Exploring the Experiences of Survivor Students in a Course on Trauma Treatment

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Research on student experiences has indicated that approximately 30% of graduate students in the helping professions are likely to be survivors of trauma (Adams & Riggs, 2008). Most of the published literature about the experiences of students with trauma histories in a course on trauma treatment is provided anecdotally by clinical instructors who have observed, through their experience, that student survivors face challenges unique to their trauma histories. The lack of research on the classroom experiences, coping strategies, impact on learning, and resiliency of student survivors makes it difficult for instructors to know how to best protect such students from retraumatization while facilitating their learning. This article presents the findings from a subset (n = 8) of study participants (n = 17) who self-identified as trauma survivors. Students completed journals at 4 different times in a 15-week graduate course on trauma treatment. Students’ responses to questions related to thoughts, feelings, behaviors, and self-care strategies were analyzed using consensual qualitative research (CQR) methods (Hill, 2012). Students’ personal connections to trauma emerged as a separate domain in the analysis and included 3 categories of experiences: reactions to personal trauma material, the integration of learning with personal trauma material, and questions about personal trauma material. Student survivors also reported a wide variety of self-care strategies. Recommendations for the pedagogy of student survivors include education about vicarious trauma, exploring the personal and professional impact of trauma while in training, and developing a wide variety of self-care strategies, including supervision, consultation, and peer support.

Keywords: trauma education, student survivors, vicarious trauma

Research indicates that approximately 80% of women and men report having experienced at least one traumatic event in their lifetime that meets the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM–IV–TR; American Psychiatric Association, 2000) definition of trauma (Courtois & Gold, 2009). Research on student experiences has indicated that approximately 30% of graduate students in the helping professions are likely to be survivors of trauma (Adams & Riggs, 2008). Having a personal history of trauma has been identified as a risk factor for vicarious trauma among clinicians working with survivors (Creswell, 1999; Pearlman & Mac Ian, 1995) and among trauma therapist trainees (Adams & Riggs, 2008; Alpert, 2009; Cunningham, 2004; Miller, 2001; Newman, 2011). However, there are few empirical studies of vicarious trauma among students during clinical coursework, and even fewer of these studies explore the specific and unique reactions of students who have personal histories of trauma (Adams & Riggs, 2008; Black, 2008). This study explores the experiences of student survivors in a course on trauma treatment through their own writing.

Trauma scholars have developed a growing literature describing the stress experienced by clinicians resulting from clinical work with survivors of trauma, labeling it compassion fatigue, secondary trauma, or vicarious traumatization (Bride, Radley, & Figley, 2007; Figley, 1995; Killian, 2008; Pearlman & Saakvitne, 1995; Talbot, Dutton, & Dunn, 1995). Pearlman and Saakvitne (1995) describe vicarious trauma as negative changes in the inner psychological and sensory experiences of trauma therapists due to their repeated empathic engagement with survivors. These reactions often mirror symptoms of posttraumatic stress disorder (PTSD), including symptoms of reexperiencing, avoidance, and hyperarousal, as well as depression and anxiety (Pearlman & Saakvitne, 1995). Reexperiencing can involve reliving trauma in the form of flashbacks and nightmares in which the survivor believes that they are living through the exact trauma that they already survived (American Psychiatric Association, 2000). Such reexperiencing can lead to the worsening of symptoms of trauma without the benefit of working through traumatic experiencing in a therapeutic context. Some techniques to address and respond to compassion fatigue, secondary trauma, and vicarious traumatiza-
tion have been developed and have been proven to be effective with clinicians (Pearlm & Saakvitne, 1995; Talbot et al., 1995). To date, no one has investigated the extent to which reexperiencing occurs in a classroom context and whether or not the triggering of trauma symptoms is damaging to graduate students in enduring ways.

The empirical research that exists on graduate trainees indicates that students with a history of trauma are more likely to struggle with symptoms of vicarious trauma in the classroom (Adams & Riggs, 2008). This research used the Trauma Symptom Inventory (Briere, Elliott, Harris, & Cotman, 1995) and the Defense Style Questionnaire (Bond, Gardner, Christian, & Sigal, 1983) to investigate the relationship between defensive styles and experiences of vicarious trauma among psychology trainees. The findings indicated that survivor students who use a self-sacrificing defensive style are at increased risk of experiencing vicarious trauma reactions, including intrusive symptoms, defensive avoidance, and anxious arousal symptoms. They recommended that supervisors provide close monitoring of countertransference reactions among survivor students who are at increased risk of developing symptoms of vicarious trauma.

