# The ARM Model for Wellness of Counselors-in-Training Exposed to Trauma Case

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Abstract

Over the past two decades, literature has discussed the negative consequences of working with trauma cases on counselors, which include disturbing feelings and thoughts, disrupted beliefs, and symptoms of post-traumatic stress disorder; these negative consequences have been defined as vicarious traumatization and other related terms. Researchers also identified factors contributing to vicarious traumatization, which include personal trauma history, workload, clinical experience and personal wellness. Particularly, novice counselors and counselors-in-training (CIT) have been recognized as a vulnerable population to vicarious traumatization, and an attention should be given to promoting wellness of CIT exposed to trauma cases. However, no article to date provides specific suggestions for faculty supervisors to promote the wellness of CIT during the practicum and internship. Therefore, the Assessment, Response, and Maintenance model proposed in this article aims to address this gap in literature and provide a novel contribution to the counseling profession more broadly. The model is an integrated one that adopts developmental and ecological concepts, and is mainly influenced by the Constructivist Self-Development Theory and the Wheel of Wellness. Practical examples are presented, and suggestions for future research are provided.

*Keywords*: wellness, counselor education, vicarious trauma

## The ARM Model for Wellness of Counselors-in-Training Exposed to Trauma Cases

Literature has discussed the significant impact of exposure to trauma cases on counselors for more than two decades. For example, Constructivist Self-Development Theory (CSDT; McCann & Pearlman, 1990) was developed to understand counselors' experiences of listening to clients' traumatic stories. Under this theoretical framework, researches suggested that counselors who work with traumatized clients may experience symptoms such as painful feelings, intrusive thoughts, and terrifying images similar to the signs of post-traumatic stress disorder (Baker, 2012; McCann & Pearlman, 1990; Pearlman & MacIan, 1995; Schauben & Frazier, 1995). These negative consequences of working with trauma cases are often referred to as vicarious traumatization, secondary traumatic stress disorder, or compassion fatigue (Figley, 1999; McCann & Pearlman, 1990; Pearlman & MacIan, 1995).

Studies have examined contributing factors of vicarious traumatization, and have evidenced disparate results (Devilly, Wright, &Varker, 2009; Sabin-Farrell & Turpin, 2003). Some studies identified contributing factors such as personal trauma history (Pearlman & MacIan, 1995) and high percentages of trauma cases in workload (Schauben & Frazier, 1995). Others studies examined the effect of other variables on vicarious traumatization, such as personal wellness, the supervisory relationship, support of agencies, clinical experience, and trauma-specific training contributed to vicarious traumatization in counselors (Adams & Riggs, 2008; Williams, Helm & Clemens, 2012). Resulted showed that personal wellness and the supervisory relationship had a positive mediating effect on vicarious traumatization. Although the results of these studies were inconsistent, one common theme identified from the literature review is that novice counselors and counselors-in-training (CIT) are more vulnerable to the

exposure to trauma cases, and supervisors were instructed to pay more attention to their supervisee's personal wellness.

**Counselors-in-Training Exposed to Trauma Cases**

The Council for Accreditation of Counseling and Related Programs (CACREP) requires master's students to complete a minimum of 100 hours in practicum and 600 hours in internship clinical experience (CACREP, 2015). Therefore, it is likely that during practicum and internship, the CIT may work with trauma cases with limited knowledge and preparation. Although the 2016 CACREP Standards (CACREP, 2015) indicate that programs should deliver knowledge of the "effects of crisis, disasters, and trauma on diverse individuals across the lifespan" (II.F.3.g), not every CIT receives trauma-specific training (Lu, Zhou, & Pillay, 2017).

