

# Letter from the Editors

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The Editors would like to thank the leadership of the Tennessee Association for Counselor Education and Supervision, the official sponsor of the journal. We appreciate their continued efforts in helping publish TCAJ.

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# Assisting the Supervisee: The Application of Narrative Ideas and Practices in Understanding the Parallel Process of Vicarious Trauma

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A review of the literature includes research on the concept of parallel process in clinical supervision, vicarious trauma, and the application of a narrative counseling approach with supervisees experiencing the parallel process of vicarious trauma. In this literature review, the key concepts and components of narrative therapy are described. Vicarious trauma and parallel process are defined and described. Applications for use of narrative therapy in clinical supervision are suggested. Findings indicate that effective supervision is often disrupted by factors such as parallel process and vicarious trauma. Narrative therapy practices may be an effective intervention for clinical supervisors to address the parallel process of vicarious trauma in clinical supervision.

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Victims of trauma are often the subject of research. This trauma may be defined as emotional and psychological distress to one's life as a result of such strains as natural disaster, violent crime, physical, sexual, emotional, and/or verbal abuse, rape or sexual assault, witnessing someone seriously injured or killed in a physically abusive relationship, and/or witnessing or participating in combat (Adams & Riggs, 2008). Adams and Riggs also suggested that providing psychotherapy to clients who have been traumatized may result in a variety of transference reactions for the therapist. Examples of such reactions

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include parallel process and vicarious trauma (Adams & Riggs, 2008; Baird & Kracen, 2006; Jacobson, 2007; Morrissey & Tribe, 2001; Rasmussen, 2005; Van Deusen & Way, 2006; Way, Van Deusen & Cotrell, 2006).

Formal training in supervision of trauma therapy remains limited. Likewise, there is also an expanding body of literature suggesting that providing therapy to victims of trauma may be overwhelming and lead to negative outcomes (Adams & Riggs, 2008; Rasmussen, 2008; Talbot, 1990; Van Deusen & Way, 2006). Two negative reactions that stem from working with trauma survivors are vicarious trauma and parallel process. After an extensive examination of the current literature, the information indicates that clinicians experiencing vicarious trauma, as a parallel process, very often become less connected to clients and supervisors. Consequently, the current literature on the therapists that treat trauma victims is evidence that they are being overlooked. In addition, this literature demonstrates that formal training in the supervision of trauma therapists is limited. This author hopes to use this literature review to raise awareness about the use of narrative therapy as an intervention for the parallel process of vicarious trauma in clinical supervision (Adams & Riggs, 2008; Baird & Kracen, 2006; Knight, 2004; Rasmussen, 2005; Talbot, 1990; Van Deusen & Way, 2006; Wells, Trad, & Alves, 2003).

New therapists and counseling supervisees who treat trauma survivors are often impacted by the concepts of parallel process and vicarious trauma (Adams & Riggs, 2008; Baird & Kracen, 2006; Burke, Carruth, & Prichard, 2006; Jacobson, 2007; Jenmorri, 2006; Knight, 2004; Morrissey & Tribe, 2001; Rasmussen, 2005; Talbot, 1990, Van Deusen & Way, 2006; Versola, 2006; Way, Van Deusen, & Cotrell, 2006; Wells, Trad, & Alves, 2003). Parallel process and vicarious trauma have also been explored, researched, and acknowledged in the arenas of behavior therapy, cognitive behavior therapy, systems therapy, psychodynamic therapies, and clinical social work. This literature review will focus on exploring the application of narrative therapy as a framework for addressing the parallel process of vicarious trauma in clinical supervision. This literature review will also outline implications for clinical supervision. Future research should also continue to explore the use of narrative therapy in supervision as well as the impact of parallel process and vicarious trauma on clinical supervision. Ethical and multicultural considerations will also be explored.

### Narrative Therapy

Narrative therapy grew out of the work of Michael White and David Epston (1990). Their book *Narrative Means to Therapeutic Ends* grew out of the post-modern era and view of reality. This perspective is characterized by an increased value of one's personal meaning and evolution of shifting values (Mills & Sprenkle, 1995). The root of narrative therapy relies on the post-modern view that what one knows is based on one's interpretation. In order to understand a post-modern view of reality, one must understand that within this worldview interpretation is everything; reality only comes into being through our interpretations of what the world means to us personally. The post-modern view is also one that is a reaction to the modern mindset of empiricism

and objectivism. This view places an emphasis on the idea that reality is what the individual determines it to be (Eppler & Carolan, 2005).

Narrative therapy relies on narrative metaphors and focuses on language (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Meyer & Ponton, 2006; Marsten & Howard, 2006; Nwoye, 2006; Saltzburg, 2007; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; Yersushalmi, 2000). Therapists that use narrative therapy use the narrative metaphor as a method of making meaning and experiencing client experiences. Storying or storytelling allows the client to express experiences through narratives. The society that we live in provides narratives that are considered “templates” for how one’s story should unfold (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Meyer & Ponton, 2006; Marsten & Howard, 2006; Nwoye, 2006; Saltzburg, 2007; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; Yersushalmi, 2000). However, when a client’s story unfolds differently from social narratives one may encounter problems. The goal of the narrative therapist is to collaborate with the client to discover the client’s unstoried plots and events that they may use as a resource to address their problem/situation and imagine “new” futures (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Gehart & Tuttle, 2003; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; Yersushalmi, 2000).

The narrative therapy approach has been effective in different areas and populations in the field of psychotherapy. The narrative approach has been effective in managing grief, trauma, and conflict resolution among such populations as children, adults, couples, and families (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Gehart & Tuttle, 2003; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; Yersushalmi, 2006). There are several key concepts in the narrative therapy approach. These concepts typically entail four stages (Costa, Nelson, Rudes, & Guterman, 2007). The first stage is referred to as mapping the influence of the problem. Mapping the influence of the problem is a process of questioning that is designed to help the client externalize the problem (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Gehart & Tuttle, 2003; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; Yersushalmi, 2006). Alongside mapping the influence of the problem is the process of exploring the ways in which a problem has affected the client’s life. Through this process, clients are encouraged to look at their lives outside of the problem and list times when they have overcome a problem. This is also referred to as exploring unique outcomes and is the second stage of narrative therapy. This unique outcome may be a behavior, thought, event, feeling and/or anything that contradicts the client’s dominant story (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Gehart & Tuttle, 2003; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; Yersushalmi, 2006). Eventually, problem saturated descriptions of the client become their dominant story. At that point, the client then engages into the third stage of narrative therapy, which is restorying the dominant story (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Gehart & Tuttle, 2003; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; Yersushalmi, 2006). This

entails a process called deconstruction. Deconstruction is the process of disassembling the assumptions that the client took for granted about the situation that often closed down opportunities to explore new possibilities for change (Paquin, 2006). In order for a new story to be constructed, the client should deconstruct the problem-saturated dominant story (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Gehart & Tuttle, 2003; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; Yersushalmi, 2006). Finally, the fourth stage of narrative therapy includes the use of other tasks and interventions. Such exercises might incorporate the use of metaphors and/or letter writing (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Gehart & Tuttle, 2003; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; Yersushalmi, 2006).

### Vicarious Trauma

Vicarious Trauma is used to describe the strain and stress of assisting victims of trauma over a period of time. Many terms, such as secondary trauma, traumatic countertransference, and compassion fatigue, have been used to define and describe vicarious trauma (Adams & Riggs, 2008; Baird & Kracen, 2006; Bride, Radey, & Figley, 2007; Jenmorri, 2006; Knight, 2004; Rasmussen, 2005; Tehrani, 2007; Van Deusen & Way, 2006; Versola-Russo, 2006; Way, Van Deusen, & Cotrell, 2006; Wells, Trad, & Alves, 2003). Burke, Carruth, & Prichard (2006) described vicarious trauma as being “deeper” than secondary trauma. Adams & Riggs (2008) described vicarious trauma as a form of Post Traumatic Stress Disorder among counselors, psychotherapists and supervisees. Rasmussen (2005) distinguished vicarious trauma as different from countertransference because vicarious trauma stems from cumulative therapeutic relationships with trauma victims that occur over time. The author also differentiated vicarious trauma from burnout because burnout is recognized as emotional exhaustion from the general overall demands of the therapist’s career. However, Versola-Russo (2006) identified vicarious trauma as a “form of burnout” that comes from the consequence of helping trauma victims and is apparent through physical, mental, and spiritual exhaustion. The current literature suggests that many therapists experience vicarious trauma. Vicarious trauma mimics the effect of trauma in that the effects of trauma are transferred from clients onto therapists (Adams & Riggs, 2008; Baird & Kracen, 2006; Bride, Radey, & Figley, 2007; Jenmorri, 2006; Knight, 2004; Rasmussen, 2005; Tehrani, 2007; Van Deusen & Way, 2006; Versola-Russo, 2006; Way, Van Deusen, & Cotrell, 2006; Wells, Trad, & Alves, 2003). Tehrani (2007) described vicarious trauma as an important and natural aspect of helping a traumatized client. Vicarious trauma also mimics the effects of trauma onto therapists as a result of therapeutic engagement with client’s accounts of fear, horror, disaster, betrayal, cruelty, neglect, exploitation, and abandonment (Adams & Riggs, 2008; Baird & Kracen, 2006; Bride, Radey, & Figley, 2007; Jenmorri, 2006; Knight, 2004; Rasmussen, 2005; Tehrani, 2007; Van Deusen & Way, 2006; Versola-Russo, 2006; Way, Van Deusen, & Cotrell, 2006; Wells, Trad, & Alves, 2003). Vicarious trauma impacts the therapist’s personal perspective on the world. This is often witnessed through emotional and behavioral changes of the trauma therapist (Adams & Riggs, 2008; Baird & Kracen, 2006; Bride, Radey, & Figley,

2007; Jenmorri, 2006; Knight, 2004; Rasmussen, 2005; Tehrani, 2007; Van Deusen & Way, 2006; Versola-Russo, 2006; Way, Van Deusen, & Cotrell, 2006; Wells, Trad, & Alves, 2003). Rasmussen (2005) described vicarious trauma as having a serious effect on the therapist's sense of self, others, and worldview. He also described vicarious trauma as a dynamic that alters the counselor's identity, spirituality, self-capabilities, psychological needs, and emotional resources. Rasmussen (2005) further indicated that vicarious trauma is disruptive to the therapist's sense of trust, self-esteem, intimacy, and sense of control. Trauma therapists endure the "lesser degree" of the anger, rage, pain, and terror of the client. Other symptoms can include suspiciousness, vulnerability, anxiety, somatic symptoms, depression, avoidance, and stress (Adams & Riggs, 2008). The literature also suggests that therapists who experience vicarious trauma also experience grief, denial, disbelief, and rescue fantasies (Knight, 2004). Vicarious trauma is also affected by such factors as shifts in time, supervisee vulnerability, and the construct of resistance (Jenmorro, 2006). Baird and Kracen (2006) outlined five schemas that are directly affected by counselors who work with victims of trauma. They are trust, safety, esteem, control, and intimacy. Additionally, vicarious trauma becomes harmful when one or more of these five areas become disrupted.

Clinical supervisees also experience vicarious trauma (Adams & Riggs, 2008; Baird & Kracen, 2006; Bride, Radey, & Figley, 2007; Jenmorri, 2006; Knight, 2004; Rasmussen, 2005; Tehrani, 2007; Van Deusen & Way, 2006; Versola-Russo, 2006; Way, Van Deusen, & Cotrell, 2006; Wells, Trad, & Alves, 2003). Van Deusen and Way (2006) stressed that those clinicians who are newer to the field of psychotherapy report higher levels of vicarious trauma. Likewise, Wells, Trad, and Alves (2003) suggested that many supervisees are likely to invest a great deal of emotional energy in trying to empathize with and understand their client's abusive background. Furthermore, many supervisees may also be less experienced in differentiating between identification and empathy. For both of these reasons, they may be more susceptible to experiencing vicarious trauma when working with trauma survivors (Adams & Riggs, 2008; Baird & Kracen, 2006; Bride, Radey, & Figley, 2007; Jenmorri, 2006; Knight, 2004; Rasmussen, 2005; Tehrani, 2007; Van Deusen & Way, 2006; Versola-Russo, 2006; Way, Van Deusen, & Cotrell, 2006; Wells, Trad, & Alves, 2003).

When supervisees experience symptoms of vicarious trauma they may encounter a sense of shame and guilt, anxiety, and incompetence. They also may not recognize what is occurring (Adams & Riggs, 2008; Baird & Kracen, 2006; Bride, Radey, & Figley, 2007; Jenmorri, 2006; Knight, 2004; Rasmussen, 2005; Tehrani, 2007; Van Deusen & Way, 2006; Versola-Russo, 2006; Way, Van Deusen, & Cotrell, 2006; Wells, Trad, & Alves, 2003). As a result, they may not seek adequate supervision or the experience may be witnessed as a parallel process in supervision. If the symptoms of vicarious trauma are left unattended, unresolved, or the parallel process is not addressed in supervision, the supervisee may become unable to maintain empathy in the therapeutic relationship and become distant (Adams & Riggs, 2008; Baird & Kracen, 2006; Bride, Radey, & Figley, 2007;

Jenmorri, 2006; Knight, 2004; Rasmussen, 2005; Tehrani, 2007; Van Deusen & Way, 2006; Versola-Russo, 2006; Way, Van Deusen, & Cotrell, 2006; Wells, Trad, & Alves, 2003). The supervisee may also burnout and leave the field (Adams & Riggs, 2008). Ultimately, vicarious trauma has direct impact on client care (Adams & Riggs, 2008; Baird & Kracen, 2006; Bride, Radey, & Figley, 2007; Jenmorri, 2006; Knight, 2004; Rasmussen, 2005; Tehrani, 2007; Van Deusen & Way, 2006; Versola-Russo, 2006; Way, Van Deusen, & Cotrell, 2006; Wells, Trad, & Alves, 2003).