Instructors writing about their experiences teaching trauma treatment report that student survivors struggle with unique experiences related to their trauma histories in the classroom. Survivors may revisit their own painful trauma histories as they see themselves reflected in the literature (Cunningham, 2004; Newman, 2011). They may develop their own first awareness of trauma or they may know about their trauma histories but be unprepared for the impact that studying trauma may have on them (Black, 2008; Miller, 2001). Students may also endure traumas during the course that affect their ability to function such as losses, domestic violence, or the serious illness of loved ones (Alpert, 2009). Cunningham (2004) noted that students who are unprepared to encounter their own trauma may also run the risk of burdening their classmates through inappropriate self-disclosures.

Such pervasive concerns have prompted these instructors to write recommendations and guidelines for the pedagogy of trauma that include outlining best practices for creating safe classroom environments for all students but especially for students with trauma histories (Black, 2008; Bussey, 2011; Cunningham, 2004; Miller, 2001; Newman, 2011). These recommendations include a combination of education about trauma and vicarious traumatization (Bussey, 2011; Cunningham, 2004; Newman, 2011; Miller, 2001), normalizing reactions to traumatic material (Miller, 2001), limiting or titrating trauma exposure in the classroom (Black, 2008; Cunningham, 2004; Newman, 2011), and nurturing a variety of self-care practices (Adams & Riggs, 2008). Recommended self-care practices included teaching grounding and relaxation techniques (Black, 2008), the use of personal therapy (Newman, 2011), and the use of student journals (Miller, 2001). Pearlman and Saakvitne (1995) further recommend that survivor therapists in training have at least one place where they can talk about their survivor history and its interaction with their work. However, the lack of research on the classroom experiences, coping strategies, impact on learning, and resiliency of student survivors makes it difficult for instructors to know how to best protect such students from reexperiencing while facilitating their learning. Research is needed on the experiences and risks involved in teaching trauma to student survivors of trauma. This study aims to establish a baseline for understanding the range of experiences reported by survivors in a course on trauma through a qualitative exploration of their own writing. The study explores their reactions to traumatic material, self-care practices, and the impact of learning over time in the course.

Method

We chose a qualitative research method to study the depth and evolution of student experiences across the course. We incorporated structured journaling into the course and our research because writing is an evidence-based practice for addressing stress (Pennebaker, 1993; Pennebaker & Chung, 2007), and journaling has been highly recommended for monitoring stress during courses on trauma (Miller, 2001). Journaling has also been effectively used as a method for studying the experience of graduate trainees who are becoming psychotherapists (Hill, Sullivan, Knox, & Schlosser, 2007). One of the strengths of using course journals is that it allows the researcher to track student experience over time through ordinary course assignments, even when analysis of the data cannot ethically begin until the course is finished.

This study used consensual qualitative research (CQR; Hill, 2012) methods to analyze journals completed as course assignments during a graduate-level social work course on trauma treatment. CQR is a methodology that allows for a comparative cross-analysis of responses to open-ended questions. CQR uses a team approach to coding and analyzing the data, and decisions about coding and analysis are made through consensus. The method also employs an outside auditor to confirm analysis. CQR was an appropriate method for this study of student journals because data analysis began after all the data was collected and participants responded to the same set of journal questions. CQR provides a clear method for examining responses from multiple respondents to similar questions. The method allowed for comparison between respondents as well as comparing responses for each respondent individually across time. The method, sample, and study procedures are described next.

Participants

Student participants. The participants highlighted in this study were selected from a larger sample of 17 students in a study investigating, in general, the experiences of students in a course on the treatment of trauma (Shannon, Simmelink, Becher, Im, & Crook-Lyon, in press). The participants in this sample represented 47% (n = 8) of the larger sample that reported having experienced a traumatic event in their lifetime. All eight participants were female and 75% (n = 6) were White, 12.5% were Asian (n = 1), and 12.5% were another race, not African American (n = 1). The participants ranged in age from 22 to 50 years, and half had completed a Bachelor in Social Work degree. These participants were asked if they had ever experienced a traumatic event in their lifetime and approximately how many traumatic events. The participants were not given a definition of "traumatic event" but instead were able to define the term for themselves. The mean number of traumatic events experienced by participants was 2.14.

