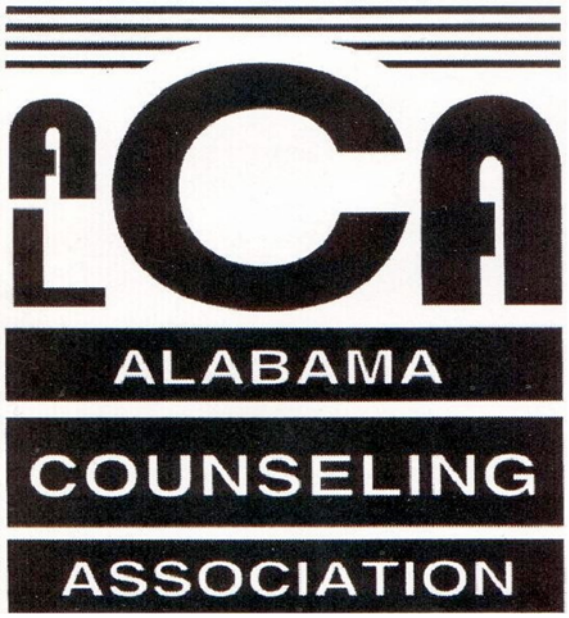
The Alabama Counseling Association Journal



- Enhancing human development through the lifespan
- Promoting public confidence and trust in the counseling profession
- Caring for self and others
- Acquiring and using knowledge
- Respecting diversity
- Empowering leadership
- Encouraging positive change

Letter from the Editor

Hello and happy Spring 2016!

It has been a pleasure to serve as the ALCA Journal editor for the past few years. And now it is time to pass along the honor to the next editor!

We have celebrated 40 years of publication and that is certainly a milestone for our organization.

Deepest appreciation goes to Chip Wood who keeps our association strong and vital! Chip is one of the best executive directors I have ever met because he truly cares about our profession and the ALCA membership. We are lucky to have him!

Another big thanks goes to the contributors to our Journal. The contributors bring us fresh and new perspectives on a variety of topics!

And finally, thank you to the editorial board members who volunteer their time to read and provide feedback to the manuscripts received.

I am turning over the helm to one of those dedicated editorial board members, Dr. Eddie Clark. Dr. Clark has been a frequent contributor to the Journal and more importantly has served as an editorial board member for many years. Congratulations Dr. Clark!

I encourage all of you to keep our Journal going by contributing. Our association is strong because of the diversity of our members. The Journal can and should reflect our membership through professional literature emphasizing the unique diversity of our divisions.

Thank you for the opportunity to serve as the Journal editor. And I look forward to seeing the next ALCA journal as we begin a new associational year.

Kind regards,

Dr. Linda Foster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Editor-Elect ALCA Journal

I am greatly appreciative for the opportunity to serve in the position of editor for the Alabama Counseling Association Journal starting May 1, 2016. I am a tenured Associate Professor at Troy University in the College of Education/Counseling Psychology Department.

I have been recognized for my commitment to research including receiving the Individual Publication Award from the Alabama Counseling Association in 2005, 2007, and 2014. I also served as the chair of the Troy University Institutional Review Board (IRB) from 2009 to 2011.

As editor of the ALCA Journal, I will solicit for publication manuscripts that are thought-provoking and pertinent to the diverse needs and interests of Alabama counselors who are employed in a variety of work settings. The main focus will be to strengthen the common bonds among counselors and to help maintain a mutual awareness of the roles, concerns, ethical issues, and progress of the counseling profession.

I look forward to working with you so please do not hesitate to contact me.