Lu, Zhou, and Pillay (2017) explored the experiences of eight students in a CACREP-accredited doctoral program who were exposed to trauma cases during their master's training. The authors identified three themes from individual interviews, including the immediate reactions to the trauma cases, experiences of processing clients' information, and personal and professional growth after the exposure (Lu et al., 2017). The results of this research were consistent with previous literature; for example, the exposure to trauma cases not only caused the disturbing feelings and thoughts, but also required the participants to restructure their view of world to understand the clients' traumatic experiences. Similarly, Lu et al. also found the need for trauma-specific training and the importance of support from site supervisors. One unique finding in the study was that participants experienced personal and professional growth as well as increased motivation for learning about trauma counseling after exposure to trauma cases. Therefore, counselor educators and researchers should explore how CIT experience the trauma exposure, process the information, and promote personal wellness (Lu et al., 2017).

The 2014 ACA Code of Ethics has recognized the importance of promoting clients and counselor's wellness as well as the students' self-growth experience (ACA, 2014). Likewise, the 2016 CACREP Standards also require counselor education programs to include "ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan" (II.F.3.i). Despite the empirical findings and the endorsement from ACA and CACREP, there is still a gap in literature providing specific suggestions about how to promote the wellness of CIT exposed to trauma cases. Therefore, in this paper, this author proposes the Assess, Response, and Maintenance (ARM) model as a way to provide a contribution to the training of CIT in the counseling profession.

## The Assessment, Reaction, and Maintenance Model

The Assessment, Response, Maintenance (ARM) model developed by this author provides an approach for practicum and internship faculty supervisors (FS) to conceptualize and respond to CIT working with trauma cases. The ARM model is an integrated approach that adopts concepts of developmental, ecological, and Adlerian perspectives. The model is mainly influenced by the Constructivist Self-Development Theory (McCann & Pearlman, 1990) and the Wheel of Wellness (Myers, Sweeney, & Witmer, 2000). The model consists of three steps: assessment, reaction, and maintenance (see Figure 1), which will be elaborated in the following sections.

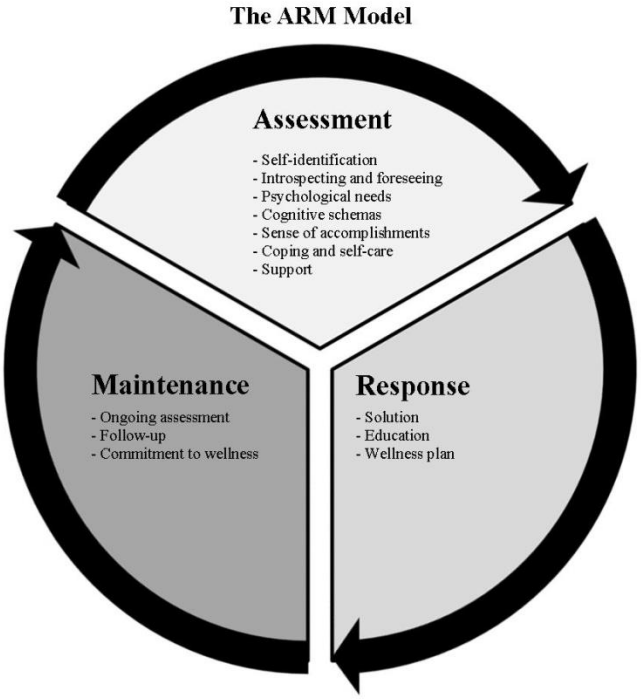


*Figure 1.* The content and process when using the ARM model.

**Assessment**

According to the 2016 CACREP Standards, CIT in practicum or internship are required to have "an average of one and a half hours per week of group supervision", and/or in an average of "one hour per week of individual and/or triadic supervision" provided by FS (CACREP, 2015). Therefore, there are opportunities for FS to observe and provide informal or formal assessment to CIT working with trauma cases. Within the framework of the ARM model, CIT are assessed on the following components.

**Self-identification.** It is imperative to understand how CIT view and maintain their sense of identity. This self-identification may include aspects of self-esteem, which impacts CIT's feelings and thoughts (McCann & Pearlman, 1990) as well as their personal wellness (Myers et al., 2000). For example, CIT with low self-esteem may become anxious easily during the

counseling sessions and question their self-worth. The CIT could have low self-esteem due to their developmental background or the exposure to trauma cases. Issues with self-esteem may further hinder the CIT's competence in providing counseling services (Baker, 2013; Lu et al., in press) and personal wellness (Myers et al., 2000).