The nature of trauma histories was reported in journals. Although we never specifically asked students to write about their
own histories of trauma, students reported diverse personal connections to traumatic experiences. Participants’ diverse connections to trauma included being a survivor of familial emotional, physical, or sexual abuse; being a survivor of domestic violence between parents; surviving stranger rape; being related to deployed veterans or being a returned veteran survivor; having witnessing the 35W bridge when it collapsed in Minneapolis; being related to a Japanese tsunami survivor; being a refugee survivor; and being related to a trauma survivor.

Research team and auditor. As previously reported (Shannon et al., in press), the principle investigator (PI) is an experienced White female trauma therapist who was the instructor for the course. As the instructor, she asserted the biggest influence on catching biases in core ideas and psychotherapy, and CQR methodology (Hill, 2012). She identified any other biases. The outside auditor is a professor at they coded very close to the student experience but they did not recruit participants and coded data. These students noted that they might have the opportunity to participate in research. Interested students met with the course. As the instructor, she asserted the biggest influence on catching biases in core ideas and leading the research team through the steps of CQR.

Procedures

The procedures for this study of survivor students are the same as the procedures described in a previous study of students’ experiences of stress in a trauma treatment course (Shannon et al., in press). They are summarized here.

Recruitment of participants. Students received an e-mail from the professor prior to the first day of class, informing them that they might have the opportunity to participate in research attached to the class. Students were recruited during the first day of the course through graduate research assistants (GRAs) who were also co-investigators. Participants were informed of the purpose of the study and that participation was voluntary and would not affect their grade in the course. Interested students met with the GRAs outside of class, reviewed informed consent, and received a deidentified study number to enter on journals. This study was approved by the institutional research review board.

Description of the class. The course meets weekly for 2 hours and begins by introducing students to the experience and diagnostic assessment of complex and single-incident traumas through first-hand accounts such as listening to interviews with bridge-collapse survivors and reading novels such as Push by Sapphire (1996). Because reading and listening to trauma can be difficult, students are expected to take self-care seriously and to work on the development of their self-care practices. The second session of this course focuses on understanding and addressing vicarious trauma reactions and evidence-based recommendations for self-care, such as journaling (Pennebaker, 1993), and mindfulness-based stress reduction (Kabat-Zinn, 2005). This is the only session explicitly focused on self-care.

Students complete journals at 3-week intervals to encourage the development of reflexive processes related to understanding their own reactions to trauma and tracing the development of their self-care practices. They also practice relaxation and mindfulness strategies when they are included as components of evidence-based approaches to treatment that are covered in the course. Many of the exposure therapies taught in this course incorporate relaxation exercises that provide students the opportunity to practice self-care.

Students proceed to integrate research on diagnostics, neurobiology, and the developmental antecedents of complex trauma with survivors’ stories in psychosocial assessments. The course introduces students to evidence-based approaches to the treatment of complex and single traumas across diverse populations, combining Herman’s (1992) “trauma and recovery” framework with psychodynamic and cognitive-behavioral approaches. Students practice several exposure techniques and learn integrated models of treatment such as dialectical behavioral therapy (Dimeff & Koerner, 2007). The course ends with a focus on special populations (i.e., domestic violence and refugees) and includes co-occurring disorders such as substance use. The class is taught with a mixture of lecture, group discussion, and expert guest speakers. Students complete several written assignments during the course, including the journals used in this study.

Journals. Participants completed four 2- to 3-page journal assignments as part of regular course assignments. The journal assignments were spaced evenly, every 3 to 4 weeks throughout the semester. Journal assignments were semistructured, meaning the students were asked to respond to the same set of questions for each journal: (a) What are your feelings in response to the readings? (b) What are your thoughts about the readings? (c) What are your behavioral responses (positive and negative) to the material? (d) What are your self-care strategies?

Data collection. All data for the study was collected anonymously through a secure online survey form administered by the university. After giving consent, participants were sent an e-mail link to complete a demographic questionnaire, including questions about race/ethnicity, gender, undergraduate concentration, and previous training in trauma treatment. Prior to the due date for each of the four journal assignments, participants were sent an e-mail link to upload their journal. Participants were sent up to two reminder e-mails to ensure full participation. After completion of the study, the data was downloaded from the online survey form and stored in a secure location.

Data Analysis

Data analysis began after the semester ended and followed CQR guidelines (Hill, 2012). The steps in data analysis included coding data into broad domains, creating summaries of core ideas conveyed by each participant in each domain, and conducting cross analysis, which involves identifying themes or categories across participants within each domain. Differences and disagreements are respected and negotiated to arrive at a consensual analysis (Hill, Thompson, & Williams, 1997). An example of this process related to the usefulness of journaling is provided here:
“Doing these journal entries has been a big help to me in processing course material and my reactions to it, and I plan to start a trauma journal for my field placement this summer and again when I find a job in the field of child welfare. There is so little time for reflection in any of our fields, but reflection is a great tool for getting the most out of supervision and avoiding burnout.”