### Parallel Process

Feelings being experienced in the therapeutic relationship between the client and counselor are repeated in the supervisory relationship between the supervisee and the supervisor. The literature reveals that in 1955, Searles labeled and described this process as "reflection process." Later, in 1958, Ekstein and Wallenstein introduced the concept of parallel process into counseling supervision. This concept has also been referred to as "mirroring," "reflection process" or "reflection re-enactment" (Jacobsen, 2007, p.26). Parallel process moves from one counseling relationship level to another. This typically begins with the client and is later brought to the supervisory relationship through the counseling supervisee (Williams, 2000). Miller (2004) suggested that supervisors utilize the feelings that become projected onto them as indicators of the unconscious feelings and dynamics that are occurring between the supervisee and the clients with which they are working. Glickauf-Hughes and Campbell (1991) pointed out the effectiveness of parallel process in clinical supervision. These authors proposed that parallel process occurs naturally and frequently in clinical supervision. Parallel process is also often overlooked. This process is an effective teaching tool in clinical supervision when the supervisor is able to acknowledge this process and incorporate it into the supervision experience. Morrissey and Tribe (2001) suggested that parallel process might be beneficial to the supervision process because it may be utilized as a teaching tool by the clinical supervisor. They recommend that the best use of parallel process in supervision is for the supervisor to assist the supervisee to understand parallel process as it is happening within the therapeutic relationship. They also suggested that supervisors use their skills to recognize an appropriate opportunity to point out the dynamics of a parallel process to a supervisee. These authors also pointed out that supervisors should remember that parallel process is often recognized based on the experience of the supervisor, developmental level of the supervisee, and the context of supervision.

### The Parallel Process of Vicarious Trauma

Parallel process reflects the interactions between the client and therapist in the relationship between the therapist and the supervisor. The problems reflected in the client-therapist relationship may be reflected in the supervisee-supervisor relationship. This author proposes that a predictable parallel process that can occur between supervisees and supervisors is vicarious trauma. The supervisor who is working with a therapist who may be experiencing and not recognizing vicarious trauma

may see a number of symptoms. These symptoms may include an increased levels of pessimism, anxiety, and depression (Beckerman, 2002; Jacobson, 2007; Miller, 2006; Morrissey & Tribe, 2001; Rebmann, 2006; Talbot, 1990). In addition, the clinical supervisor may also find it even more difficult to process the discouragement of the therapist in both the therapeutic and supervisory alliances. If the supervisee is experiencing symptoms of vicarious trauma in the client-therapist dyad, these symptoms will also become paralleled in the supervisor-supervisee dyad (Beckerman, 2002; Jacobson, 2007; Miller, 2006; Morrissey & Tribe, 2001; Rebmann, 2006; Talbot, 1990). As vicarious trauma affects the supervisee, it can emerge through transference in supervision. This author further proposes that this interaction will manifest itself as parallel process.

For the purpose of this literature review, this concept may be referred to as the parallel process of vicarious trauma. Although a clinical supervisor may also experience the parallel process of vicarious trauma, this literature review will focus on the parallel process of vicarious trauma of the supervisee in the relationship with his/her clinical supervisor. The following case example from Talbot (1990) illustrates the concept of the parallel process of vicarious trauma. Imagine a situation where a female supervisee is dealing with a female client who is being abused by her husband. This supervisee has also been working with trauma victims on a regular basis over a long period of time. The supervisee has begun to experience the effects of vicarious trauma as a result of this continuous engagement with trauma victims over time. The presenting client in this example is frightened, anxious, powerless, self-blaming, and impotent. This client feels desperate and wants the therapist to tell her what to do. The supervisee feels anxious because of the potential danger to her client and attempts to help her find solutions to her situation. The client meets these suggestions with rebuttal. The supervisee feels stuck. The supervisee then wants the supervisor to tell her what to do with this client. The supervisee describes to her clinical supervisor how she feels stuck and unable to help, that she feels that something must be done for her client. The supervisor offers assistance to the supervisee but is also met with rebuttal by the supervisee who is also feeling anxious, powerless, and desperate. In this scenario, a client is feeling powerless, unable to take responsibility for herself, and wants solutions from the therapist. The therapist feels unable to help. She in turn, in supervision, experiences herself as powerless and requests solutions from her supervisor. She then meets the supervisor with resistance as the supervisor offers insight and suggestions to the supervisee. The sense of the client's powerlessness and resistance flows onto the therapist, then these feelings, flows from the supervisee onto the supervisor, resulting in parallel process. The supervisor, through becoming aware in the supervisory relationship that the supervisee is experiencing what the client reports experiencing, sees the parallel (Talbot, 1990). This acknowledgment assists supervisees to have a better understanding of their own behaviors, feelings, and emotions. As a result, they are less likely to become caught up in this parallel process of vicarious trauma and are able to work more effectively with both clients and supervisors (Talbot, 1990). This parallel process of vicarious

trauma, if not addressed, will lead to an impasse between the supervisor and supervisee (Beckerman, 2002; Jacobson, 2007; Miller, 2006; Morrissey & Tribe, 2001; Rebmann, 2006; Talbot, 1990).

### Narrative Therapy as a Framework for Addressing the Parallel Process of Vicarious Trauma

This author proposes that an appropriate framework for addressing the parallel process of vicarious trauma with supervisees is a combination of narrative therapy and the four components of trauma therapy supervision as outlined by Burke, Carruth, and Prichard (2006). The basic guidelines of these approaches are outlined as follows. 1. Prior to implementing any interventions into the process of supervision, one must remember that interventions should be based on the developmental level of the supervisee (Adams, 2008). 2. The framework outlined in this paper may be helpful to the supervisor working with supervisees that assist clients that have experienced trauma, because the focus of the narrative approach allows supervisors to encourage a shared approach and shared involvement with supervisees who work with trauma victims (Adams, 2008). 3. Not only is this format a collaborative approach between the supervisor and supervisee, it incorporates the supervisee as the expert because wisdom lies within the supervisee's own experiences with vicarious trauma and parallel process (Adams, 2008).

This framework is also presented under four assumptions. 1. Narrative practices and ideas may serve as a tool for the clinical supervisor to assist the supervisee in achieving a better understanding and awareness of the parallel process of vicarious trauma (Burke, Carruth, & Prichard, 2006). 2. The goal of supervision is to assist the supervisee in providing quality care to the client (Burke, Carruth, & Prichard, 2006). 3. Supervisors and supervisees that work with trauma clients should be grounded in trauma theory (Burke, Carruth, & Prichard, 2006). 4. The client therapist and supervisor influence each other's therapy experience at all levels of therapy (Burke, Carruth, & Prichard, 2006).

Before incorporating narrative therapy and narrative techniques to assist the supervisee with understanding vicarious trauma as a parallel process, the supervisor must assure that there is a solid supervision foundation laid for the supervision of supervisees who work with trauma victims. Burke, Carruth, and Prichard (2006) outlined four components of trauma therapy supervision. They are as follows: 1. The supervisor should be grounded and experienced in trauma theory and trauma therapy skills and techniques. 2. The focus of supervision should be on the conscious and unconscious aspects of treatment of trauma victims. This should include parallel process and countertransference. 3. The supervisor should provide an atmosphere that is collaborative, safe, respectful, and non-judgmental. 4. Recognition of the construct of vicarious trauma and psychoeducation about the impact of this phenomenon on the supervisee should be addressed. These guidelines, components, and assumptions are outlined in Table 1.

In addition to utilizing the previously noted components as a foundation for the framework of addressing the parallel process of vicarious trauma, the supervisor should also use assessment to evaluate and clarify if the supervisee is experiencing

vicarious trauma as a parallel process. This may be accomplished on an informal or formal basis. The literature describes assessment tools that can assist the supervisor in assessing vicarious trauma. One such instrument is the Trauma Symptom Inventory (Adams & Riggs, 2008). Bober, Regehr, & Zhou (2006) developed the Coping Strategies Inventory. This assessment is to evaluate the self-care of counselors who assist victims of trauma. Other instruments include the Professional Quality of Life Scale, Impact of Events Scale, and the Impact of Events Scale-Revised (Bride, Radley, & Figley, 2007).

After appropriate assessments of the supervisee have been conducted to confirm that the parallel process of vicarious trauma may be occurring between the supervisee and supervisor and the supervisor has established a foundation of supervision grounded in trauma theory, the supervisor may begin to incorporate narrative therapy and related practices in supervision meetings (Burke, Carruth, & Prichard, 2006). Supervisors are encouraged to use the narrative metaphor because supervisees are storying their experience during the supervision alliance (Carlson & Erickson, 2001).

This author recommends that the clinical supervisor follow the stages of narrative therapy while integrating the guidelines, assumptions, and components of trauma therapy outlined in the above paragraphs. The supervisor should engage the supervisee in the first stage of narrative therapy which is known as mapping the influence of the problem. This should be accomplished through a process of questions that is designed to externalize the problem of vicarious trauma as a parallel process that is occurring in supervision (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Marsten & Howard, 2006; Meyer & Ponton, 2006; Nwoye, 2006; Saltzburg, 2007; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; & Yerushalmi, 2006). Externalizing conversations promote supervisee problem-solving, raises awareness about vicarious trauma as a parallel process, and supports supervisees' competencies and abilities to address the parallel process of vicarious trauma (Adams, 2008).

Next, the supervisor should assist the supervisee in identifying unique outcomes or times that the supervisee was able to overcome a problem working with trauma victims. This is also known as the second step in narrative therapy (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Marsten & Howard, 2006; Meyer & Ponton, 2006; Nwoye, 2006; Saltzburg, 2007; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; & Yerushalmi, 2006). Allowing the supervisee to explore unique outcomes gives them accountability for engaging in the parallel process of vicarious trauma (Adams, 2008). The supervisor then encourages the supervisee to restore the supervisory experience without the characters of vicarious trauma and parallel process. This is the third step of narrative therapy (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Marsten & Howard, 2006; Meyer & Ponton, 2006; Nwoye, 2006; Saltzburg, 2007; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; & Yerushalmi, 2006). Introducing the dominant story of parallel process of vicarious trauma by the clinical supervisor will make the problem visible to supervisees. The supervisor may offer this narrative of the parallel process of

vicarious trauma as a “story” and offer the supervisee an opportunity to change this narrative (Yerushalmi, 2000, p. 81). Step four of narrative therapy involves externalization of the problem as well as exploring and creating new and better narratives that create opportunities for therapeutic dialogue between the supervisee and clinical supervisor. (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Marsten & Howard, 2006; Meyer & Ponton, 2006; Nwoye, 2006; Saltzburg, 2007; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; & Yerushalmi, 2006). The supervisor may co-author new stories with the supervisee. This gives the supervisor an opportunity to assist the supervisee in countering the dominant story of the parallel process of vicarious trauma. This will also allow the supervisor to counter alternative stories of the supervisee (Speedy, 2000). In addition to integrating the steps of narrative therapy with the guidelines, assumptions, and components of trauma therapy, the supervisor may also position him or herself in the unique role of audience *and* curious listener as the supervisee creates new narratives for coping with the parallel process of vicarious trauma. This process is a collaborative way in which the supervisor may “be with” the supervisee (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Marsten & Howard, 2006; Meyer & Ponton, 2006; Nwoye, 2006; Saltzburg, 2007; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; & Yerushalmi, 2006).

Working in a curious and questioning way allows the supervisor to encourage the supervisee to deconstruct the dominant story of vicarious trauma, explore theory, explore parallel process, and investigate the supervisee’s developmental stage in a more critical way (Speedy, 2000). Finally, the supervisor may incorporate other narrative practices to assist the supervisee in having a better awareness and understanding about the parallel process of vicarious trauma (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guterman, 2007; Marsten & Howard, 2006; Meyer & Ponton, 2006; Nwoye, 2006; Saltzburg, 2007; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; & Yerushalmi, 2006). These stages are outlined in Table 2.

The use of questions in narrative therapy assists with externalizing the problem, exploring unique outcomes, and assist with restorying the dominant story. See Table 3 for a summary of questions that a supervisor may use with the supervisee (Costa, Nelson, Rudes, & Guterman, 2007). Narrative therapy also uses other tasks, interventions, and practices. One such practice is the use of letter writing. This practice may also be used in supervision to address vicarious trauma (Eppler, 2005). The supervisor should encourage the supervisee to give a name to the vicarious trauma that he or she is experiencing. In such an instance, the supervisee would be asked to write a letter to this vicarious trauma in a way that allows the supervisee to express determination that the vicarious trauma will not overpower his or her ability to be an effective clinician (Costa, Nelson, Rudes, & Guterman, 2007).

The use of metaphors is a narrative practice that may be used in supervision to assist the supervisee in understanding the parallel process of vicarious trauma (Meyer & Ponton, 2006; Presbury, Echterling, & McKee, 2002; Schoo, 2009). The

practice of using metaphors allows supervisees to talk about overcoming the parallel process of vicarious trauma (Saltzburg, 2007). Four specific metaphors that may be utilized are the metaphorical garden, the butterfly metaphor, finding the pony, and the healthy tree metaphor (Meyer & Ponton, 2006; Presbury, Echterling, & McKee, 2002; Schoo, 2009).

The metaphorical understanding of a garden may provide the supervisee a context for making meaning of a disturbing experience such as the parallel process of vicarious trauma (Schoo, 2009). During supervision the supervisor presents this metaphor as a means to assist the supervisee to transition from established ways of dealing with vicarious trauma in supervision through parallel process to a position of new a more productive ways of addressing this issue (Meyer & Ponton, 2006; Presbury, Echterling, & McKee, 2002; Schoo, 2009). From the developmental view of supervision, the supervisee overcomes the parallel process of vicarious trauma and uses this to move to from one stage of development to another. The goal of this metaphor is to assist the supervisee with growth and maturity in the context of gaining awareness about the parallel process of vicarious trauma (Meyer & Ponton, 2006; Presbury, Echterling & McKee, 2002; Schoo, 2009).

