

## **SHAPING THE FUTURE**

2019 ATSA Conference | Thursday November 7 | 1:30 PM – 3:00 PM

**T-25**

### **Using Bernard's Discrimination Model of Supervision to Address Vicarious Trauma for Counselors Treating Sex Offenders**

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In the field of counseling, there is research and evidence of the connection between counselor's exposure to trauma narratives in session and the development of vicarious trauma (Figueiredo, Yetwin, Sherer, Radzik, & Iverson, 2014; Adams & Riggs, 2008). Much research is focused on the risk factors, protective factors, and mitigating factors for vicarious trauma for those working with victims of trauma. Limited research, however, focuses on the connection between vicarious trauma symptoms in the field of sex offender treatment. For example, in addition to re-experiencing the traumatic event, avoidance of reminders, and hyperarousal identified with trauma victims (Figueiredo, Yetwin, Sherer, Radzik, & Iverson, 2014; Vrkleviski & Franklin, 2008), sex offender treatment also promotes reactions of anger, frustration, confusion, fascination, and fear (Sheehy Carmel & Friedlander, 2009). The risk for developing vicarious trauma is also elevated due to the therapist's feeling of responsibility for community safety (English, Pullen, & Jones, 1996), the isolation of sex offender providers in the field, and outside views that sex offender treatment is not successful (Harrison & Westwood, 2009).

Available are suggestions of how supervisors can use their role to monitor for vicarious trauma and provide assistance and support as needed to mitigate these symptoms through teaching, support, de-briefing, and encouraging self-exploration (Adams & Riggs, 2008; Watkins & Scaturro, 2013; Berger & Quiros, 2014). As research on vicarious trauma for those working with sex offenders is limited, also is research noting how to address vicarious trauma in this population and how some techniques suggested for clinicians providing services to victims may not translate to work with sex offenders.

This presentation will provide information on vicarious trauma as provided through research as well as identification of how symptoms of vicarious trauma present differently with those in the field of sex offender treatment (D'Orazio, 2013). The presenter will then provide information on Bernard's discrimination model of supervision and how to implement this model of supervision to address vicarious trauma for clinicians providing treatment to sex offenders (Bernard, 1997; Bernard & Goodyear, 2019). Bernard suggests the supervisor should strategically and intentionally move between three identified roles (*teacher, counselor, and consultant*) and three identified foci (*intervention, conceptualization, personalization*) during supervision sessions. Lanning (1986) also provides an additional focus area to this model of *professional issues*.

Across all four of the identified foci, the supervisor can use the role of a teacher to warn their supervisees about the potential for vicarious trauma. This is especially important when working with sex offenders, due to the prevalence of exposure to trauma

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narratives during assessments, individual, group, and family therapy, and when completing victim-work (Rich, 2003). The supervisor can also teach coping mechanisms and self-care strategies to prevent or mitigate vicarious trauma symptoms (Harrison & Westwood, 2009). As a counselor, the supervisor can provide empathy and support so the supervisee feels comfortable enough to talk to their supervisor about any presenting symptoms or adverse feelings in response to exposure to trauma in their sessions (Hartl, Marino, Regev, Zeiss, R. A., Zeiss, A. M., & Leontis, 2007). The supervisor can use the role of a consultant to work with the supervisee to discuss examples of the value in their work as well as identify how the supervisee can be involved in a variety of professional responsibilities to diversify their activities and clientele (Harrison & Westwood, 2009).

The supervisor should intentionally move between the four different foci of supervision while using their three different roles in each foci. When discussing treatment intervention, the supervisor can teach the supervisee the need for the discussion of trauma narratives and prevent a possible urge to avoid these topics. In the focus of conceptualization, the supervisor can assist the supervisee in seeing their work as meaningful (Cohen & Collens, 2013). Clinicians working with trauma victims have noted that seeing their client's strength and resilience has mitigated vicarious trauma symptoms (Michalchuk & Martin, 2018). Supervisors can help clinicians treating sex offenders mitigate symptoms by focusing on the ability of their clients to change and prevent future abuse.

When addressing vicarious trauma, significant focus will be in personalization to help clinicians show pride in working with tough clients, address negative views of human nature and those in the world, establishing clear professional and personal boundaries, and help promote a positive sense of self (McCormack & Adams, 2016; Cohen & Collens, 2013; Michalchuk & Martin, 2018). Research shows that clinicians presenting with vicarious trauma may have difficulty being empathetic and supportive with their clients (Sheehy Carmel & Friedlander, 2009). Therefore, supervisors can also move between roles during the focus on professional issues to ensure that the clinician is providing ethical and appropriate treatment to their client.

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### **Learning Goals:**

- Attendees will be able to define vicarious trauma and explain how vicarious trauma for clinicians working with sex offenders is different than victim treatment in relation to risk factors, symptoms, and protective factors.
- Attendees will be able to describe Bernard's discrimination model of supervision including the different roles and foci to be used during supervision.
- Attendees will understand how supervisors can address vicarious trauma for clinicians in sex offender treatment using Bernard's discrimination model of supervision. Attendees will be able to target skills and techniques to use in supervision to address the vicarious trauma symptoms and dynamics specific to sex offender treatment.

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**Jessie Huebner:** The presenter is a Licensed Clinical Social Worker currently participating in the PhD program in Counselor Education and Supervision through Northern Illinois University. The presenter also holds licensure as a Licensed Sex Offender Treatment Provider and Licensed Sex Offender Evaluator. The presenter's primary clinical work has been with adolescents in residential treatment programs for sexual offending, mental health symptoms, and conduct behaviors. The presenter has a history of work as a therapist and clinical supervisor in therapy and assessment with the child welfare population. The presenter is currently employed as an Integrated Assessment Clinical Screener completing clinical assessments for families involved in child welfare.