Other factors that influence the CIT's self-identification include how CIT view their roles in the counseling sessions (i.e., an unlicensed trainee), and in the supervision (i.e., a novice supervisee with limited knowledge in trauma counseling; Lu et al., 2017). Moreover, cultural identity such as race, gender, and age may also affect self-perceived roles in working with trauma cases. Thus, it is important to assess the self-identification of CIT in order to understand their reaction to trauma cases.

**Introspecting and foreseeing.** It is also crucial to assess CIT's ability to introspect and to foresee. Introspection allows CIT to reflect on the experiences of working with trauma cases, and to explore how these experiences impact their emotions, worldviews, and wellness (McCann & Pearlman, 1990). Self-awareness of one's emotions and thoughts is one index of wellness (Myers et al., 2000). Furthermore, the ability to foresee consequences of behaviors allows CIT to make better decisions and avoid potential harms (McCann & Pearlman, 1990). CIT with good problem-solving skills and creativity can find ways to overcome unpleasant feelings and thoughts, and therefore enhance their personal growth and wellness (Myers et al., 2000). For example, CIT who recognize the impact of exposure to trauma cases may start journaling or consulting with supervisors (Lu et al., 2017). In other words, CIT with the ability to introspect and foresee may experience less disruption from working with trauma cases.

**Psychological needs.** Psychological needs include those that motivate and regulate CIT's interaction with others. These psychological needs include a sense of safety, trust, independence,

control, and intimacy; these needs may be disrupted by exposure to trauma cases (McCann & Pearlman, 1990). Having disrupted needs (e.g, a lack of personal control) may further negatively impact CIT's wellness (Daniels & Guppy, 1994; Myers et al., 2000). The CIT with disrupted needs may present irrational beliefs, and disturbances in psychological adaption and interpersonal relationships (McCann & Pearlman, 1992). For example, a CIT may hold the belief that it is impossible to build a healthy relationship with an intimate partner after hearing a client's experience of domestic violence. As a result, the CIT could show a pattern of avoidance of social relationships. Without healthy relationships with others (i.e., friendship, love), CIT may experience decreased personal well-being (Myers et al., 2000). Therefore, it is imperative for FS to pay attention to CIT's unusual behavioral patterns.

**Cognitive schemas.** Cognitive schemas or beliefs are closely associated with and influenced by CIT's psychological needs (McCann & Pearlman, 1992). Having realistic beliefs is considered to be essential for a healthy life; the CIT who hold rational beliefs can perceive reality and accept themselves as imperfect (Myers et al., 2000). For example, CIT's views of the world may be challenged by clients' traumatic experiences. As a result, CIT have to process this unfamiliar information and may need to accept that they need support from supervision due to their limited experience (Lu et al., 2017). The FS could check in with CIT's beliefs during the assessment stage and provide corresponding, appropriate support in the next stage of the ARM model. For example, a CIT may feel that he will never be competent enough to work with trauma cases because he cannot understand what his client is going through. A FS working with this CIT may provide education about vicarious traumatization and how to process the traumatic information from his clients.

**Sense of accomplishments.** Due to the negative consequences indicated in the literature, providing trauma counseling services could negatively affect CIT's sense of accomplishment in their work. It is possible that CIT experience high levels of distress and low levels of job satisfaction, and shift their career path quite early (Pearlman & MacIan, 1995). On the other hand, possible outcomes of working with trauma cases include an increased self-efficacy, a better self-care plan, and an increased motivation for learning trauma counseling (Lu et al., 2017). In addition, the sense of accomplishment provided by work is highly associated with one's wellness (Myers et al., 2000). Thus, understanding the meaning of working with trauma cases to CIT could help FS provide better guidance.