Meyer and Ponton (2006) used the healthy tree metaphor to illustrate how this metaphor may be used by the supervisor to assist the supervisee in gaining awareness about the parallel process of vicarious trauma. The following is an example of such a metaphor (Meyer & Ponton, 2006). Healthy supervisory relationships are like two tall trees. One tree represents the supervisor and the other represents the supervisee. Each tree is firmly planted in its own fertile ground, firmly grounded with its own roots reaching deep into the earth, and is able to feed and sustain itself while sharing ground with others. The trunks are tall and solid reaching straight and strong up to the heavens with the branches and leaves receiving the sunlight and abundance of light that the earth has to offer. The trees stand side by side, but they are not entwined so that they choke one another, they meet at their branches and leaves, lovingly encouraging and stroking one another in the wind. If they do become entwined, they will choke each other and be unable to sustain life (Meyer & Ponton, 2006).

The butterfly metaphor is another metaphor that the supervisor may use with the supervisee to acknowledge the parallel process of vicarious trauma (Presbury, Echterling, & McKee, 2002). The metamorphosis of a butterfly may be seen as the metamorphosis of a supervisee as he or she develops over time. As the supervisee acknowledges and overcomes the parallel process of vicarious trauma, the supervisee is able to become stronger and more developed as a therapist (Presbury, Echterling, & McKee, 2002; Wells, Trad, & Alves, 2003).

*Presbury, Echterling, and McKee (2002) used the familiar metaphor of the optimist who is sent to Hell and discovers that he's up to his shoulders in manure as another metaphor that may assist the supervisor in understanding the parallel process of vicarious trauma. The optimist immediately jumps into the pile of manure and gleefully starts swimming around. A pessimist walks up and asks the optimist why he's so happy. The optimist replies that with all this manure, there's got to be a pony*

*somewhere. The supervisor may use this metaphor to assist the supervisee in understanding that awareness and understanding of the parallel process of vicarious trauma will allow the supervisee to be a more effective therapist* (Meyer & Ponton, 2006; Presbury, Echterling, & McKee, 2002; Schoo, 2009).

### **Ethical and Multicultural Considerations**

From an ethical and legal standpoint, all parties involved in the supervisory alliance must understand and adopt awareness that the parallel process of vicarious trauma is only one story of many stories that interconnect and intertwine among psychotherapy and supervision (Adams, 2008; Carlson & Erickson, 2001; Costa, Nelson, Rudes, & Guternam, 2007; Eppler & Carolan, 2005; Keeling & Bermudez, 2006; Marsten & Howard, 2006; Nwoye, 2006; Paquin, 2006; Saltzburg, 2007; Speedy, 2000; Wolter, DiLillo, & Apel, 2006; Yersushalmi, 2000). The goal is to encourage therapists to ethically use the guidelines, components, assumptions, steps of narrative therapy, and trauma therapy that are outlined in this paper.

Supervisors must maintain ethical and legal responsibility to the profession, the supervisee, and the client. These responsibilities include such activities as “to engage in counseling practices that are based on rigorous research methodologies, provide services within the framework of the profession and limitations of their competence” (Ponton & Duba, 2009, p. 120). Furthermore, Ponton and Duba (2009) emphasize that counselors who take on the role of supervisor “model the values they are teaching as they interact with students” (Ponton & Duba, 2009, p. 120).

Wells, Trad, and Alves (2003) stressed that the framework for presenting this research assumes that both the supervisee and the supervisor should be aware of their own cultural perspectives, embrace cultural diversity, and be open to what treatment interventions are meaningful to the recipients of their care. This cultural perspective is especially important for victims of trauma who misinterpret their cultural differences as flaws and look to others to interpret these flaws for them. The goal is to acknowledge that what is experienced as traumatic for one individual, may not be traumatic to another. This may include assisting the person with sorting out such experiences as cultural differences versus universally unhealthy ways of relating to other individuals. The important thing to remember is that each individual's level of resilience and perspective will need to be explored within the cultural context that shaped the client's worldview (Wells, Trad & Alves, 2003).

### **Implications for Supervision**

One might argue that the single most important source of support for the supervisee is the process of supervision. Supervisory support is crucial in the reduction of the parallel process of vicarious trauma among supervisees. Supervisors who work with counselors that conduct trauma therapy should have a clear understanding of parallel process and vicarious trauma. This is vital to supervisors who work with supervisees who conduct trauma therapy. Supervision should acknowledge and identify

the negative effects of parallel process and vicarious trauma. Supervisors should also teach positive coping strategies for addressing such processes as well as educate supervisees about the avoidance of negative coping strategies.

Many supervisors that adopt a narrative approach to supervision also have a postmodern view of supervision. Postmodern supervisors often share their thoughts, feelings, and perceptions with therapists, but remain aware that these are their personal views about the therapeutic process. They frequently attempt to create an atmosphere that encourages collaboration between supervisor and supervisee, rather than therapist conformity to supervisor-imposed norms (Mills & Sprenkle, 1995)

Everyone, including counseling supervisees, has a story to tell. Individuals record their life experiences, including the experience of supervision, in the form of a story. Supervisees who are experiencing vicarious trauma and parallel that into their relationship with their clinical supervisor are “acting out” their dominant story. Supervisors may map this story through narrative therapy techniques. These narrative approaches may enhance the quality of care that the client receives from the supervisee (Nwoye, 2006).

Prevention of such processes as vicarious trauma as a parallel process includes ongoing monitoring by clinical supervisors. Counseling supervisees give different interpretations and meanings to the vicarious trauma that they parallel into the supervision alliance. The narrative approach of the clinical supervisor provides a forum for new forms of repaired interpretations that can assist the supervisee in alleviating the stress of working with trauma clients (Nwoye, 2006). Counseling students should receive adequate preparation and training before working with trauma clients. This training should extend to pre-practicum students and continue with practicum students. Students should receive training in trauma theory, therapy, skills and techniques (Adams & Riggs, 2008).

### Summary and Conclusions

From the review of the literature, narrative therapy techniques are an effective intervention for overcoming the parallel process of vicarious trauma. Effective clinical supervision of supervisees who work with victims of trauma need intense and on-going clinical supervision. The focus of the supervisor should be on the supervisee and the client. This requires that the clinical supervisor have a clear understanding of the nature of trauma, vicarious trauma, and parallel process. The clinical supervisor should often explore the personal and affective reactions of supervisees engaged in trauma therapy.

The application of appropriate interventions in supervision will impact the effectiveness of the supervisee's work and the outcome of therapy for the client. Narrative therapy is an effective and appropriate intervention that may be used in supervision to assist the supervision in combating the effect of the parallel process of vicarious trauma. Clinical supervisors may use narrative therapy ideas and practices as tools to assist the supervisee in having a better understanding of the concept of the parallel process of vicarious trauma.

Supervisors should also continue to address the sociocultural, legal, and ethical issues that influence how supervisees experience the parallel process of vicarious trauma. Future research should build on findings of specific studies in which narrative therapy was used to address the parallel process of vicarious trauma. This research would contribute to an establishment of evidence-based studies in supervision and narrative therapy. Keeling and Bermudez (2006) proposed that the applications of narrative therapy to supervision have only begun to be explored empirically and that this exploratory effort would move supervision one step further in the direction of evidence-based supervision. The hope is that as more supervisory interventions are uncovered to assist supervisees that are grappling with vicarious trauma as a parallel process the more supervisees will be able to remain objective yet empathetic in the therapeutic and supervisory alliances.

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Table 1

*Guidelines, Components, Assumptions, that Assist the Supervisor in Addressing the Parallel Process of Vicarious Trauma*

<i>Guidelines</i>	<i>Components</i>	<i>Assumptions</i>
1. Focus on developmental level of the supervisee.	1. Be grounded in trauma therapy .	1. Narrative therapy is a tool in clinical supervision.
2. Be collaborative with the supervisee.	2. Focus on identification of parallel process.	2. Give quality care to the client.
3. Incorporate the supervisee as an expert in the supervisor/ supervisee dyad.	3. Provide a collaborative atmosphere. 4. Provide awareness of vicarious trauma.	3.Be trained in trauma and narrative therapy. 4. The client, therapist, supervisor influence each other's therapy experience.

Table 2

*The Stages of Narrative Therapy that Assist the Supervisee in Recognizing the Parallel Process of Vicarious Trauma*

<i>Stage</i>	<i>Goal</i>
Stage One- Mapping the Influence of the Problem	Externalize the problem through questioning
Stage Two- Exploring Unique Outcomes	Identify instances in which one has overcome problems
Stage Three-Restorying	Deconstruct and reconstruct
Stage Four- Other task and interventions	Provide more opportunities to restory

Table 3

*Example Questions of a Narrative Therapy Approach in Supervision to Address the Parallel Process of Vicarious Trauma*

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<i>Externalizing the Problem Question</i>	<i>Unique Outcomes Questions</i>	<i>Restorying Question</i>
How is vicarious trauma affecting the picture you have of yourself as a therapist?	How were you able to not let the stress associated with working with trauma victims influence you in the supervisory relationship?  What have you done to overcome the stress of working with trauma victims?	What does this (unique outcome) say about you and your ability to have influence over the stress associated with working with trauma victims?

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# The Benefits of Using Art Therapy in Group Counseling

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The creation of art involves both an internal and external component, as an individual expresses their inner world in an external artifact. Art therapy used in conjunction with group counseling provides members additional avenues for communication and exploration. Moreover, using art as part of group counseling may offer therapeutic benefits to the individual and the group, accelerate group cohesion, and improve communication. The author of this article explores the benefits of art therapy as a therapeutic intervention in the group counseling process.

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Art therapy is far more than the addition of art making to the therapeutic relationship (Wadeson, 1987). Landgarten (1981) proposed “the nonverbal aspect of art psychotherapy holds an important and unique position in the realm of mental health work, for it gives clients an opportunity to listen with their eyes” (p. 4). Definitions of art therapy vary, most likely due to the diverse backgrounds of its clinicians. In general, however, most practitioners agree that art therapy is a fusion of two disciplines: art and psychology (Vick, 2003).

## Benefits of Art Therapy

Art affords both the counselor and client an expanded menu of therapeutic options and thus offers unique benefits as a therapeutic tool. Art is one of the most powerful methods of non-verbal communication available (Hagwood, 1994; Malchiodi, 2005) allowing the individual an alternative medium for communicating internal content. Artwork may also serve as a bridge for the client to the counselor or the therapy group when the client is unable to connect or express him- or herself in a more

traditional manner (Hagwood; Odegard & Koltz, 2008). Art offers clients additional opportunities for self-exploration and self-expression (Coholic, Lougheed & Lebreton, 2009) particularly with difficult subject matter (Veatch & Gladding, 2007). As a cathartic tool, art can help individuals release difficult emotions in a safer and more socially acceptable manner (Kahn, 1999; Malchiodi) and art products are a vessel for the client's work, and thus serve as documentation for the client and the therapist (Malchiodi; Rabin, 2003; Rozum, 2001).

Since the very act of producing art requires participation, art is an excellent means of actively involving the client in the therapeutic process (Froeschle & Riney, 2008; Hagwood, 1994). Art expression in and of itself can be an enjoyable pastime, assist in releasing stress, and renew the soul (Hagood; Malchiodi, 2005). Art therapy also serves as a modality for gathering information or contains clues to aid the therapist in their diagnoses of clients, as well as to assess the client's strengths and weaknesses (Landgarten, 1981). Art making can help some clients focus, giving them a task on which to concentrate and impose much-needed structure (Riley, 2001). Hagood suggested art therapy offers a means for symbolic resolution of conflict; a way to resolve what in reality could never be resolved. According to Gladding (1997) expressive therapies, including art therapy, are by nature process oriented, and, therefore, ideal techniques for integrating into the group counseling setting.

### **Art Therapy as a Therapeutic Tool in Groups**

Infusing art into the process of group work enhances the dimensions and possibilities of therapeutic change, and allows members to share themselves with other group members both visually and verbally (Finn, 2003). Perhaps the most obvious of affordances for art therapy in the group setting is its ability to expand and assist with communication. Likewise, art products provide a permanent representation of former communication, and, as such, offers the group not one, but numerous chances to "visit" an issue when appropriate, thereby extending the usefulness of the image beyond the moment of its creation (Hagood, 1994; Riley, 2001). Art therapy helps members find a voice through visual expression, offering a less threatening method to communicate unpleasant or uncomfortable messages. Art therapy also aids in mediating group members' behavior and offers its members and leader a distinct method for processing group content. In addition, the use of art in group counseling can support or accelerate the developmental process of the group as a whole. One example of an art activity facilitating communication is introduced following a description of Johari's Window to members of the group (Odegard & Koltz, 2008). Johari's window was developed by Luft and Ingham (1955) to facilitate communication and group processing. Johari's window is composed of four quadrants, each representing a level of knowledge that is known to the individual (self) and/or known to others. Quadrant one, labeled the open quadrant, represents knowledge known to self and others. Quadrant two, labeled the blind quadrant, is knowledge known to others but unknown to the individual. Quadrant three is called the hidden quadrant, as this area represents knowledge known to the individual but unknown to others (therefore hidden). The final quadrant is labeled the

unknown quadrant, as this knowledge is unknown to both the individual and others. In this activity, group members are given a paper bag, and directed to use clippings from magazines and/or papers to depict Quadrant one of Johari's Window (i.e., known to self and others). Members are asked to define what they *show* the group by pasting those clippings on the outside of the bag. Conversely, members are then asked to do the same with Quadrant four, the hidden quadrant, by again clipping words and pictures and placing these clippings, representing their hidden parts, on the inside of the bag (Odegard & Koltz). Expected outcomes from this activity include increased awareness of self, of communication with others, and the ability to express and process these with the group, supported by a tangible art product.