Domain: 3. Self-care
Category: g. journals

Core Ideas: Participant recognizes the usefulness of journaling for processing course material and reactions. She plans to continue journaling as a self-care practice in the field. The self-reflection involved is a great tool for getting the most out of supervision and avoiding burnout.

Data analysis proceeded by analyzing each set of journals for domains and core ideas. The research team through discussion and the auditor’s comments were incorporated in the final domain list. This procedure was followed for all four sets of journals. Once journal domains were agreed on, the research team developed the cross-analysis by coding the categories within each domain across all 17 participant journals. Again, the comments of the outside auditor were incorporated into final categories. To analyze changes in the amount of evidence for each domain and category across the 15 weeks, frequencies of domains and categories were calculated (see Table 1).

Trustworthiness. The integrity of the data was established in this study through using a relatively large (n = 17), homogenous sample of students. The coding system was developed through the consensus of multiple independent readers, all of whom had professional expertise in trauma. Reflexivity of the researchers was reflected in the coding process and final analysis. Use of an outside auditor provided “investigator” triangulation to help address bias. Finally, negative case analysis was used after the cross-analysis stage to inform decisions about final categories. For example, some categories that appeared distinct initially became subsumed under others through discussion. Member checks were conducted with several students who volunteered to respond to the major findings via e-mail. Students were sent a draft of domains and categories along with a summary of preliminary findings. Two students responded and these responses were incorporated into the final analysis.

Results

Students’ personal connections to trauma emerged as a separate domain in the analysis and included four categories of experiences: reactions to personal trauma material, the integration of learning with personal trauma material, questions about personal trauma material, and self-care strategies. In response to the journal questions, students discussed how their personal connection to trauma impacted their reactions in the course as well as their self-care strategies. The results discussed here reflect the specific domains and categories that were discussed by this subset of participants.

Survivor Student Reactions to Personal Trauma Material

Reexperiencing. Many student survivors reacted to traumatic course material through the lens of their own experiences of trauma. They commented that it was hard not to think about their own experiences when reading about trauma. When reading course material, they reported reexperiencing symptoms of posttraumatic stress, including heightened fear, terror, nightmares, and flashbacks to their own trauma experiences. One student participant described this experience:

When we were listening to the interview of the 35W Bridge collapse survivors, my heart was pounding. Particularly salient for me was when she said that she couldn’t think clearly at the time the trauma was happening to her. I’ve had major traumas in my life, one of which was coming home from work one day to a [sudden death in the family]. At that moment, I couldn’t think clearly either, and listening to her talk about that aspect of her trauma brought it back for me. Another major trauma was being sexually molested as a child. Reading the explicit description of sexual assaults was more than I was willing to bear. I felt violated just reading it, and I refuse to read any more sexually explicit passages from the book. (Participant 35, Journal 1)

Intrusive thoughts. Intrusive thoughts from the clinical material were also common among survivors:

I had a negative behavioral response to [the reading], namely thoughts about the sexual abuse scenes were popping into my head when I didn’t want them to and disturbing me. Also, when I was in bed and had finished reading for the night, I found myself having to do deep

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<thead>
<tr>
<th>Table 1</th>
<th>Frequencies of Categories Over Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domains and categories</td>
<td>Journal 1</td>
</tr>
<tr>
<td>Reactions to personal trauma</td>
<td>6</td>
</tr>
<tr>
<td>Integration of learning with personal trauma</td>
<td>2</td>
</tr>
<tr>
<td>Questions related to personal trauma</td>
<td></td>
</tr>
<tr>
<td>Types of self-care</td>
<td>7</td>
</tr>
<tr>
<td>Physical</td>
<td>6</td>
</tr>
<tr>
<td>Relational</td>
<td>7</td>
</tr>
<tr>
<td>Cognitive</td>
<td>5</td>
</tr>
<tr>
<td>Intention to do self-care</td>
<td>6</td>
</tr>
<tr>
<td>Difficulty doing self-care</td>
<td>4</td>
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<tr>
<td>Changes in self-care</td>
<td>4</td>
</tr>
<tr>
<td>Thinking about practice as self-care</td>
<td></td>
</tr>
<tr>
<td>Being proactive about vicarious trauma as self-care</td>
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<td>Journals as self-care</td>
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breathing to calm myself a couple of times because I felt hyper-aroused. I think that I didn’t want to think about the book anymore when I put it down and it bothered me that I did continue to think about it. (Participant 49, Journal 1)

