

COUNSELING

Developing Men and Women for Others: Integration of Wellness Exercises to Prevent Secondary Traumatic Stress

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The Course

COUN 671-01 Clinical Mental Health Internship is the final clinical practice class that engages the community with clientele from local agencies and organizations.

This experiential course is designed as an integrative field experience. Students are expected to engage in on-site counseling program activities with clientele that allow application of the Clinical Mental Health (CMH) Counseling program curriculum.

Background Information

During the clinical mental health internship class counselor trainees (CT) are treating some of the most severely traumatized clientele who reside in lower socioeconomic communities. While treating trauma survivors with few resources, counselor trainees are susceptible to compassion fatigue and secondary traumatic stress. Compassion fatigue is when we find it difficult to be compassionate with our clientele, and secondary trauma occurs when our client's trauma narratives impact us in a way that we begin to experience trauma symptoms related to their stories.

Individual CTs have varying levels of resiliency when experiencing compassion fatigue or secondary trauma. Resiliency equates to having the ability to experience the trauma narratives of clients and remain empathetic, compassionate and caring. Developing resiliency as a CT is helpful in developing compassion satisfaction. If a CT has not developed resiliency there can be major consequences if left unattended; therefore a primary reason to integrate Ignatian principles is in the promotion of compassionate care for clientele and self.

Incorporation of Ignatian Pedagogy

The Ignatian principle of Men and Women for others speaks to the CT's ability to care for the clientele they are serving, hear their trauma stories and advocate on behalf of the client within the context of their environment. Pedro Arrupe initially profiled students as Men and Women for others in his address to alumni of the Jesuit schools in Europe in 1973. While Peter-Hans Kolvenbach emphasized consideration of how our decisions could impact the marginalized groups of our communities.

Developing CT's as Men and Women for others, self-care and wellness are important aspects to examine in graduate education and professional practice. Therefore, as a result of the mentoring experience through Mission and Identity the integration of wellness and experiential exercises were implemented in the Clinical Mental Health Internship Seminar Class as a means to promote professional resiliency, compassionate practice and advocacy. The Clinical Mental Health Seminar class is the final clinical practice class where many CTs' become employed after

graduation. This class assists with making an efficient transition from graduate student to professional counselor.

Learning Objectives

The integration of Ignatian pedagogy is emphasized in three student centered learning objectives with the guiding principle: Men and Women for Others/Whole Persons of Solidarity for the Real World.

Learning Objectives:
1. Understand the professional role of a CMH counselor and how the role interfaces with advocacy, the chosen environment as well as other professionals.
2. Be able to provide appropriate referrals to community resources, especially for marginalized populations
3. Analyze and assess present self-care strategies, levels of compassion satisfaction and compassion fatigue, secondary traumatic stress and modify appropriately to prevent burnout.

Ignatian Principle	Assignment
Skill of Reflection	<p>1. Students are expected to practice the skills of introspection and reflection. “We personify what Freud (1943) called the talking cure: our words are our product. It behooves us to look at ourselves as we move through the process of creative self-examination with our clients, not only during the internship but throughout our careers” (Faiver, Eisengart & Colonna, 2004). <i>Each student will be required to reflect on their internship experience and submit two journal entries describing thoughts, feelings, processes, content or other issues connected with the internship experience.</i></p>
Promotion of Justice	<p>2. Students will complete an acceptable project that will be beneficial to the</p>

	<p>particular setting and population (prior to completing the internship). The project can be an advocacy project for an identified marginalized population (low SES, refugee, LGBTQ, Persons of Color, etc.). The scope to be agreed upon by the faculty instructor, site supervisor, and the student.</p>
<p>Men and Women for Others/Whole Persons of Solidarity for the Real World</p>	<p>3. Treating Trauma: Clinical mental health agencies frequently treat individuals who present with complicated trauma histories. The exposure to trauma narratives for counselor trainees may predispose students to secondary traumatization and its consequences. Each student will be responsible for implementing a literature supported or evidence based self-care exercise within the class with the purpose of prevention. Completion of the self-assessment related to compassion satisfaction, compassion fatigue, secondary trauma and burnout.</p>

In conclusion, the students in the internship class are evaluated through in-class assignments and evaluations from the site-supervisor. Students who have assessed the wellness component have commented that they appreciated the focus on wellness and the whole person in the clinical internship class. In the future I will continue to explore how the integration of wellness and self-care impacts compassion satisfaction within the internship practice.

References

Traub, G. W. (2008). Jesuit education reader. Chicago, IL: Loyola Press.

Valent, P. (2002). Diagnosis and treatment of helper stresses, traumas, and illnesses. In C. Figley (Ed.), Treating compassion fatigue (pp. 17-37). New York, NY: Brunner-Routledge.