Art is also a useful alternative for assisting group members in exploring deeper issues or areas where insight and awareness is lacking, by offering an appropriate medium for accessing difficult and even unknown emotional content (Finn, 2003; Kahn 1999). Art is often described as a container or a vessel for the individual (Franklin, 2000; Riley, 2001; Rozum, 2001) retaining and reflecting both the inner and outer world of the creator. As such, art therapy may assist in swift revelation of unconscious material, given that art expression has a tendency to access feelings better than language alone (Case & Dalley, 1992; Franklin 2000; Hagood, 1994; Rozum 2001). Incorporating art therapy into group work aids those members who are struggling to access emotional content, thereby presenting them the opportunity to benefit from the group therapeutic process, and stay connected to the group as a whole. Hansen (2006) reported that groups created for individuals who have experienced a similarly traumatizing experience (e.g., abuse, loss, physical injury) would specifically benefit from the use of expressive techniques, such as art therapy, in order to access difficult and hidden emotional content.

Art may become a helpful tool for mediating group members' behavior (Coholic, Loughheed, & Lebreton, 2009). The use of imagery is beneficial in managing members who are silent as well as those who monopolize (Langarten, 1981; Riley, 2001; Wadeson, 1987). Group members who are not comfortable participating can become equal participants when they engage in the same art activity as all other group members while conversely, a dominant group member may have his or her monopolizing behavior minimized when asked to engage in the same art activity as their peers. In both cases, an art activity can level the playing field for all group members without the need for the group leader to do so directly. The use of specific art interventions may also offer the counselor a less threatening method for addressing resistance (Kahn, 1999). Froeschle and Riney (2008) presented a Adlerian art therapy group designed specifically for socially aggressive middle school students where resistive behaviors are common. They found that art mediated the tendency for resistance commonly found with this population

Art also offers the leader opportunities to establish links between group members. Leaders should note any shared visual or content themes existing between group members, and identify and link such similarities just as they would shared verbal content when it exists (Vick, 1999). A simple but powerful example is the Ritual of Confidentiality (Riley, 2001). For this

activity, the group leader takes a large, sturdy piece of paper and markers, and passes the paper around the group, asking each group member to trace one or both hands onto the paper. As the activity progresses, the paper is filled with hands drawn on top of hands, and the overdrawing symbolizes the pledge of confidentiality by group members. Riley suggests that placing this drawing in an obvious space during each group serves as a physical metaphor for the trust pledged during its creation.

Sometimes employing art therapy techniques in the group setting can aid in content processing. An individual's problems may be externalized in the art product, thus giving distance and perspective. Such detachment can be helpful because of the control it gives the artist (Finn, 2003). Individuals may be capable of separating emotions from the issue, gain perspective to solutions, and attempt mastery of the problem initially through the art itself (Riley, 2001). In the group setting, this benefit promotes the therapeutic factor of interpersonal and intrapersonal learning, as members are able to explore and eventually test solutions to problems with the support of the group (Yalom, 1995; Yalom & Leszcz, 2005). Given that art has permanency, it also offers group members the opportunity to revisit and continue to search for solutions and meaning long after the day the artwork was produced. The Kinetic Family Drawing (KFD), while initially identified as a technique for use with individuals may be used in the group setting as well (Snyder, 1997). It is an excellent example of a technique that affords distance and perspective for the individual while allowing for problem solving support from group members. The KFD (Burns & Kaufman, 1970) is a projective drawing technique used to elicit the client's feelings about his or her family, including family dynamics. The client is asked to draw a picture of their family, including themselves, doing something. Since the KFD is both an expressive technique and a projective assessment, the clinician should have training on projective assessments before using this particular approach.

### Group Development

The use of art in the group setting can also promote group development. The creation of art, as a group activity, fosters camaraderie between members and fosters the therapeutic factor of group cohesiveness (Rozum, 2001; Yalom, 1995). Engaging in the same task builds a sense of togetherness, as individuals share materials, tools, and even the task of cleaning up (Case & Dalley, 1992). There is opportunity for physical as well as verbal interaction that is qualitatively different than other times during group work. Creating art together, in essence, allows group members to pull back into themselves to create the art, thus preserving their individuality while encouraging group intimacy through a shared creative experience. When the opportunity for change emerges during the group process, art expression can anchor such change in an observable expression. Group drawings or murals, such as *An Island of Our Own* (Riley, 2001), offer a group focus as members create an island of their own (where they can have anything they want). This technique is particularly useful in creating some initial group cohesion and group norming as members are forced to work jointly by creating their own world together on a single piece of paper.

Group leaders can also use art therapy as a metaphor for actions or a neutral stimulus for the rehearsal of behavioral change (Rozum, 2001). Risk-taking is inherently present in producing art and this risk can be a metaphor for the risk-taking involved in sharing yourself with the group or finding a voice to say something authentic to the group members (Hagood, 1994). While producing art, group members practice tolerating frustrations, making decisions, confronting conflicts, and delaying gratification. As members create their art, they actually have a relationship with the media itself. The art space will comply with the demands of the artist, forgiving, tolerating, and supporting the individual (or group if it is a group art project), even serving as a companion (Chapman & Appleton, 1999; Franklin, 2000). These relationships can then be processed in the here and now of the group, where they may also be reinforced by group members.

In summary, the infusion of art therapy techniques offers group leaders assistance in a number of areas inherently important to therapy in general and group counseling specifically. Art can be used for improving and expanding communication between group members. Art affords group members the opportunity to more successfully access memories, insights, and emotional content while still offering them control over how and when to share with group members. The use of art may assist the leader in managing group member behavior and art in and of itself may accelerate the developmental stages of group, or assist in a difficult developmental phase. Finally, an art intervention offers group members a tangible metaphor for personal challenge and growth within the group setting. Clearly art therapy techniques are a valuable adjunct to group counseling.

### Considerations for Processing Art in Group Settings

Art images should be viewed with regard to the product's content, creation process, and emotions involved in the construction of the image. Ethical obligations such as the safety of members are inherent in any form of group counseling. This ethical duty takes on additional meaning, however, when expressive therapeutic techniques are employed.

#### Group Leaders

Group leaders are ethically responsible for the safety of group members (Gladding, 2007) and this includes processing therapeutic art. First, it should always be the choice of the individual whether or not to share the art with the group (Riley, 2001). If the group member chooses to share, it is imperative that group members are aware that interruptions are not allowed while the individual gives their narrative about the art. The art is in fact communication and expression of the individual and this reality can easily be lost during the sharing process, if focus turns to the art product rather than the narrative.

The group leader is also responsible for pacing the processing by other group members (Association for Specialists in Group Work, 2007). Moving too quickly with exploration of the art product can be problematic, and premature intimate disclosure of personal content can be harmful and counter-productive (Haeseler, 1992) especially when the group begins to process the art before the individual is ready. It is also the leader's responsibility to restrain the group from analyzing or interpreting the art, or

talking about the art as if it is a separate entity. Some group members may try to talk to, about, or at the art, and use the process to distance themselves, or avoid talking directly to the individual (Riley, 2001). A better choice would be to comment on how the image makes them feel, but refrain from other discussions of the art unless directed toward the creator. This process should also be conducted in a manner congruent with group expectations for communication. When exploration does take place, this work will parallel verbal processing of personal content within the group, and may be vertical (within the art-maker) or horizontal (between the leader or other group members) (Riley, 2001). Vertical processing is intrapersonal and takes place when the group member discusses his or her art alone, and the group members serve as a witness to the verbal insight, while horizontal processing is interpersonal and employs the group as the therapeutic relationship, and group members process with the individual who created the artwork being discussed.

Art may also be considered a curative or therapeutic act in and of itself, without the need for further comment or processing (Franklin, 2000; Thompson, 2001; Vick, 1999). Verbally processing an art product may not be appropriate if the individual is using the art resource as a means to structure or organize emotional affect. There are times when a picture truly is worth a thousand words, and verbal insights may fall short, or be therapeutically harmful. There are times when processing is unnecessary for therapeutic benefit J. Ashby (personal communication, March 6, 2009). Again, the considerations here should be safety of the individual, and their own personal time table for processing. Not only may the creation of art be therapeutic in and of itself (i.e., product), but also the *process* of.... Therefore, one should not underestimate the act of simultaneous creation of art during group time as it can be a powerful experience in and of itself (Hanes, 2000). Creating art together in group can foster a feeling of community within the silence of the art making which may also be therapeutic for group members and need not be processed (ASGW, 2007; Wadeson, 1987).

## Trust

Sometimes, what is most worthwhile for the group is not to process the art product itself, but rather the process of art creation within the group context. Wadeson (1987) suggested that within group art therapy, the components of trust and group cohesiveness take on exceptional dimensions. Art making often elicits performance anxiety, especially from participants who are uncomfortable or unsure of their art abilities (Hagood, 1994). Taking risks in the group setting also elicits fear, therefore, art making in group may elicit even more fear, and also represent metaphorically the fears of participating in group. Therapeutically, reciprocity exists between risk and trust, and, because of this, a special intimacy develops as a consequence of the risk-taking followed by the trust-building (Wadeson). This intimacy may be a component of group cohesiveness, and in some cases may accelerate the group cohesion process.

## Practical Considerations When Using Art in Groups

The use of art in groups requires counselor attention to a number of group dynamics in order to provide group members with a relevant and therapeutic experience. Group leaders should be knowledgeable in group development and group process. Likewise, group leaders should be aware of ASGW's Best Practice Guidelines (2007) as they relate to the infusion of an intervention such as art making. Finally, group leaders should have an awareness of the specific challenges inherent in planning, implementing, and processing art in the group setting.

First, as with any other activity planned for groups, art making activities should originate with a purpose or goal. Group counselors should consider how the art therapy techniques are used as they relate to the ASGW's Best Practice Guidelines (2007). Specifically, the following apply directly to the planning, use, processing and evaluation of art therapy techniques in a group setting.

- A.4.d. Group Workers choose techniques and a leadership style appropriate to the type(s) of group(s) being offered.
- B.3.a. Group Workers apply and modify knowledge, skills and techniques appropriate to group type and stage, and to the unique needs of various cultural and ethnic groups.
- B5 Group Workers assist members in generating meaning from the group experience.
- C3 a. Group Workers evaluate process and outcomes. Results are used for ongoing program planning, improvement and revisions of current group and/or to contribute to professional research literature.
- Group Workers follow all applicable policies and standards in using group material for research and reports.

In essence, this suggests that group leaders need to be intentional in their choices and their use of art in group. A common pitfall by some is the overuse of certain art techniques simply because the leader likes that technique, or it was well received in past groups. Art techniques should be chosen exclusively for the group, the stage and development of the specific group, as well as individual members' needs (Rozum, 2001). Group leaders should avoid a one-size-fits-all mentality when it comes to the selection of art interventions in group settings. Examples of other decisional considerations for art techniques include the use of theme-directed or open-ended directives, whether to impose structure to the art making or allow unstructured time, and deciding if the tasks will be individual, dyads, pass-arounds, or mass group art products. Ultimately, these decisions depend on the purpose or goal of the activity. Finally, evaluation of the group experience is included in best practices in group counseling. When expressive techniques have been used, the group evaluation should include feedback or outcome measures specifically addressing the members' experience with these techniques. An evaluation that allows for some qualitative feedback about expressive techniques will afford the group leader a better opportunity to reflect on the group members' experience and the group leader's skills in facilitating these techniques in a group setting.

Temporal management is another consideration. Art can, and usually does, take more time than other activities, so the leader must make provisions for the use of group time, to insure the art project is not rushed (Dalley, 1993; Riley, 2001). Leaders

must do their best to orient the group members to the expectations of the art making, including temporal expectations and restrictions. Even so, there is a limit to the amount of control the group leader will attain with regard to time, so the group leader should be prepared for situations in which time runs short, and assist group members who struggle with leaving an unfinished or unprocessed art product. There is solace in the fact that (a) the art product is permanent, and will be present for work during the next group meeting, and (b) individual processing occurs through the act of art making alone as internal content is externalized through the art process.

Art media may be intimidating, so putting ground rules in place insures an atmosphere where group members feel safe to create and share their artwork (Chapman & Appleton, 1999). It is best to avoid lengthy explanations regarding the benefits of art in group work (Riley, 2001) but rather offer structure and support to reduce anxiety and trepidation. Depending upon the age and make-up of group members, the use of art media may require explicit instructions on (a) how the products are to be shared, (b) the amount of media each group member may use, (c) restrictions on types of art that may be created, or (d) the manner in which the products are to be used.

Ethical considerations exist when group members produce art (Kahn, 1999). What happens to the artwork after the individual or group is finished with it? Is it documentation to be held by the therapist, or does it belong to the client? If the art product is a group mural, then where does it go? These dilemmas will need to be addressed by the group leader, preferably before art is used in the group. However, caveats may occur, and there are times the therapist may suggest that taking the artwork home could cause a problem for the client, particularly if the artwork could be misunderstood by a family member, or if it serves as documentation for abuse or possible future court proceedings (Haeseler, 1992).

### Conclusion

Prudence in the use of art therapeutic techniques bears mentioning. While numerous practical, ethical, and therapeutic cautions have been outlined throughout this article, group leaders must also be clear that a general caution supersedes all other concerns. Group leaders should receive some training and supervision on utilizing expressive therapies in the group setting. A lack of any training in this modality raises concerns of competence.

Additionally, while the focus in literature is often on the use of art techniques to assist in secondary or tertiary counseling settings, art therapy is equally beneficial in preventative group settings offering similar opportunity for individual insight and assistance in group development.

In conclusion, art therapy is clearly more than art used therapeutically. A unique relationship evolves when an individual shares imagery with others. The creative experience of producing art with others offers tremendous opportunities for the individual and the group as a whole. Communication will likely be enhanced, group cohesion will flourish, and self exploration

may take place at levels unattainable through verbal exchanges. Art expression, added to group counseling offers the opportunity to take group intimacy to another level. For some group members, the use of art offers safety, to others risk, but for all art offers a chance for personal understanding, insight, and an avenue for change.