**Intense feelings.** In addition to describing typical feelings of sadness, horror, and guilt, some survivors responded with anger when reminded of their own trauma:

I have been thinking about my own experiences and experiences in overcoming them. I don’t think the results of traumatic experiences go away—even after therapy. This in turn makes me angry (the feeling I’m the most comfortable feeling and expressing, like most people). It makes me angry that there are people who exist and do bad things to other people. (Participant 25, Journal 2)

**Avoidance behaviors.** Survivors expressed increased avoidance behaviors, such as refusing to read course material and a sense of resignation, overwhelm, and dissociation. One survivor reported, “Resignation. I find myself immediately plopping on the couch as soon as I get home and have a ‘give me a break’ attitude” (Participant 31, Journal 2). Another described panic followed by dissociation:

I have admittedly been avoiding writing this journal, but my efforts to figure out the root of my avoidance were futile until I found myself, during a panic attack two nights ago, lying on the floor in my bedroom doing a body scan. During my body scan I recognized a strong undercurrent of feeling extremely disconnected from my body, a souvenir from a sexual assault that now only creeps into my daily life when I’m not practicing self-care. (Participant 36, Journal 1)

**Hyperarousal.** Student survivors also reported symptoms of hyperarousal coupled with vulnerability. One student wrote, “I find I am feeling quite vulnerable in most settings. Vigilance is up, and patience is down. I noticed that I am keeping my guard up” (Participant 55, Journal 1). One student articulated her fear that she may have been victimized in the past by saying, “When I’m sad, the sadness, horror, and guilt, some survivors responded with anger when reminded of their own trauma:

I had a brief but terrifying change in my perception, in which my partner seemed to be a different person to me and I was in danger. . . . I had moments of remembering the experience and feeling terror several times a day for about a week. I also had some very scary nightmares in the days following but now feel numb to them. It is difficult for me to understand what the source of these feelings of fear, sense of having experienced trauma, and changed moments of perception is. It does not feel normal and I want it to be normalized. (Participant 27, Journal 1)

**Growing awareness of personal trauma.** Another student questioned whether or not she had experienced early trauma based on what she learned in the course:

I wonder if I have some unresolved trauma from my own childhood. I had to flee with my family late at night in buses, as the country we were living in was experiencing civil war when I was a child. . . . to this day I am traumatized by the sound of sirens, which was the warning for us to run indoors and shut off all the lights. (Participant 31, Journal 2)

One student did not identify as a trauma survivor on the initial demographic form but came to the label of “trauma survivor” through knowledge gained in the course. This participant stated:

I have felt personally connected to the trauma stories because my childhood was defined by domestic violence, physical and emotional abuse. I was raised to believe that family matters are to be kept private, and thus have never spoken to anyone to this day about what I went through. I have always felt uncomfortable about the idea of seeking therapy because I did not feel like I could open up to a stranger about my personal problems. (Participant 51, Journal 3)

**The integration of learning with personal trauma experiences.** Student survivors struggled to integrate new learning in the course with their trauma experiences. Students commented that they saw themselves reflected in the readings and they worked to integrate this new insight with their personal trauma stories:

I saw my own story unfold in Dr. Herman’s description of trauma and recovery. First was the fact that the traumatized child must find some way to make sense of her experience without acknowledging the fact that her parents are untrustworthy. The unavoidable conclusion is that there is something inherently wrong with herself, that she is fundamentally flawed in some inescapable way (not to mention identifying with the voice of the perpetrator who constantly berates her). Herman writes that ‘this malignant sense of inner badness is often camouflage by the abused child’s persistent attempts to be good’ (p. 106). Thus, I was simultaneously a model student and perfectly behaved child who was constantly given the message that I was somehow the worst nightmare with which any parent could have ever been cursed. (Participant 35, Journal 4)

Some students revisited their past armed with new knowledge that cast a different light on their past recovery attempts, and others felt the readings affirmed their healing process:

I first read Judith Herman’s book (*Trauma and Recovery*) after my own sexual assault. Reading it again now, after I have healed from my own trauma and after I have worked with hundreds of survivors of other traumas, has been a fantastic way for me to gauge my own healing journey and application of trauma-informed practice skills. A lot of my classmates have mentioned that Herman’s book was especially difficult to read, but I haven’t had that problem; in fact, I’ve had a hard time putting it down. That makes me think that I have integrated my own traumatic experience in a healthy way. I find that kind of amazing. (Participant 36, Journal 2)