**Coping and self-care.** It is important for FS to assess the CIT's ability to cope with the negative impact caused by exposure to trauma cases, to take care of oneself, and to be alone without being lonely. CIT spend far less time in supervision than other activities; it is urgent for FS to understand whether CIT can manage negative feelings and thoughts due to the past and future work with trauma cases (McCann & Pearlman, 1992). It is encouraged that CIT begin to learn about themselves by engaging in enjoyable activities and connecting with others. For instance, Lu et al. (2017) found that a CIT wrote a journal to help her release the unpleasant thoughts after hearing the client's traumatic experience. More importantly, CIT's wellness is considered to be influenced by self-care and stress management abilities (Myers et al., 2000).

**Support.** Finally, it is crucial to assess a CIT's level of support from family, friends, and peers. Social support is positively correlated with the one's health, and is essential for positive growth, development, and wellness (Myers et al, 2000). In addition, colleagues and supervisors play an important supportive role due to confidentiality issues. The CIT exposed to trauma cases often need immediate help from the supervisors (Lu et al., 2017). Therefore, knowing whether

there is a person CIT can go to while experiencing adverse feelings may help FS provide guidance.

**Response**

The next step in the ARM model involves FS's responses to information collected from the assessment. The primary goal in this stage is to provide support to the CIT and increase their awareness of personal wellness. The responses include components such as problem solving, education, and developing a wellness plan.

**Solutions.** Through either formal or informal assessment, the FS are able to identify whether the CIT have developed any irrational beliefsafter exposure to trauma cases. It is crucial to recognize severely disrupted beliefs that require immediate attention (McCann & Pearlman, 1992). For example, if a CIT presents intrusive thoughts related to a client's sexual assault experience, and shares a belief that it is unsafe to visit any place alone anymore, the FS may recommend the CIT seek counseling support (ACA, 2014); in the meantime, the FS may communicate with the site supervisor to develop a plan for the rest of the internship and for the CIT's wellness.

Sometimes CIT may present a less urgent issue such a belief that CIT must not make any mistake, and feel ashamed to consult with supervisors about unpleasant feelings and suggestions for treatments. In this case, the FS may acknowledge the CIT's experience and point out the realistic expectations of being a trainee. The FS may also help the CIT identify appropriate support, such as the supervisor and colleagues, and encourage the CIT to reach out for help without feeling ashamed. Sometimes the CIT does not have any available support at the internship site (e.g., a supervisor who often makes himself unavailable), and the FS may inform the site supervisor of their professional and ethical responsibilities (ACA, 2014).

**Education.** It is valuable that FS provide practical knowledge to CIT during individual or group supervision. The FS can educate the CIT about trauma, trauma counseling, and the impact of exposure to trauma cases on CIT's well-being (McCann & Pearlman, 1992; Lu et al., 2017). Through education, FS can help CIT set realistic expectations of the treatment, acknowledge their own feelings, and identify available support. On the other hand, FS can define wellness, introduce wellness models in the counseling profession such as Wheel of Wellness model (Myers et al., 2000), share coping and self-care strategies, and explain how CIT's wellness is important to personal and professional growth. The FS may work with CIT to conceptualize their self-growth experiences with regards to the exposure to trauma cases (ACA, 2014; Lu et al., 2017). Lastly, CIT may express either a low sense of accomplishment or a great interest in working with trauma cases in the future (Lu et al., 2017). The FS could provide up-to-date employment information and career advisement for CIT and make them aware of options in the profession (ACA, 2014).

**Wellness plan.** Once the CIT's wellness and psychological status have been assessed, the FS can work with the CIT to develop a personal wellness plan. The wellness plan may include an emergency plan for times when the CIT needs immediate support for unpleasant feelings and thoughts with regards to clients' traumatic experiences (McCann & Pearlman, 1992). As a short-term coping strategy, some CIT may find leisure activities such as exercising and hobbies as a useful distraction (McCann & Pearlman, 1992). Others may use journal writing and talking to supervisors to release and normalize the disturbing feelings and thoughts (Lu et al., 2017). The FS may also work with the CIT to choose areas of wellness that they would like to improve (Myers et al., 2000) during the practicum or internship. Once the areas of wellness are identified,

the plan may include the CIT's definition of wellness, self-reported wellness status, goals, and methods and useful resources to achieve the goals (Myers et al., 2000).