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# Utilizing the ASCA National Model® for Preventing or Intervening in Cyberbullying

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In an effort to create safe schools for students to feel comfortable and committed to learning, bullying has been a main concern of school personnel; and, one that school counselors have the knowledge and skills to address. With the increase in the use of electronic devices to send harassing and threatening communications, a new type of bullying called cyberbullying has emerged as a means to torment youth. Protecting students who are at risk from cyberbullying requires a comprehensive approach that involves multi-level programs and coordination of stakeholders such as parents, teachers, administrators, and students. School counselors can utilize the framework of the ASCA National Model® to lead stakeholders in addressing cyberbullying. This article suggests ways counselors can design strategies within comprehensive developmental school counseling programs that will focus on prevention and intervention of cyberbullying.

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During a 2010 legislative hearing on the reauthorization of No Child Left Behind, Dr. Phil McGraw called the Internet “the Wild Wild Web” because it has become a ruthless place where teenage modern-day “gunfighters” use cyberbullying methods to threaten their peers. Some common examples of this behavior include: a fist fight in the hallways of a rural Tennessee high school occurred because a male student was “sexting” nude pictures of another male student’s girlfriend, and a group of Tennessee middle school girls disrupted class because they were sending angry text messages to each other rather than attending to their schoolwork.

As technology becomes more accessible, incidents of harassment using electronic devices among young people have increased in frequency because youth have acquired increasingly sophisticated technological skills but still lack mature judgment; meanwhile adults remain uncommitted to addressing the issue.

Young people committing suicide seems to be increasingly caused by the dissemination of hurtful and harassing messages through electronic means. Parents are seldom aware of the taunting communications that upset their children because their offspring do not tell them (Kowalski & Limber, 2007). Since cyberbullying usually occurs online and off school grounds, school administrators and teachers tend to ignore it (Beran & Li, 2007). This lack of regard for this new type of bullying by parents and teachers has allowed it to flourish among students (Smith et al., 2008). To investigate school personnel awareness, graduate students in school counseling at Tennessee's Carson-Newman College conducted focused interviews with thirty-six East Tennessee school counselors who work with a variety of school populations (i.e., small to large schools, urban to rural schools, and elementary to high schools). They found that few of the counselors interviewed were aware of cyberbullying among their students and did not consider it an issue for their schools. Only one counselor in the study was implementing a cyberbullying prevention program.

The purpose of this article is to review research on cyberbullying, to identify key components of evidence-based prevention programs, and to describe how to use the ASCA National Model® as a framework to build comprehensive developmental school counseling programs to address it.

### The Impact of Bullying

In an effort to decrease school violence and increase a safe school climate, bullying has received considerable attention from groups such as education reformers, school personnel, legislators, and researchers (Fein et al., 2002). Bullying in any form is now recognized as a behavior that puts at risk both the students who bully and those who are the victims (Swearer, Espelage, Vaillancourt, & Hymel, 2010). Bullying in the traditional form is usually physical and overt, more recently, research is beginning to focus more specifically on another form of bullying, called *cyberbullying*, in which students use electronic devices to disseminate emotional and social damage to others (Williams & Guerra, 2007).

*Cyberbullying* has been defined as "actions using information and communication technology to harm another person" (Bauman, 2011, p. 4). It is intentional and repeated acts of aggression through the use of electronic media, such as computers and cell phones (Kowalski & Limber, 2007; Willard, 2007a; Hinduja & Patchin, 2008). It is described as social cruelty intended to taunt, threaten, embarrass, and/or intimidate others using communication technologies of email, text messaging, chat rooms, instant messaging, social communication websites, and the like (Moessner, 2007).

Some significant distinctions exist between cyberbullying and bullying in the traditional sense. While traditional bullying occurs with face-to-face encounters and often on school grounds or during school hours, cyberbullying can be delivered out of sight, from far away, and 24 hours a day (Hiduja & Patchin, 2009). Victims of traditional bullying know who their tormentors are, but those who are targeted by cyberbullying may not be certain who is sending them aggressive messages electronically (Bauman, 2011). This means cyberbullying can be more relentless and pervasive than traditional bullying; moreover, the inability of victims to accurately identify their attackers encumbers their ability to combat or to ignore it (Hiduja & Patchin, 2009). Cyber victims of bullying experience higher levels of fear and worry when they do not know who among their peers could be harassing them (Bauman, 2011).

Research indicates that youth are reluctant to report cyberbullying to adults (Li, 2007; Juvonen & Gross, 2008; Hinduja & Patchin, 2008; Kowalski, Limber, & Agatston, 2008). Juvonen and Gross (2008) conducted an online survey completed by over 1,400 adolescents. Of the respondents, ninety percent indicated that they had witnessed or had experienced cyberbullying and over 58% of individuals who witnessed or experienced this bullying did not tell an adult about the incident.

Teens and preteens are reluctant to report bullying and cyberbullying to adults because: they fear that they will become a target of cyberbullying themselves, they believe that adults will not understand and would do nothing, they worry that adults will overreact in ways that will escalate the situation, and they simply do not know what to do to avoid or prevent the attacks (Li, 2007; Hinduja & Patchin, 2008; Kowalski, Limber, & Agatston, 2008).

Fear of punishment also prevents victims of cyberbullying from telling adults. Students believe that parents or teachers would remove their computer or cell phone privileges, which would compound their emotional and social pain (Hinduja & Patchin, 2008; Kowalski et al., 2008). For students today, electronic social communication devices such as instant messaging (IM), Facebook, text messaging and chat rooms are more than just a way to connect to friends, these devices are their social lifelines. Consequently, to remove these privileges would be like "social death." Therefore, in many cases, youth would rather continue to experience the pain of cyberbullying than to be electronically cut off from others (Kowalski et al., 2008; Bauman, 2011).

Bullying in any form can have lasting impact upon both the person bullying others and the victim of the bullying. McDougall and Hymel (2009) reviewed fifteen years of research and found that the short-term effects of bullying in childhood could lead to long-term problems later in life. Adults who experienced prolonged childhood bullying may experience depression and low self-esteem. Short-term effects on students who bully include anger, depression, aggressiveness, hostility, and high conflicts within friendships, which can lead to long-term personality and attitudinal issues in adulthood such as depression and low self-esteem.

Research indicates that a connection exists between face-to-face bullying and cyberbullying. Students who are victims of cyberbullying are often victims of traditional bullying (Raskauskas & Stoltz, 2007), and students who bully others offline tend to bully others online as well (Smith et al., 2008). Online aggressive acts are often attempts to retaliate from conflicts that began in school as traditional bullying (Wolak, Mitchell & Finkelhor, 2006; Juvonen & Gross, 2008). Hinduja and Patchin (2008) found that those who bully others face-to-face or who were victims of this type of harassment tend to engage in cyberbullying. This correlation between traditional bullying and cyberbullying indicates that traditional bullying, if left unchecked, can escalate into electronic bullying and can include lasting after-effects.

### Cyberbullying

With the plethora of electronic communication devices available to young people today it is hardly surprising that these have become vehicles for delivering aggressive messages to peers. Lenhart, Purcell, Smith, and Zickur (2010) found that ninety-three percent of youth ages 12-17 use the Internet. A Nielsen study (2009) reported that social networking sites, such as Facebook, MySpace, Twitter, Flixster, and LinkedIn, are now the most popular online activities—ahead of personal e-mail. Nearly three-out-of-four (74%) of seventh-graders to twelfth-graders have a profile on a social networking site (Rideout, Foehr & Roberts, 2010). Three-out-of-four teens own a cell phone and 58% of 12-year olds have their own cell phone (Lenhart et al., 2010).

The advancement of technology provides students with tools to rapidly connect and communicate with their peers, but their lack of maturity and self-control can cause them to act impulsively or to make decisions they might later regret. Teasing, kidding, and name-calling can be developmentally appropriate when the nature of the exchange remains friendly among peers of equal status; however, if the communication is misunderstood and an imbalance in the relationship occurs, it can quickly escalate to more mean spirited exchanges with the intent to hurt rather than to tease (Bauman, 2011). Racial, sexual, and disability harassment can be distributed with more force and intensity with the use of electronic devices (Swearer, Espelage, Vaillancourt, & Hymel, 2010). Relational aggressions can be organized and heightened to a greater degree through the use of social-networking websites (Willard, 2007a). Table 1 summarizes forms of cyberbullying as identified by Nancy Willard (2007a).

### Cyberbullying and Student Success

Educators have long considered the school climate to be an important element in promoting student success, and that physical and emotional safety are essential elements of the school environment that effect academic achievement (Cohen, 2006). The notion that bullying is part of growing up and that "kids will be kids" is no longer considered valid in the wake of lessons learned from Columbine and other school shootings (Vossekuil, Fein, Reddy, Borum, & Modzeleski, 2002). Traditional bullying occurs most often out of the sight of adult supervision, but still on school property, and can be handled quickly by

teachers and principals. Cyberbullying is generally considered an off-campus issue that can be ignored by school personnel (Willard, 2007b); however, research on its nature and its impact upon school climate found that cyberbullying incidents that occur out of school "... will come back to the school the next day" (Smith et al., 2008, p. 382). Patchin & Hinduja (2006) found that over sixty percent of online bullying victims were affected by the experience while in school; thus, cyberbullying, like traditional bullying, can disrupt the learning environment in schools.

School performance suffers when students are absent and when they are distracted from their schoolwork. Those who are involved in bullying, either as the bully or as the victim, have lower feelings of safety and connectedness in schools than those who are not (Bradshaw, O'Brennan, & Sawyer, 2008). Victims of traditional bullying tend to avoid their hostile peers by staying away from school and have difficulty concentrating on their schoolwork (McDougall & Hymel, 2009). Victims of cyberbullying report a similar reluctance to attend school and to concentrate on learning (Beran & Li, 2007).

Although the connection between electronic aggression and academic performance has not been clearly linked in research, it is reasonable to conclude that student achievement declines when learning is interrupted by worries of cyberbullying (Li, 2007; Swearer et al., 2010). Students who are either victims of bullying or participate in bullying become at risk for declining school performance. To promote a positive school climate conducive to student success, educators and parents need to work with students to find ways to effectively prevent and intervene in student bullying and cyberbullying (Swearer et al., 2010; Whitted & Dupper, 2005).

### Legal Issues for Schools

School leaders are well aware of their responsibility to create a safe and orderly environment in which students can learn and grow. In accordance with The Unsafe School Choice Option of No Child Left Behind Act of 2001, every state Department of Education has defined the term *safe school* and has established guidelines for local schools to report their status as such. These mandates require principals to maintain a safe school and a positive school climate and establish these qualities as high priorities. It is an obligation for teachers to address student fears of harassment and concerns about bullying and cyberbullying in order to have a safe school environment and to ensure the equal opportunity of all students to learn (Shariff & Hoff, 2007). Failure to do so could be considered negligence; yet, school leaders must be careful not to infringe upon the free-speech rights of their students, even those who may engage in cyberbullying (Willard, 2007b). Educators often feel that they are lodged between the proverbial rock and a hard place when it comes to dealing with cyberbullying (Willard, 2007b). This dilemma can paralyze many school personnel into non-action, and by default, allow cyberbullying to grow in frequency and intensity. Schools must have policies and procedures in place to review cyberbullying situations and to process complaints of victims and bystanders.

Willard (2007b) addressed several legal issues that are of concern to school personnel when examining cyberbullying cases. For example, personnel should avoid violating free-speech rights of students by finding a link between the cyberbullying incident and any disruption it may have caused the school's climate, by supporting victims in finding ways to resolve the situation, and by contacting parents when necessary. In addition to school policies on the appropriate use of the district Internet system, training should be provided to staff and students on Internet protocol and safe practices.

Counselors know that simply telling students they cannot engage in electronic bullying behaviors through policies and having legal punitive measures in place are insufficient to stop cyberbullying. With many incidents going unreported (Beran & Li, 2007; Smith et al., 2008), more students are impacted by threats, harassment, and mean spirited name calling than well-meaning adults are aware. So, students who witness harassment of their peers or who are victims of malicious electronic acts need support to process their experiences and need to have a method to address their concerns Willard (2007b). Willard developed a model for responding to cyberbullying incidents that involves the school counselor as a key member of a review team. Other team members include administrators, technology coordinators, librarians, school resource officers, community mental health representatives, and other key district resources. The team uses a systematic process to gather and review evidence, to assess potential violence or suicide risks, and to determine the appropriate school response.

In a systematic review of bullying-prevention programs, Vreeman and Carroll (2007) found that school-wide programs which include multiple disciplines are more effective in reducing victimization and bullying than those that include only conflict resolution or social-skills training in the classroom. In order for all students to attend school without experiencing fear or worries, cyberbullying prevention programs must be included in overall bullying prevention programs and must be comprehensive in design.

### **Comprehensive Developmental School Counseling Approach to Cyberbullying**

Many professional school counselors who are familiar with the ASCA National Model © (ASCA, 2005) can use this framework to design Comprehensive Developmental School Counseling (CDSC) programs to address cyberbullying. This model promotes services for all students using four components: the foundation, the management system, the delivery system, and the accountability system. The foundation of any counseling program is built upon a solid philosophy of counseling with established standards to explain what students need to know, such as the Personal/Social Standard of learning techniques for managing stress and conflict (ASCA, 2004). The management system of a CDSC program explains when and why specific counseling initiatives are important; data from a needs assessment could be useful information to program management. For example a survey of cyberbullying issues among students will give counselors information as to why particular services or activities might be effective (see Figure 1). The delivery system of a CDSC program clarifies activities could be implemented; for example,

classroom guidance lessons can be used to teach students how to support their peers who are being bullied (Bauman, 1011). Accountability data communicate to what extent programs make a difference among the student population. For example, program evaluations and reports on cyberbullying prevention and intervention activities will inform stakeholders how effective their efforts are in addressing bullying.

The ASCA National Model® encourages counselors to assume other roles such as Leader, Collaborator, Change Agent, and Advocate (ASCA, 2005). When developing programs to address cyberbullying, counselors will likely take on many of these roles. For example, in a leadership role as defined by the ASCA model a counselor might persuade a school counseling advisory team to investigate cyberbullying prevention programs that apply to their school. As a *Collaborator*, the school counselor would work with teachers, to design developmentally appropriate classroom lessons to teach students about socially acceptable online behavior called “netiquette” and what to do when someone is the target of cyberbullying. In the role of *Change Agent*, the counselor could work with administrators to develop policies that investigate and intervene in incidences of cyberbullying. As an *Advocate*, counselors could use data about the nature of cyberbullying in their schools to promote specific programs that address unique aspects of cyberbullying among their student population.