Several participants commented on their struggle to establish healthy boundaries with loved ones who are also survivors. For example, one student wondered how much trauma knowledge is appropriate to share with a sibling who had recently survived a rape. By the end of the course, this student commented, “I plan to talk to her about the characteristics of PTSD and basically just give her a little heads up of future obstacles that she may face” (Participant 50, Journal 4). Another survivor struggled with how to set appropriate boundaries with a sibling who had a spouse deployed in Afghanistan. She stated, “I have to maintain a tenuous boundary between friend, family member, and helping professional” (Participant 36, Journal 3). One student used the journal entry to evaluate what type of treatment would be most helpful in the future:
With each approach or therapy that we learn about, I try to think if it could work for me. For example, I don’t think that exposure therapy is right for me because there is no one defining experience that I struggle with. It is more the cumulative experiences that I worry about, and how they will impact my relationship with my fiancé and my own children one day. I also worry a lot about how my personal experiences will impact my practice with clients. (Participant 50, Journal 3)

By the end of the course, students were reacting less to traumatic material and reflecting more on integrating learning with their experiences. For example, one survivor reflected productively on her experience listening to the lecture on domestic violence and animal abuse:

I have a much better understanding of trauma in humans and I know how resilient child victims of abuse can be. I’ve seen great healing happen, and that includes my own healing from sexual trauma as an adult. I think my current resistance to hearing these stories of animal abuse without shutting down has to do with the fact that I know the feeling of helplessness and terror that comes with being attacked, and I also know that humans are able to dissociate and, later, process that terror. Animals can’t, and they have no context for the abuse; you can’t really social work an animal. I also think I overidentify with their terror because I’ve experienced it. I have learned through practice, supervision, and this class not to overidentify with the trauma responses of children and adults. (Participant 36, Journal 4)

Questions raised by student survivors. Student survivors generated questions that demonstrated their integration of new learning with case material and their personal experiences with trauma. They questioned their own need for therapy and they raised questions about their understanding of themselves in light of new learning. Student survivors also raised questions inspired by the readings. They wondered how to help military spouses and children, how to help survivors of rape and domestic violence, and what the best treatment approach is for particular traumas. Student survivors also seemed to answer their own questions as they struggled to integrate learning with experience. One participant stated, “Seeing my life story in Herman’s description of trauma and full recovery, I realize that I have recovered well enough. Finally, ‘good enough’ really is good enough” (Participant 35, Journal 4).

Use of self-care strategies by survivors. Early journals revealed that survivor students had difficulty doing self-care and most commented that they intended to do more. One survivor explained, “I have not been doing this enough yet. As I said, learning about mindfulness-based stress reduction has been a goal of mine for some time now. The problem is actually finding the time to do it” (Participant 49, Journal 1). When survivors were able to engage in self-care, they identified a wide array of self-care strategies throughout the course. These included many of the strategies identified by students who were not trauma survivors, including physical strategies such as exercise or yoga, relational strategies such as spending time with family and friends, and cognitive strategies such as learning to limit exposure to traumatic material as a strategy for preventing vicarious trauma reactions. Survivor participants were particularly creative with their self-care strategies that included things like Bollywood dancing, art, attending musicals and theater, and spending time with pets. Many survivors also embraced mindfulness strategies as well as journaling as an outlet for processing feelings. In fact, all of the students who commented on the usefulness of journaling in the course were survivors of trauma. One student wrote:

Doing these journal entries has been a big help to me in processing course material and my reactions to it, and I plan to start a trauma journal for my field placement this summer and again when I find a job in the field of child welfare. There is so little time for reflection in any of our fields, but reflection is a great tool for getting the most out of supervision and avoiding burnout. I also think that doing this kind of writing will allow me, at least somewhat, to leave my work at the office. In sitting down a few times a week to write, I’ve developed a tangible connection with the act of self-care that I didn’t previously think I had time for. (Participant 36, Journal 4)

Another survivor wrote about the usefulness of processing for professional growth:

I have really enjoyed this class and the journaling process. It has been an assignment I look forward to doing rather than procrastinating, and I think it is the only one like that! It has been really helpful to just be able to spit out what I am feeling on paper and to have the time to collect my thoughts. It has created an awareness of my feelings, my stress levels, and the ways I’m managing that (or sometimes lacking in the managing part). I don’t think it was just helpful in the context of this class, although this class was one in which we could explore the things we were learning that may have needed additional processing. I, however, found myself thinking about everything when I was journaling—this class and what we were learning/reading, other classes, field placement, my job stress, and stress of everyday life. I have really appreciated the opportunity to reflect on all these things we juggle as grad students and to know someone is on the other end reading it. (Participant 46, Journal 4)

It is noteworthy that survivor students found several additional strategies helpful for remaining and thriving in the course, including the use of supervision, therapy, and support groups. One survivor wrote, “About a month ago, I started seeing a therapist to try to sort through some of my reactions that felt too personal to bring to supervision” (Participant 27, Journal 2). Another student was proactive about seeking therapeutic support from the start:

I knew, coming into this class, that vicarious traumatization would be an issue, so I had already planned to join a student support group on campus . . . however, I’ve come to the conclusion that individual therapy is likely to be more efficacious for me, and am currently seeking it. (Participant 35, Journal 1)

Changes over time. Table 1 summarizes changes in domains and categories over time in the 15-week course. Examining changes in categories over time reveals that survivor students tend to report fewer reactions over time and a wider variety of self-care strategies. In particular, by Journal 4, survivor students are incorporating professional strategies for self-care, such as being proactive about vicarious trauma, using journals as self-care, and thinking about practice as part of self-care.

Discussion

The findings of this exploratory study are consistent with the research that indicates that survivors are more vulnerable to vicarious trauma reactions in courses on trauma (Adams & Riggis, 2008). In particular, the PTSD symptoms of reexperiencing, avoidance, and hyperarousal were all reported by survivors as being
triggered by course material. Although Adams and Riggs (2008) postulated that defensive style mediates the experience of vicarious trauma, student journals reveal that these intense vicarious trauma reactions result from symptoms connected to the direct intrusion of survivors' memories of personal trauma that are triggered by course material. At these moments of reexperiencing, students often described their efforts at coping as avoidance or "trying not to think about it." They seemed to have very little control over the experience of PTSD symptoms and few, if any, adaptive coping strategies that were defined by Adams and Riggs (2008) as including suppression, sublimation, and humor.

These findings also confirm the range of experiences reported by instructors of trauma courses (Black, 2008; Bussey, 2011; Cunningham, 2004; Miller, 2001; Newman, 2011). The survivors in this study did report revisiting painful trauma memories as they saw themselves reflected in the literature. Some survivors did uncover their own trauma for the first time during the course and others experienced personal trauma during the course. For example, some survivors were related to soldiers who were living in constant danger during the course. Although the students in this course did not burden their classmates through inappropriate self-disclosures, many of them were unprepared for the impact the class would have on them.

Tracking students' reactions and self-care strategies throughout the course did provide insight into how enduring these reactions are. By the end of this course, only two students reported struggling with reactions to trauma, and most students reported developing effective self-care strategies. These findings indicate that although many student survivors may revisit their own trauma symptoms during trauma courses, these initial difficulties may not be enduring when students take seriously their need for support and when they are successful at practicing self-care.

Implications for Teaching

The findings of this study have important implications for the training and supervision of student survivors. Instructors of novice therapists need to be prepared to encounter a range of experiences among their survivor students. Students in this course were at very different stages of acceptance, understanding, and recovery in relation to their own trauma histories. Some survivors had completed therapy and used their new learning in the course to confirm and deepen their processing of personal trauma. Other survivor students were just beginning to recognize the impact of trauma in their lives, and at least one student developed the courage to reveal a history of trauma kept "secret" until this course. When students acknowledge their personal connections to trauma in their journals, their reactions and thoughts triggered by course material were unique to their particular traumas and recovery processes. However, like their nontrauma survivor classmates, they were able to struggle with these reactions to productive outcomes and despite their difficulties in the course; all of these participants expressed their enthusiasm for learning.

Instructors also need to be flexible to support the individual needs of each survivor student. Students in this course were extremely creative in their efforts toward developing self-care strategies that would be effective for them. The instructor also provided accommodations that included providing alternative assignments for students who felt that the case material was "too close to home." Students were given a list of trauma therapy resources and support groups on campus and in the local area. Students were taught evidence-based practices for self-care early in the course, including journaling and mindfulness-based stress reduction, which proved helpful. The usefulness of these methods for managing stress in this course supports the limited research findings on the helpfulness of education about self-care among students (Antal & Range, 2005; Napoli & Bonifas, 2011; Pennebaker & Chung, 2007; Shapiro, Brown, & Biegel, 2007; Schure, Christopher, & Christopher, 2008). It also supports the findings of Schure and colleagues (2008), who suggest that giving students choices among self-care strategies maximizes their likelihood of choosing an approach that they will practice effectively.