### Maintenance

The last step in the ARM model is maintenance, which aims to assist CIT developing a healthy well-being for the remainder of internship and beyond. A follow-up procedure such as a regular check-in through the weekly supervision is an important part of maintaining the CIT's wellness. The weekly supervision required by the 2016 CACREP Standards (CACREP, 2015) provides an opportunity for FS to evaluate CIT's professional development and personal wellness. The FS may revisit issues identified previously and assess whether additional response and support is needed throughout the rest of the practicum or internship. If a wellness plan has been developed, the FS can also encourage the CIT to commit to his/her plan for an ongoing evaluation. The FS may work with the CIT to identify positive achievements or areas in the plan that need to be modified. For example, a CIT who set a goal to spend time on journaling may present a significant improvement in confidence during classes and internship. The FS can acknowledge the improvement and encourage the CIT to commit to long-term work the personal wellness. In contrast, a CIT who decide to explore available support in the internship site may report frustration due to the dysfunctional agency. The FS can acknowledge the frustration and work with the CIT on developing alternative plan; in the meantime, the FS can visit the internship site or bring the issue to faculty meetings.

## Discussion

The ARM model provides FS a framework to conceptualize and work with CIT exposed to trauma cases in practicum and internship. The model adopts concepts from the Constructivist Self-Development Theory and the Wheel of Wellness which cover aspects of vicarious trauma

and wellness as well as the expectations from the counseling profession. The ARM model starts with an assessment step for FS to understand CIT's psychological status and wellness, as well as how cultural identities impact CIT's experience of exposure to trauma cases. It is also advised that FS collect information about CIT's coping, self-care strategies, and available support. Through identifying this information, FS are prepared to work with and provide appropriate responses to CIT based on their background. The solution, education, and wellness plan components in the ARM model also provide FS flexibility to address the needs of CIT. For instance, a custom wellness plan may be more useful for a CIT, whereas a lecture about vicarious trauma may be more helpful for a group of CIT in an internship class. Finally, the ARM model includes an ongoing evaluation process that requires FS to constantly monitor and promote CIT's personal wellness, which fulfills the counseling profession's expectations (ACA, 2014; CACREP, 2015).

**Recommendations for Future Research**

The ARM model is developed by this author based on the existing theories; however, an empirical study is needed to demonstrate its effectiveness. A FS who teaches two internship classes may develop an experimental research to compare the ARM model with other approaches. A wellness assessment could be administered to CIT at the beginning and the end of the internship. Existing assessment tools for wellness, such as the Wellness Evaluation of Lifestyle (Myers, Witmer, & Sweeney, 1996) are available; however, none covers the unique components of exposure to trauma cases. An assessment tool specifically developed for the ARM model could assist FS to better understand the wellness of CIT working with trauma cases. Moreover, future research can further examine to what extent the cultural factors such as gender, race, religion, and sexual orientation impact the FS-CIT relationship, and further modify the

ARM model. Lastly, the ARM model consists of concepts that can be adopted in site supervision. Future research may explore the best practice to apply the ARM model in supervision for wellness of CIT exposed to trauma cases.

## Conclusion

This article presents the ARM model for FS to promote wellness of CIT exposed to trauma cases in practicum and internship. As a vulnerable population to vicarious traumatization, CIT's wellness is at risk when working with trauma cases with limited knowledge and preparation; however literature has not discussed and provided specific suggestions for FS working with this population. Thus, this article not only aims to identify this need in counselor education, but also provide a comprehensive approach to assist promoting wellness of CIT. Because the model has not yet been tested, future research may keep investigating components that can be integrated into this model, and identify the best practice and a useful assessment tool for the wellness of CIT exposed to trauma cases.

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