Cyberbullying prevention and intervention programs are more effective when they involve many stakeholders in team planning (Vreeman & Carroll, 2007; Swearer et al., 2010). To strengthen such programs, counselors should collaborate with administrators, teachers, parents, and students when planning and implementing activities designed to teach youth safe and proper ways to use the Internet and social networking tools.

In using CDSC approaches, counselors should consider professional development and parent training to engage these important stakeholders in prevention and intervention of cyberbullying. Teachers and parents could both benefit from educational sessions that present research on the prevalence and nature of cyberbullying. Teachers need training on what to say to students about safe cyber-practices and on how to respond to cyberbullying incidents in ways that are within school policies and legal parameters. Parents need to be educated on the importance of supervision and on the ways to monitor the online activities of their children. The more education on cyberbullying both teachers and parents receive, the more effective they will be in participating in CDSC efforts to eradicate cyberbullying (Willard, 2007a).

### Cyberbullying Survey and Needs Assessment

Surveys and needs assessments are appraisal tools that can be customized to collect data on local issues such as the extent of cyberbullying. Because cyberbullying and traditional bullying are highly linked (Smith et al., 2008; Kowalski et al., 2008; Hinduja & Patchin, 2009), it is essential that both types of bullying be included in school climate assessments. A well-designed needs assessment determines the prevalence and pervasiveness of bullying and cyberbullying in the two worlds of students,

both at school and at home, and the relationship between the two (Willard, 2007a). The survey tool should identify the scope of concerns among students about cyberbullying, including their trepidations regarding reporting it to adults (Kowalski et al., 2008). The survey instrument should identify student attitudes toward electronic bullying; for example, how likely they are to retaliate, to join with others in harassing another student, or to have empathy for their victims (Hinduja & Patchin, 2009). Figure 1 provides an example of a school climate survey that collects data useful in planning a comprehensive response to cyberbullying.

Available school resources such as funds, labor, and time determine how bullying surveys should be administered. Three methods to assess electronic aggression and harassment include *paper and pencil*, *online survey*, and *focus group interviews*. The paper and pencil method involves students completing a needs assessment on a survey form or on scan cards. Their responses are tabulated by hand or scanned into a computer. Questions can be multiple-choice, force-choice, rating-scales, and/or open-ended. This process will require volunteers to count responses and compile data. Online surveys of cyberbullying can be custom-designed and administered online. SurveyMonkey, an online web resource, is one of several available vendors. Some IT departments can set up an online questionnaire using software such as Adobe Acrobat and Microsoft Excel. Administering a survey online requires some consideration; for example, if the survey is to be completed by all students in a timely manner, it may require school equipment and time out of the school day. One focus group process involves identifying a representative group of students who will share their experiences, thoughts, and feelings about bullying and cyberbullying (Kowalski & Limber, 2007; Smith et al., 2008). Specific open-ended questions can be asked to collect qualitative data to shape CDSC activities; another focus group process involves asking a group of students, parents, and teachers to discuss results from other surveys. Either focus group method might encourage students to become invested in addressing cyberbullying problems in their school.

Once data are compiled to provide a clear picture of the nature and scope of cyberbullying within a local school, it becomes easier to rally stakeholders into action. Teachers and parents will want to know what they can do to prevent it and what they should do if a young person reports it to them. One of the goals of a CDSC approach is to create a school norm where all stakeholders have a commitment to creating a school climate built upon positive relations and a sense of connectedness, so that when a victim or bystander reports an incident, it is taken seriously and is dealt with appropriately.

### Teacher Collaboration

Involving teachers in cyberbullying prevention and intervention activities improves CDSC program effectiveness; however, they need more than just data from school surveys—they also need a deeper understanding and a richer knowledge of cyberbullying. Professional development should include information about the impact of cyberbullying upon victims, bystanders, students who engage in malicious behavior toward peers, and students who retaliate when bullied. Tips should be offered to

teachers on how to respond to cyberbullying incidents and how to encourage bystanders to lend support to victims. Another way to involve teachers is to solicit their expertise in teaching lessons on Internet safety and Netiquette, how to respond to cyberbullying and how to request help. For example, technology instructors and school resource officers could team up to present lessons from NetSmartz.org. In Georgia, Cherokee County Schools infused this program into their Internet Safety Program for grades K-12.

### Parent Consultation

Most parents feel they have less knowledge about the Internet and electronic communication devices than their children (Brown, Jackson, & Cassidy, 2006; Willard, 2007a); consequently, they are understandably uncertain how to establish proper supervision of their children's online activities and cell phone behaviors. Some free booklets from U.S. Government agencies provide parents with information on how to talk to their children about Internet safety and how to monitor the online activity of their children. These booklets include: *NET CETERA: Chatting with Kids about Being Online* can be ordered for free online from the U.S. Department of Education and *A Parent's Guide to Internet Safety* can be downloaded for free from the Federal Bureau of Investigation.

In addition to disseminating informational materials, counselors could collaborate with others to provide parent training to address topics such as: cyberbullying trends among youth, both nationally and locally; how to regulate, supervise, and monitor Internet activity of their children at home and how to use such software as SecurePAL, Net Nanny®, Safe Eyes®, CYBERSitter® and PureSight PC; how to respond effectively when their young person reports being victimized or being a witness to cyberbullying acts; how to talk with their children about Internet safety and Netiquette; have local phone and Internet providers talk to parents about how they can monitor online activity and use security features that the companies provide; have IT personnel demonstrate to parents how to reduce online risks when using social networks such as Facebook and MySpace™; present security software that can be set up to monitor Internet activity, especially email and IM, on home computers; invite local business representatives to discuss the risks and rewards of electronic gaming (especially online gaming) and the rating system of games; educate parents about online communities and virtual worlds such as Second Life® and Moodle™; and provide parents with the emotional support and encouragement to face this challenging issue with their children and guide them to establish a network of commitment to support each other, especially when other children are playing on computers in their homes.

### Student Involvement

One potential resource that counselors sometimes overlook is that of student power. Students have the potential to promote Internet practices that are safe and appropriate; moreover they know who is bullying whom and why. By training peers

to become involved rather than to passively observe, interventions become more effective (Young et al., 2009). This will require changing the culture of the school and training students to have the skills to take action.

When counselors involve students, they can develop highly effective activities such as the following: establish a student committee to develop school-wide cyber-safety awareness activities; launch a campaign to promote cyberbullying bystander involvement: "Got Your Back" or "Stand-Up, Don't Stand-By;" hold a student video/film festival with a theme to promote Internet safety, for example "Guard your Image in Cyberspace;" have students create special morning announcements about different cyber-bullying and/or respect-on-the-Internet theme; train a student drama team to demonstrate how to handle cyberbullying situations with their peers; empower students to share with peers their cyberbullying experiences and feelings as victims, bystanders, or, even, persons who targeted others with cyberbullying; encourage students to create posters and bulletin boards to advertise themes of Netiquette and reporting cyberbullying; and empower students to promote a commitment to resist joining others in hurting a targeted peer.

#### CDSC Classroom Guidance Curriculum

The keystone of any CDSC is its classroom guidance program; it should be standards based (ASCA, 2004) and designed to give all students the understanding, knowledge, and skills they need to develop their potential. Most classroom guidance lessons address typical developmental issues, while others focus on providing students with the tools to overcome barriers that block them from realizing their potential. Teaching students to deal effectively with cyberbullying can easily be incorporated into the guidance curriculum at any level. Cyberbullying lessons should be part of a school's overall bully-prevention program (Swearer et al., 2010).

Collaborating with technology teachers, Drug Abuse Resistance Education (DARE) Officers, and regular classroom teachers, counselors can present lessons that: teach students the importance of guarding their personal information online and give them strategies for securing their Internet activities; inform students of the potential risks and dangers of chatting with strangers online and teach them to avoid meeting strangers off-line; teach students about their online reputation so they understand that online behavior should mirror what one does in real world, i.e., "Don't write or post anything online that you would not say or do in public;" instruct students about the positive benefits of practicing Netiquette when engaging others online; i.e., "Good online manners make good friends;" train students how to respond to someone who is cyberbullying them and what to do to stop it; train students what to do when they see their peers become the target of cyberbullying and how to support them; build empathy among students to overcome their reluctance to support peers who become the targets of cyberbullying; and adjust the attitude of students about reporting cyberbullying so they understand the need to tell adults about it.

## CDSC Responsive Services

When students become the target of cyberbullying or witness cyberbullying, they need to talk with adults about what to do (Willard, 2007a). Some may be so distressed by the harassment or embarrassment that they will need individual or small-group counseling from professional school counselors to cope with it. Students are likely to view counselors who have facilitated classroom guidance lessons on cyberbullying and traditional bullying as a viable resource for help. Carter (2008) published a small-group counseling curriculum called *Safe and Savvy in Cyberspace* as a resource for middle school counselors to address this problem. Other personal/social issues and topics related to cyberbullying that counselors should address include: feelings of helplessness in dealing with persistent and prolonged persecution and humiliation; thoughts of retaliation against those believed to have caused emotional and social pain generated from cyberbullying; feelings of hurt and vulnerability from relentless bombardment of embarrassment and harassment; coping with social pressures that arise from the teasing and taunting received from peers online; learning new skills for recognizing, avoiding and diffusing potential cyberbullying situations; and feelings of alienation and social isolation that result from being targeted by peers with intentional exclusion and character denigration.

### Summary

To address bullying in schools, research has found that a comprehensive approach is more effective when it involves the entire school (Limber, 2003) and multiple disciplines (Vreeman & Carroll, 2007). Only having classroom lessons on Internet safety and Netiquette is not sufficient; only having a bullying policy that addresses electronic bullying is not enough. Cyberbullying prevention and intervention strategies that provide for training and implementation by teachers, parents, students, principals, and counselors increase the effectiveness of those activities. The professional school counselor is in a key position to provide leadership to collaborate and consult with these stakeholders to address electronic bullying behaviors.

Components of the ASCA National Model® provide a framework for counselors to design a CDSC approach to cyberbullying in their schools. To manage CDSC electronic bullying activities, counselors should consult with principals, conduct a needs assessment of their students, establish a team of stakeholders to develop plans, and complete a calendar of events to address cyberbullying. To deliver CDSC cyberbullying programs, counselors could provide classroom guidance lessons, hold responsive services such as group and individual counseling, consult with teachers and parents individually, collaborate to provide professional development for staff, and coordinate community resources. To evaluate CDSC programs, counselors could consult with others to collect data on the number of reported cyberbullying incidents in their school and review follow-up surveys from students, teachers, and parents.

By using the CDSC framework to organize stakeholders to eliminate all forms of bullying including cyberbullying, professional school counselors can provide leadership to transform school environments into a place where students feel safe to learn and grow.

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Figure 1

*Internet Use Survey*

Name \_\_\_\_\_ Grade \_\_\_\_ HR Teacher \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

1. How much time each day do you spend on the Internet?  
 Less than one hour     Between 1 and 3 hours  
 Between 3 and 5 hours     More than 5 hours
2. What Internet activities do you most like to use? Check all that you most like.  
 E-mail    Instant Messaging    Online gaming    Blogging  
 Text Messaging    Discussion Boards    Other \_\_\_\_\_
3. Do you have a social networking account (like Facebook) on Internet?  
 Yes                     No
4. Do you have a cell phone with text messaging capability?  
 Yes                     No
5. Did your parents give you rules for Internet and/or cell phone use at home?  
 Yes                     No
6. Have you ever received mean or hurtful messages online?  
 Yes                     No
7. If "Yes" to #6, how many messages do you receive during a typical week?  
 1-3     4-6     7-9     10-12     13-15     16-18     19-20     more than 20
8. If "Yes" to #6, did you report the incident to a parent or teacher?  
 Yes                     No                     If 'No', why not? \_\_\_\_\_
9. Have you sent mean or hurtful messages to another person online?  
 Yes                     No
10. If "Yes" to #9, how many messages did you send in a typical week?  
 1-3     4-6     7-9     10-12     13-15     16-18     19-20     more than 20
11. Have you ever seen mean or hurtful messages sent to another person online?  
 Yes                     No                     Don't know
12. If "Yes" to #11, how many messages have you seen online in a typical week?  
 1-3     4-6     7-9     10-12     13-15     16-18     19-20     more than 20
13. Have you ever been threatened or harassed at school?  
 Yes                     No

14. If "Yes" to #13, how many times were you bullied at school in a typical week?

1-3    4-6    7-9    10-12    13-15    16-18    19-20    more than 20

15. Have you ever harassed or been mean to anyone at school?

Yes                       No

16. If "Yes" to #15, how many times were you mean to someone at school in a week?

1-3    4-6    7-9    10-12    13-15    16-18    19-20    more than 20

17. If "Yes" to #15, why did you say something mean to someone at school?

For fun                       To get even                       To get them out of my group  
 Other reason \_\_\_\_\_

18. What do you think can be done to stop people from sending mean things to others on the Internet or with cell phones?

\_\_\_\_\_

19. What should teachers do to stop online harassment by classmates?

\_\_\_\_\_

20. What can you do to stop cyberbullying among your friends?

\_\_\_\_\_

21. What would you want your parents to do if you told them that someone is cyberbullying you?

\_\_\_\_\_

22. Who is someone that you know who receives lots of mean messages online?

\_\_\_\_\_

23. Who is someone who sends mean messages to others online?

\_\_\_\_\_

Table 1.