Recomendations for the pedagogy of trauma include educating students about vicarious trauma reactions as normal responses to empathic engagement with trauma early in the course. Such education should acknowledge that a significant percentage of clinical graduate trainees are trauma survivors and provide recommendations specific to survivors in training. These include educating survivor students about the usefulness of exploring the impact of their particular trauma histories on them and their professional relationships, developing self-care strategies that may include ongoing supervision and consultation on vicarious trauma, continuing education, and personal therapy and peer support as needed.

We concur with the recommendations of Courtois and Gold (2009), who advocate for providing trauma training in a relational context in which instructors can model humanness and their own struggles with countertransference and vicarious trauma reactions. A relational context for learning allows clinical instructors to model a compassionate attitude toward vicarious trauma reactions, to normalize these reactions, and to demonstrate how self-exploration benefits both the therapist and the client toward the goal of greater understanding of the therapeutic relationship with survivors. Central to this training is a focus on cultural variation in response to traumatic stress and cultural influences on the healing process (Brown, 2008; Courtois & Gold, 2009). Providing a safe and open context for learning maximizes students' ability to explore cultural variation in response to trauma material through dialogue.

It is imperative that courses on trauma treatment include evidence-based practices for self-care as part of early education about vicarious trauma. Students in this course did gravitate toward the practice of mindfulness-based stress reduction (Kabat-Zinn, 1990) and writing about stress (Pennebaker, 1993) as self-care strategies. Journaling offered trauma survivor students in this study the opportunity to integrate learning with their own trauma history, develop self-care plans, and to reflect on the impact of personal trauma on their future work. As Miller (2001) suggests, journaling provides an opportunity for instructors to monitor student reactions and encourage reflective practice. Student survivors also gravitated toward the use of social support, such as supervision, personal therapy, and support groups. It may be important for the supervisors and therapists of student survivors in trauma training programs to normalize the likelihood that they may experience
vicarious trauma reactions and to provide a safe framework for the exploration and resolution of those reactions. In this regard, supervisors and therapists can provide important modeling for survivor students who may one day be providing supervision or treatment for student survivors of trauma.

Previous instructors have also recommended the importance of titrating trauma exposure in the classroom (Black, 2008; Cunningham, 2004; Newman, 2011). The findings of this study suggest that students can learn to titrate their exposure to traumatic course material on their own and that developing this self-care strategy may be important to the success of survivor students in training. Many students acknowledge that they learned not to read before bed or they planned to meet a friend and see a movie after class. Titrating trauma material is one of the strategies students learned for being proactive about self-care. It may be helpful for instructors to discuss this strategy with students, especially when courses are focusing on techniques related to learning exposure therapies that require repeated exposure to traumatic material. Ultimately, clinical students need to learn how to tolerate traumatic material and work effectively with trauma survivors in training. This exploratory study demonstrates that student survivors of trauma can learn to become proactive about managing their reactions to traumatic material and develop professional strategies for self-care in courses on trauma treatment. Instructors can also be proactive about encouraging the development of professional practice behaviors through acknowledging the special challenges that survivor students face in trauma training and providing education about vicarious trauma and evidence-based practices for self-care.

Limitations and Implications for Research

This study is based on a convenience sample drawn from course volunteers, and conclusions may not be generalizable to larger or more diverse student samples. This study also failed to measure clinical levels of distress, so no conclusions can be drawn about the overall intensity of distress experienced by students. The findings from this study are also impacted by the particular course, which involved exposure to personal accounts of trauma; however, this course contains material that is likely to be similar to many other courses on trauma. The findings of this study are also limited by the questions that we asked and the semistructured nature of the interviews. It is possible that more in-depth interviews would reveal a richer constellation of findings related to survivor experiences.

Research that further assesses risk factors, protective factors, and the effects and duration of vicarious trauma among clinical graduate students who are survivors of trauma is needed. Very little is known about the experiences of trauma survivors among clinical graduate school and, more specifically, in courses on trauma. Understanding more about their inner experiences, coping strategies, growth, and resilience would guide instructors and the field toward articulating best practices for educating and promoting the growth of trauma survivors in training.

References


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