just sort of appeared on my case load um you know working with adults, alcoholics and addicts um I was working in a first I was working in intensive outpatient and um they sort of um um because intensive outpatient in sort of at the level where they really need a lot of structure during their day and they're fairly um you know they have a place to live be fairly acute in that setting and um usually when I um concurrent disorders and it just turned out that there were pretty large number of folks that had um childhood sexual abuse and um so a lot of those folks continued with me when I moved from intensive outpatient to regular outpatient um and so I have a fair number on my caseload that had had childhood sexual abuse that just um continued to work with me and then in residential treatment with adolescents there's a fair amount of it. Um just I think when we're looking at that kind of severity the of psychological symptoms that can be a big component in the history um to have one

A: yeah and that's been my experience too ah I worked in a eating disorders partial hospitalization program

S: oh yeah

A: and um it was shocked at how many of the young women mostly that would come into the program had a history of childhood sexual abuse.

S: yeah, yeah.

A: definitely complicated their recovery process

S: yes, it does complicate it. (laugh)

A: have the stories of abuse had an impact on you as a professional counselor?

S: Um I would say yes. Um I think there's (pause) sometimes just seeing how much that can um affect a person and how much a how much damage that does psychologically and the shame and the loss and confusion um I think how vulnerable we are as people that strikes me you know and how much work recovery from that takes has affected me I think. Um just maybe increasing my empathy for what people go through and my appreciation of the courage to make it through um those sorts of things I think have maybe deepened my perspective as a person.

A: Yeah. How do you make meaning of those experiences counseling the survivors?

S: Um I think for me that parts is um I don't want to say easy but it I just natural maybe a good word because usually I'm looking at the person not so much the perpetrator um and the person and how that has affected them and their life and their sense of themselves and I think ah um you know just being with them on the journey of healing even though it can be up and down even though it's not always even and sometimes I wonder (laugh) how much help we're really able to give but um the meaning in their life you know just the meaning of surviving g and the meaning of going on and um fighting for a good like and that's incredibly powerful to be in the presence of that of survivors.

A: yeah. I agree. Do you recognize any changes within yourself related to that individual meaning making process, you mention the empathy but you know (pause) I guess I'm looking at how you manage um that experience within yourself.

S: Um I think sometimes I have have a good cry (laugh) um you know if something really in particular has gotten to me I might come home and just you know give myself a lot of permission to um have my own feeling about it and at times I've gotten angry on behalf of clients and I try to let myself just allow those emotions to move through me in a certain way um without pretending like it doesn't affect me and without um trying to stifle them too much except of course when I'm in a session I don't let my emotions sort of run the gamut (laugh)

APPENDIX M

SAMPLE FROM RESEARCHER'S JOURNAL

(Taken from schedule section of researcher's journal)

January 2, 2011 – IRB submitted

January 24, 2011 – IRB approved with only two rounds of edits!

January 28, 2011 – Participant packets mailed.

February 28, 2011 – First response received back. Agreed to participate and met study criteria!

February 7, 2011 – Received two “agree to participate”, I returned for bad address, and 6 declined. Will look for additional address and resend the one returned undeliverable. 41 still in play.

February 10, 2011 – Received two more positive responses. Have a total of five now!

February 14, 2011 – Received one for agreement. And one undeliverable. Will search for different address and resend.

February 15, 2011 – Received another returned as undeliverable. Went back to the computer and found alternate addresses for two of the three. The third was tracked to a high school where she is a professional school counselor. Have eliminated her from the pool as not eligible. Received an email from a female potential participant who wants to participate, but wants more information. She is concerned that her work as a play therapist may not be adequate for inclusion. The information requested was emailed back to her today.

(Taken from the personal diary of the researcher's journal)

February 7, 2011 – Have started to receive responses back. Will need to schedule the interviews. Problems with recording to fix first. More job interviews last week where I gave presentation of my research topic (research proposal). While the job search takes tremendous time away from my work, there were good questions brought up. Certainly some things to think about.

February 14, 2011 – Had another response yesterday. Resolved the recording issues this morning. Ready to schedule interviews. Have found myself overwhelmed to point of immobile last week. I think I have broken through again. I had two good writing days on Friday and parts of Saturday and Sunday. Met with advisor and saw another faculty yesterday. That also helped considerable. Went to traveling scholar presentation yesterday. Have made connection with researcher from Ethiopia who is working with childhood sexual abuse survivors. The issues plaguing the survivors – guilt, shame, fear, etc. – are all the same. Unfortunately the status of the perpetrator is different there. While there are laws against child marriage, he said it is not uncommon for authorities to turn their head.

February 18, 2011 – I completed an interview today. Wow. This man has such an amazing history and the work he do so important to the community he lives in (as well as the state). He works with perpetrators as well as survivors – most of the perpetrators are survivors themselves. His perspective about teaching them compassion and a new way to live their lives just blew me away. He only works with juvenile perpetrators as he feels that if he (and others) can work with young perpetrators that their life course can be changed to stop their abusive behaviors. He talked about some of the young offenders, mostly male, that he works with and how difficult it is for them to talk about their own

abuse. It really makes me wonder if we are providing enough youth services or the right kind of youth services. How do we reach kids and create an environment where it is safe for them to talk about their own abuse when the place they come from is anything but safe.

APPENDIX N

SEMI-STRUCTURED INTERVIEW GUIDE

Place phone call. Obtain the participant on the phone.

“Good morning/afternoon/evening.”

Identify myself and remind them I will be recording the phone conversation for research purposes as outlined in the consent they signed.

“This was the time we had scheduled for your interview. Are you in a comfortable location for the interview to begin or do you need a minute to close doors or other accommodations?”

“Ok then, shall we get started?”

“Please tell me a little bit about yourself as a professional counselor.”

“What influenced your decision to work with survivors of childhood sexual abuse?”

“Have the stories of abuse had an impact on you as a professional counselor? Can you tell me more about that...”

“How do you make-meaning of your counseling experience with childhood sexual abuse survivors?”

“Do you recognize any changes within yourself related to your individual meaning-making process with childhood sexual abuse survivors?”

“Have educational, supervision, or counseling opportunities and experiences with childhood sexual abuse survivors impacted your frame of reference as a professional counselor?”

“Is there anything more you’d like to share with me today?”

“Thank you so much for your time. I will be sending an email within the week with your reflection question. If you could mail that back within a week, that would be greatly appreciated. I will contact you again after transcription for verification and to see if you have any additional comments. Again, thank you so much for your time.”

Minimal prompts to be considered for use during the interview include: Could you tell me more about that? Could you please elaborate on that?

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