*Forms of Cyberbullying and Online Social Aggression*

Forms of Cyberbullying	Description
Flaming	Sending angry, rude, or vulgar messages directed at a person or persons to an on-line group
Denigration	Sending or posting harmful, untrue, or cruel statements about a person to others; putting someone down; slander
Impersonation	Pretending to be someone else and sending or posting material that makes that person look bad
Outing and trickery	Sending or posting material about a person that contains sensitive, private, or embarrassing information
Exclusion	Taking actions that intentionally exclude a person from an online group
Harassment	Repeatedly sending a person an offensive message; consistent messaging
Cyberstalking	Sending highly intimidating or extremely offensive messages or materials that include threats of harm or involve extortion
Cyberthreats	Sending direct threats of harm or distressing material that raises concerns for the recipient's safety

Note: Adapted from *Cyberbullying and Cyberthreats: Responding to the challenge of online social aggression, threats, and distress* N. E. Willard, 2007a. Copyright 2007 by Research Press.

# An Experiential Model of Counselor Supervision

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Drawing from Person-Centered, Gestalt, and Constructivist approaches, experiential theory is a recent addition to the humanistic counseling theories. While it provides a holistic and systemic view of individuals, the goals outlined by the theory of integration of the self and experience provides a strong foundation for an experiential model of counseling supervision. A history of experiential theory is reviewed followed by a discussion of an experiential model of counseling supervision and case study.

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A model of experiential supervision provides supervisors with a framework for facilitating supervisees' self-awareness and integration of their experiences, both professionally and personally, into their work with clients. Rooted in the humanistic approaches, experiential theory establishes a model of supervision that conceptualizes supervisors and supervisees as holistic beings. In so doing, it remains congruent with the wellness model as it focuses on supervisees' potential for development rather than identifying deficits. Supervisees are viewed as being capable of experiencing, learning, and integrating these two facets and therefore capable of significant professional and personal growth. An experiential model of supervision focuses on supervisee strengths as a means of counselor development. It is a more directive humanistic approach that allows the supervisor to use empathic statements to question the supervisee and rouse the supervisees' experiencing. Felder and Weiss (1991) defined

experiencing as “being authentically in the world” (p. 1).

Exploration of the self is central to experiential theory; however, action is also a significant component of experiential theory. The focus of supervision is on being and doing (Kempler, 1981; Satir & Baldwin, 1983). In other words, there is little that is off limits in this approach. Spontaneity, exploration, and experiment are encouraged and welcomed. Therefore, an experiential model provides a framework for using supervisees’ self-awareness as a catalyst for professional development. This growth is demonstrated through active change in supervisees’ work with clients (Kempler, 1981). In this manuscript, the authors review the literature for aspects of experiential psychotherapy as they relate to counseling and explore their application as a model of counseling supervision. The authors also provide a case study to provide an illustration of experiential counseling supervision.

### History and Types of Experiential Psychotherapy

Experiential psychotherapy is described by Alvin Mahrer (2001a), the person credited with the creation of the model, as an incomplete conceptualization of being human. In fact, Mahrer (2001a) determined it is so incomplete that he asked others to improve his model. In his 2001 contribution to the *Handbook of Innovative Therapy*, Mahrer indicated there are several different versions and perspectives of this form of psychotherapy which parallel the tenets of this model. Some versions have been developed by other individuals while others are additions or enhancements to his model.

In the mid-twentieth century, Carl Rogers, influenced by the work of Otto Rank and his followers, developed a theory of counseling that would become the foundation for a group of theories titled Humanistic Psychotherapies. These theories recognized the importance of the counselor, the counselor’s use of self, and the therapeutic relationship. They emphasized the holistic nature of human beings and the experience of meaning as a part of humanity. This group of theories includes client-centered theory, existential theories, and Gestalt therapy. Drawing on these foundational humanistic approaches, experiential theories have been recent developments in the helping professions (Cain, 2001).

### Focusing-Oriented Experiential Psychotherapy

Focusing-Oriented Experiential Psychotherapy is often considered the first of the experiential genre and was introduced by Eugene Gendlin (Hendricks, 2001). Gendlin (1996) believed that problems could be sensed in the physical body and he instructed clients to focus on their bodies to determine the physical sense of the problem. From this perspective, experiencing is defined as physical senses felt in the body in the present moment. The counseling session is a space for receiving or welcoming the experience without judging it. Felt sense is deemed to be the meaning made from the physical experiences of the body. Symbolizing is the communication, by the client, of the felt sense. These symbols are believed to come from the sense itself. After the client has symbolized the felt sense, the client is encouraged to wait for the body’s response to the symbolization, as the client’s felt sense is aware of what needs to come next. Throughout the counseling process, Gendlin

(1996) focused not on *what* the client was saying but rather on *how* the client was experiencing in the moment. Gendlin (1996) determined that when physical release is experienced, the problem has been corrected. This is known as the felt shift. He reported that progress was observed when clients were able to focus and process their feelings (Cain, 2001; Gendlin, 1996; Hendricks, 2001).

It is also important to note that while this theory is considered a Humanistic theory, it is not considered a client-centered theory (Cain, 2001; Hendricks, 2001). Rice adapted Gendlin's theory in an attempt to develop a more client-centered approach. She believed clients' problems developed because they had not been fully processed, thus the goal of this approach is to reprocess past experiences. Rice determined this reprocessing would affect all similar future experiences (Cain, 2001).

### Process-Experiential Psychotherapy

Greenberg and her colleagues (1993) integrated client-centered theory, Gestalt Therapy, existentialism, and Focus-Oriented Experiential Psychotherapy to create a relational, task-oriented approach to counseling that provides significant attention to the empathy expressed in the client-counselor relationship. This integration is called Process-Experiential Psychotherapy (PE). This collaborative bond is established at the onset of counseling as the client and counselor work together to establish both the goals and treatment plan (Cain, 2001; Greenberg, Rice, & Elliott, 1993). Elliott and Greenberg (2001) describe five characteristics of the theory: humanistic values of self-determination, experiencing, continued growth, holism, and authentic relationships. It is also a theory focused on emotions and it attempts to provide structure to emotions. PE views each individual as a system where the various aspects of the system interact and affect everything else. The focus of this theory is on here-and-now processing with both the client and counselor individually as well as in their interaction. Finally, PE has been researched and is considered to be empirically supported (Cain, 2001; Elliott & Greenberg, 2001; Greenberg, Rice, & Elliott, 1993).

Greenberg and her colleagues (1993) also established six treatment principles for the theory: empathic attunement, therapeutic bond, task collaboration, experiential processing, task completion, and client growth post termination. Empathic attunement is considered a foundation of this theory and is described as the counselor experiencing the client's experiences as the client is presently experiencing. Second, as previously mentioned, the therapeutic bond between client and counselor is a key component in PE. This is followed by task collaboration. Experiential processing is the fourth principle which is composed of six modes of engagement which are the various ways of working with clients at various times:

1. Attending: facilitating awareness of the experience
2. Experiential: search or verbal communication or the symbolization of the experiences
3. Active expression: taking responsibility for and owning one's emotions

4. Interpersonal contact: the client's experience of the counselor's presence in session
5. Self-reflection: creating meaning from the experience
6. Action: applying the meaning gleaned from self-reflection into daily life (Elliott & Greenberg, 2001; Greenberg, Rice, & Elliott, 1993).

The fifth treatment principle is task completion; a portion of the client's responsibility in session is to resolve therapeutic tasks as facilitated by the counselor (Cain, 2001; Elliott & Greenberg, 2001; Greenberg, Rice, & Elliott, 1993). The final principle of PE occurs after termination and is established in the client's continued growth (Elliott & Greenberg, 2001; Greenberg, Rice, & Elliott, 1993).

Six response modes have been identified. These are counselors' responses. Empathic understanding is reflection of what the counselor has heard from the client and is used to enhance the therapeutic bond through understanding of clients' present experience. Empathic explorative responses move a step further, and while they work to communicate understanding, they also attempt to further clients' experiencing. There are six identified process directives: 1. Experiential teaching, providing information about the counseling process, 2. Attention suggestions, directing the clients focus to particular aspects of the experience, 3. Action suggestions, directing the client to do something, 4. Task structuring, preparing for intended therapeutic tasks, 5. Task focusing, redirecting the client to the therapeutic task, and 6. Experiential homework, encouraging the client to give attention to here-and-now experiencing away from session. PE's fourth response mode is experiential presence or the counselor genuineness such that the client experiences it. The final response mode components are the non-experiential responses which essentially include anything not listed previously, particularly interpretation and confrontation (Elliott and Greenberg, 2001; Greenberg, Rice, & Elliott, 1993).

### **Mahrer's Approach**

Mahrer developed experiential psychotherapy after many years of practice. His goal was to develop a theory of counseling for not only his clients but also himself and was inspired by existential philosophy. Mahrer began by observing almost five hundred sessions of other helping professionals, including Rogers. This culminated in the development of his structure for experiential psychotherapy as a means of making sense of life through the use of dreams and counseling. There is emphasis placed on the idea that experiential psychotherapy is not a counseling theory but rather a model of being human (Cain, 2001; Kempler, 1981; Mahrer, 2001a).

Mahrer (2001a & 2001b) stated that every individual has various potentials for experiencing. These are the levels at which individuals may be experiencing something. These levels occur on a continuum from surface to deep. Operating potentials are those closer to the surface determining behavior, reactions, and essentially how a person operates in the world while deeper

potentials are the foundation for those operating potentials. There are no universal potentials for experiencing. Each individual is considered unique, and therefore has unique potentials for experiencing (Mahrer 2001, 2001b).

The counselor serves as a teacher and guide for the client while at the same time joining with the client in the experiential session, as the counselor is to acknowledge her or his own experiencing in session. Mahrer (2001a) also notes, however, that a person going through an experiential session goes “by, for, and with” her- or himself (p. 219). Each session is considered an opportunity for deeper experiencing and thus, a new way of being. Mahrer identified two goals for every experiential session. One is that the individual undergoes a deep change allowing the person to move closer to becoming the person that he or she has the ability to become. The second is that the client is free from the pain present at the onset of the session (Cain, 2001; Mahrer, 2001a, 2001b).

### Holistic Nature of Experiential Psychotherapy

A key component of experiential psychotherapy that ties it to other humanistic theories is its holistic view of human beings, the idea that how all the components of each individual interact has greater importance than the sum of those parts. Experiential theory views each individual as a system in which these various levels or components are constantly interacting. Most individuals tend to have areas that compensate for others; however, there is little interaction between the parts. Experiential theory proposes that integration and interaction between these parts equals greater experiencing. While some may appear functioning due to compensation in other ways, integration and balance of these parts is the ultimate goal (Johnson & Boisvert, 2001; Greenberg, Rice, & Elliott, 1993; Satir & Baldwin, 1983). Satir and Baldwin (1983) described an individual who has achieved this balance as one who can and does take risks, does not work to keep things the same, is willing to let go of that which has not worked or is no longer working, can live with uncertainty and ambiguity, and works toward becoming more fully human.

Like other humanistic approaches, experiential theory emphasizes the importance of the therapeutic relationship. A strong working alliance promotes a safe environment for supervisee development. This interpersonal process facilitates the growth of individuals. Counselors are not considered experts in the therapeutic relationship but rather facilitators of clients' experiences. Counselors and clients are part of the relationship; therefore, they are both experiencing throughout the process, and the counselor's awareness of the experience is integral to the experiencing process (Greenberg & Van Balen, 1998; Watson, Greenberg, & Lietaer, 1998).

All human beings are capable of experiencing. Behavior is a response to feeling, either openness to the experience or an attempt to stifle it. Experiential theory sees clients' experiencing as central to growth and development. Therefore, working with the understanding that wisdom comes from experience, clients are viewed as the expert in the experiential process. The

counselor facilitates clients' experiencing while the experiencing facilitates clients' growth (Greenberg & Van Balen, 1998; Watson, Greenberg, & Lietaer, 1998).

### **Application of Experiential Supervision with Developmental Frameworks**

Supervision has been central to humanistic counseling approaches. Rogers was a pioneer in supervision and believed that supervision was an integral part of the development of counselors (Bernard & Goodyear, 2004). Person-centered supervision is focused on the development of the counselor with the goal of facilitating the counselor's ability to join with clients (Haynes, Corey, & Moulton, 2003). Rogers (1980) stated that counselors must increase their personal awareness in order for their presence to facilitate the growth of their clients. Given the significance of supervision within the humanistic approaches, experiential psychotherapy offers an opportunity to further develop the counselors' abilities to be in tuned with their experiencing in session to facilitate client growth. Having reviewed the basic tenets of experiential approaches, this counseling model will be applied to counselor supervision and development.

An experiential theory of supervision places significant importance on the role of the supervision relationship in the growth and development of supervisees. It also acknowledges the importance of supervisees' inner subjectivity. Watson, Greenberg, and Lietaer (1998) stated this subjectivity included feelings, perceptions, goals, values, and constructs. Given these two foci, experiential supervision supports counselor development across developmental models.

### **Rønnestad and Skovholt's 14 Themes of Therapist-Counselor Development**

Rønnestad and Skovholt (2003) developed a descriptive model of counselor development that included fourteen themes they identified from a research study (Bernard & Goodyear, 2004). Both foci of experiential supervision would support counselor development across multiple themes. First they stressed the integration of the "professional self" (Rønnestad & Skovholt, 2003, p. 20) and "personal self" (Rønnestad & Skovholt, 2003, p. 20) in values and experiences. Within experiential supervision sessions, supervisors would facilitate supervisees' experiencing of this inner worldview as it relates to their work with clients. This process would promote the integration of the two selves. Rønnestad and Skovholt (2003) also described a developmental focus from internal to external and then back to internal during later experience. They surmised that professionals would return to a more internal focus rather than relying on intellect and knowledge to support their work with clients. Experiential supervision would support supervisees' integration of internal information, both cognitive and affective, to support their acceptance of the internal as a tool of focus and expertise in the counseling process. Third, Rønnestad and Skovholt (2003) described continuous reflection as a "prerequisite for optimal learning and professional development at all levels of experience" (Rønnestad & Skovholt, 2003, p. 29). Supervisors working within an experiential model believe their supervisees are self-reflective beings and encourage this self-awareness and reflexivity, at both cognitive and emotional levels, throughout the

supervision process. An experiential model of supervision would also support supervisees as they experience anxiety early in their work as well as in integrating personal life experiences and influences into their professional work. Rønnestad and Skovholt particularly addressed the contribution of the experience of suffering to the development of the counselor. Finally, the focus on the supervision relationship within an experiential model would support their argument that “interpersonal sources of influence propel professional development” (p. 35).

### The Integrated Developmental Model

Within the Integrated Developmental Model (IDM), Stoltenberg, McNeill, and Delworth (1998) described counselor development as occurring through three primary levels with three structures in each level. This includes the structure of self-other awareness. As described above, experiential supervision provides a format for supervisees to explore their self-awareness as well as addressing their other-awareness through the interpersonal work with the supervisor. They also identified eight domains in which counselors will develop: intervention skills, assessment techniques, interpersonal assessment, client conceptualization, individual difference, theoretical orientation, treatment plans and goals, and professional ethics (Stoltenberg, McNeill, & Delworth, 1998).

The importance of the supervision relationship, self-reflexivity, and the integration of self and experience within experiential supervision facilitates supervisees' development across the interpersonal assessment and professional ethics domains. Through the relationship, supervisors experience parallel process (Bernard & Goodyear, 2004). This process supports supervisors' facilitation of supervisees' growth. As this interpersonal process unfolds, supervisees begin to explore their own interpersonal experience with their clients. This exploration guides supervisees' development of interpersonal assessment. The focus on self-reflexivity facilitates the supervisees' integration of personal and professional ethics.

While exploration of the self is central to experiential theory, action is also a significant component of experiential theory. Therefore, the focus of supervision is on being and doing. Awareness should be accompanied by action, or the increased awareness has little meaning (Kempler, 1981; Satir & Baldwin, 1983). Kempler (1981) acknowledged that nothing is off limits with this theory. Whatever is needed to promote the awareness and growth of the supervisee, including spontaneity and experimentation, is welcomed within this approach (Kempler, 1981).

### Experiential Techniques for Working with Supervisees

#### Focus on Feelings

Western society has placed great significance on the fundamental role of intelligence and knowledge in human experience. This has led some to believe the experience of negative feelings impacts their self-concept. Therefore, they avoid the experience of certain feelings or, in some cases, feeling at all. Experiential theory challenges this through the philosophy that

individuals experience feeling before knowledge. Therefore, it is the feeling that leads to knowledge.

Experiential supervision gives the supervisees' affective experience prime importance in the supervision session. It is this experience that leads to the supervisees' growth and development. Pierce (1994) stated counselors must be persistent in uncovering clients' feelings. This is also true for supervision. Supervisees may attempt to avoid addressing their experience through describing, justifying, complaining, planning, or wondering. One technique to facilitate supervisees' affective exploration is to encourage supervisees' to adjust their physical posture. In addition, supervisors can speculate as to what supervisees are experiencing. However, in order to reinforce the importance of the supervisees' experience, supervisors must clearly articulate that this is a suggestion. When supervisees demonstrate congruence between affect and expressed words, they are experiencing feelings (Pierce, 1994).

### **Eliciting Feelings through Suggested Behavior**

As has been previously stated, many people in Western society are guarded in respect to their affective experiences leading to the avoidance of feelings. When supervisee behavior facilitates this avoidance, it might be necessary for the supervisor to suggest behavior changes. Some supervisees will welcome this concrete suggestion. Others, however, will need additional persistent support. Changing the behavior leading to the avoidance of feeling facilitates supervisees' experience of feelings (Pierce, 1994; Satir & Baldwin, 1983). For example, some individuals hold their breath in order to avoid experiencing crying and the emotions associated with crying. Encouraging these individuals to breathe rather than hold their breath can facilitate the experience of the emotions associated with the tears.

### **Dialogue**

Drawing from the influence of the Gestalt approach, dialogue, or the experience of being with another person without an identified goal, is an intervention to facilitate supervisees' experiences. Four elements of dialogue include: inclusion, confirmation, presence of the supervisor, and commitment to the dialogue. Inclusion, like empathy, involves supervisors' experiencing of the supervisees' experiences while recognizing one's own simultaneously occurring experience. Through confirmation attempts, supervisors share supervisees' experiences in validating the experience as well as the potential for growth. This emphasis on the relationship gives importance to the authenticity of the supervisor. The presence of the supervisor requires an openness and self-disclosure that is both real and within ethical guidelines. Finally, in committing to the dialogue, supervisors trust supervisees' experiences, whatever they may be, as facilitating growth and development rather than directing the experiencing (Yontef, 1998).

### **The Importance of the Supervisor**

Supervisors cannot be removed from the experiencing. Like supervisees, they are unique individuals whose role is to

lead the supervision process (Satir & Baldwin, 1983). Supervisors bring their own filters to the experiential supervision process; therefore, they each have their unique approach (Kempler, 1981; Satir & Baldwin, 1983). How supervisors use their filters is the art of experiential supervision (Kempler, 1981).

Just as awareness is critical in counselor development, supervisors must have awareness of the impact their uniqueness and filters bring to each session. As supervisors are also experiencing throughout the supervision process, they are encouraged to share their experiences if they benefit from supervisees' experiencing (Kempler, 1981; Mahrer, 2001b). The humanness of supervisors is of greater importance than expertise as the supervisees' experience is the authority throughout the process. Therefore, supervisors may disclose feelings of frustration, anger, or disappointment in the encounter with the supervisee (Kempler, 1981; Mahrer, 2001b; Satir & Baldwin, 1983). Experiential supervision is a personal process, and supervisors will encounter personal and professional growth and development as well (Kempler, 1981).

Growth and development are never-ending. Therefore, becoming skilled in an experiential approach is an ongoing process (Mahrer, 2001a). Kempler (1981), however, identified some personal qualities that would benefit an individual hoping to use this approach in their work. Supervisors must be willing to take risks, make mistakes, and get involved in the personal lives of their supervisees. They must demonstrate critical self-reflexivity while also needing to be heard and willing to demand a response when necessary. Supervisors must be empathic and able to accept difference. They should also be interested in human behavior enough to recognize what trust is while at the same time able to acknowledge that intentions are neither good or bad; they simply exist. Finally, Kempler (1981) noted those wanting to adopt this model should have "lived vigorously enough to be scarred from bruises, rather than scared at the thought of getting bruises (p. 71)."

#### Case Example: Chris and Lisa

Lisa recently graduated from a master's program in Mental Health Counseling and sought supervision from Chris for licensure purposes. During their third supervision session, Chris began to notice a pattern in Lisa's discussion of a certain client with whom she was working. Lisa appeared frustrated in what she perceived to be the limited change she was seeing in her client; however, in discussion she persisted to describe and justify her choice of interventions and plan for future sessions. Chris determined this would be an appropriate time to use an experiential model of supervision. He informed Lisa that he believed Lisa's interpersonal experience with this client provided opportunities for her professional growth and development and suggested they explore her experience further.

During their first session focused on Lisa's experiencing, Chris and Lisa reviewed a video-tape of a recent session with her client. Chris challenged Lisa to describe what she was presently experiencing in the supervision session. Lisa attempted to justify her use of a specific intervention. Noticing that Lisa had adopted a closed posture with her arms and legs crossed, one

that she was also demonstrating in the tape, Chris challenged Lisa to discuss her present experience in a more open posture by uncrossing her arms. Chris then reflected Lisa's statements in order to stay attuned with her experience for the remainder of their supervision session.

The following session Lisa stated she had forgotten to bring her counseling tape. Noticing that Lisa appeared more closed than the previous session, Chris again suggested that Lisa take an open physical posture. Lisa appeared reluctant to do this. Following Chris's reflection of his observation regarding Lisa's closed physical posture and reluctance to try a more open posture, Lisa stated she had not wanted to come to supervision that day. Chris acknowledged his lack of experience and accepted his uncertainty of how their supervision session would proceed. He suggested Lisa describe what she was experiencing physically. Lisa stated she felt tired and that describing her attempt to maintain an open posture in the session was difficult. Chris reflected Lisa's experience of discomfort in the present situation. Chris concluded by suggesting Lisa attempt adopting this open posture in session with her client.

During the third experiential supervision session, Chris and Lisa reviewed a video-tape in which Lisa had attempted the behavioral change of maintaining an open posture during her counseling session. When asked to describe her present experience following the tape review, Lisa stated she did not know. Chris replayed a portion of the tape and asked Lisa to describe the physical sensations she was experiencing following the review. Lisa stated, "It's like there are sticks running up both sides of my neck and into my head." Chris reflected this experience as "stiff and rigid." Lisa acknowledged Chris's reflection and proceeded to describe that she felt stuck, both in her work with her client and in supervision. Upon acknowledging Lisa's experience of feeling stuck, Chris stated he would trust her experience to facilitate her growth.

When Lisa entered the fourth session, she promptly informed Chris that her experience had not changed and she continued to feel stuck. Lisa continued to describe her physical experience of feeling stuck. Chris reflected that Lisa seemed frustrated. She acknowledged his reflection as accurate. Chris then encouraged her to experience her feeling of frustration, right then and there, in supervision. After a few moments of silence, Lisa stated she felt helpless because she was ineffective at counseling this client. She stated her feeling was exacerbated because she felt anger toward her client at the lack of change she observed in session. As the dialogue progressed, Lisa stated this experience challenged her belief in her competence and worth as a counselor. Chris observed increased congruence between Lisa's statements and affect. At the conclusion of the session, Lisa stated she would like to work toward being more aware of this feeling while she was in session with this client. Lisa and Chris reviewed how Lisa might do this in session while working in the best interest of her client.

During the following session, Lisa entered the session and adopted an open posture without prompting from Chris. When Chris verbally noted this observation, Lisa stated she felt uncertain about what to expect from the supervision session.

Upon reviewing Lisa's session video-tape, Lisa noted her body felt like gel. During the supervision dialogue with Chris, Lisa remembered being more aware of her experience in the session but continued to feel frustrated because there was still no change in her client's progress in the current taped session compared to previous sessions. Chris then asked Lisa to complete an empty chair activity in which she developed an awareness of and expressed her feelings of frustration and helplessness to her client.

After completing the empty chair activity, Lisa and Chris dialogued regarding how Lisa believed her client would respond to her, particularly what Lisa believed the client needed from her in session. They then identified a counseling theory that appeared to best apply to her client's need. From this, Lisa was able to determine how she would respond in the upcoming counseling session.

The following week in supervision, Lisa comfortably sat with an open posture while she and Chris again reviewed a tape from the previous week's session. Lisa responded by acknowledging feeling anxiousness regarding how she would proceed with her client. She stated she felt excited to be grounded in her personal and professional experience and was also nervous about how her client would respond. Chris described his experience of excitement as well and reiterated the continued potential for Lisa's growth. Throughout future sessions, Chris and Lisa continued to explore ways Lisa could connect with her experience in sessions with her clients while remaining grounded in a theoretical orientation.

Throughout the sessions, Chris reflected on his experiencing and described his awareness of Lisa's frustration and helplessness. He stated he could empathize with her experience having had similar experiences throughout his career. Chris also noted that her experience was developmentally appropriate. Chris acknowledged that during sessions he was able to draw on his experiences to share in Lisa's experience. He noted, too, that his experiencing was one of excitement as he developed growing trust for the process of the experiential model. Chris stated that through his experience with Lisa, he learned to trust his own experiencing as well as his supervisees' experiencing.

As Chris' and Lisa's experiences attest to, an experiential model of supervision provides supervisors with a framework for facilitating supervisees' professional growth and development through an exploration of their experiences. By focusing on Lisa's here-and-now experiencing in response to counseling tape review, Chris was able to observe the parallel process of how Lisa's client might be experiencing the interpersonal relationship in session (Bernard & Goodyear, 2004). Lisa's increased awareness of her experience of self and interpersonal experience in supervision with Chris allowed her to expand her awareness of her client's experience. It was this awareness that facilitated her choice of a theoretical orientation that would meet the needs of her client.

Chris used key elements of experiential theory in his supervision with Lisa. While he led the process, Lisa's experiencing was the authority. Chris prompted and suggested techniques of focusing on her feelings of frustration, suggested behavior of adopting a more open posture, and dialogue throughout the supervision sessions; however, these techniques facilitated Lisa's experiencing. This experiencing sparked and guided her professional growth and development. Chris placed emphasis on the development of supervisory relationship which provided a foundation for Chris and Lisa through the experiential process. He relied on empathic reflections, dialogue, focusing, and experiments, such as the empty chair, to facilitate Lisa's experiencing (van Kessel & Lietaer, 1998; Leijssen, 1998; Watson, Goldman, & Vanaerschot, 1998; Yontef, 1998).

### Conclusion

An experiential model of supervision poses challenges for supervisors and supervisees. As supervisors increase their knowledge and experiences of supervisees' internal experiencing, they will likely become increasingly aware of potential personal concerns that impact supervisees' ability to provide ethical services for their clients. Like other supervision models derived from counseling theories, supervision from an experiential framework has potential to become personal counseling for the supervisee rather than supervision. Supervisors must remain vigilant and ensure their interventions remain focused on the services supervisees are providing to their clients and be prepared to refer supervisees for personal counseling if the need arises (Haynes, Corey, & Moulton, 2003). Awareness and knowledge of how the use of this model will increase supervisees' development as counselors will further support supervisors who choose to adopt an experiential model.

Despite these challenges, an experiential model of supervision provides opportunities for supervisors to explore how supervisees' experiences impact their work with clients. Experiential theory facilitates the exploration of internal experiences that are often difficult for individuals to face. It allows supervisors to model experiential theory for their supervisees. Ultimately, supervisees are viewed as having potential for growth and development. This growth occurs at both personal and professional levels. All supervisees are capable of experiencing, and therefore, they are given the power and control in determining their growth. Experiential supervision maintains an awareness of the humanness of the client, supervisee, and supervisor while acknowledging supervisees' unique capacities for change and growth experiencing. By facilitating these experiences, supervisors using an experiential approach empower supervisees to take action in their professional growth and work with clients.

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