Respectfully,

Eddie Clark, Ph. D, LPC

Editor

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Social Change through the Clinical Application of Ayahuasca

Heather Hyland

Author Note: I am currently finishing my internship in Clinical Mental Health Counseling at United Community and Family Services in Norwich CT. After graduation I plan to deliver distance counseling and itinerant counseling services as a way of providing alternative methods of crisis and trauma therapies to populations that don't have access to counseling services and/or as a way of providing services to communities recovering from disasters. A B.A. in psychology at Eastern CT State University has opened up employment opportunities for me as a Mental Health Worker in Psychiatric Hospitals on the East and West coasts, an Assistant Manager of a group home for developmentally disabled women, and I currently hold a position as a mentor for developmentally disabled adults. As a counselor I am interested in crisis, trauma, disaster response, alternative counseling therapies such as Mindfulness based therapies, ayahuasca and psychedelic medicine, and the role of ritual and spirituality in the healing process of trauma. I can be contacted at: ucallasucur@gmail.com

Abstract

Ayahuasca is an entheogen native to the Amazon that has been prepared as a liquid concoction from plants containing Dimethyltryptamine (DMT) and a monoamine oxidase inhibitor (MAOI), and consumed in a healing ritual for centuries. The integration of ayahuasca and psychotherapy has potential to increase the engagement of counseling clients with challenging emotional content. An example of psychotherapy and ayahuasca integration is presented and the clinical integration process is briefly summarized. The efficacy of ayahuasca ritual healing is examined through a literature review to support the integration of ayahuasca ritual and psychotherapy as an agent for social change.

Research into psychedelic substances such as the Amazonian plant compound ayahuasca is revealing great potential for clinical applications in the treatment of substance abuse disorders, post-traumatic stress (PTSD), anxiety, trauma, and improving the quality of life through

deepening spirituality. Legalization issues restrict the research and clinical application of these substances in the mental health field. Understanding how entheogens can be integrated into psychotherapy and the potential they may have as therapeutic tools is the beginning of a conceptualization of how they may be agents of social change. In this paper the integration of ayahuasca ritual and psychotherapy will be explored and the efficacy of ayahuasca will be examined in a brief literature review.

Integrating Psychotherapy and Ayahuasca Ritual

Ayahuasca is producing therapeutic benefits and being used as a tool for social change within a prison population in Brazil. The inmate population in Brazil has dramatically increased, adding stress to an already underfunded system. Violent revolts against human rights violations in the prison system are frequent and bloody. Solutions to reduce violent behavior in the prison system are constantly being sought. The volunteer therapists at Acuda, a prison rights group in Porto Velho, began offering ayahuasca once a month to 10-15 inmates in 2013 who live in a compound where they also practice meditation, furniture making, and growing the plants to make ayahuasca. Some of the inmates report transformative experiences where they are confronted by the reality of their past actions, express remorse, and seek forgiveness for their crimes (Romero, 2015).

Many mental health clients suffer from substance abuse, post-traumatic stress disorder (PTSD), and many other mental disorders and struggle with the available approved therapeutic options for treatment (Nielson, & Megler, 2012). Alternatives to traditional psychopharmacological interventions within the realm of psychedelic medicine are gaining empirical support but are blocked by legal access, though entheogens such as ayahuasca show great promise in alleviating human suffering (Trichter, Klimo, & Krippner, 2009). Incorporating

entheogens such as ayahuasca into psychotherapy has prominent value as a tool to assist clients in accessing and processing difficult conscious and unconscious material. "One of the key benefits that could be found in integrating psychotherapy and an ayahuasca ritual would be that the previous therapeutic work could be brought into the ayahuasca ritual for further investigation, the experiences could be further explored, and the interpretation's validity tested in the dream-like states of the ayahuasca experience (Trichter, et al., 2009, p. 143)."

The Integration Process

The legalization process is the primary obstacle preventing the integration of psychotherapy and ayahuasca rituals, the scope of which is beyond the limitations of this paper. Aside from the legalization of entheogens, the integration process involves the establishment of ethical guidelines to ensure the safety of clients and ceremony leaders. This would involve collaboration between mental health professionals and indigenous ayahuasca ceremony leaders to share knowledge, set standards of practice, and establish medical and psychological screening methods. Accountability and consequences for exploitation and abuse of ritual participants along with standards that eliminate charlatan ritual leaders need to be established to eliminate harm to participants. Safety standards surrounding the therapeutic context of psychotherapeutic ayahuasca intervention are important to facilitate maximum benefit from the approach. Well trained clinicians will be invaluable during ayahuasca rituals to assist clients during difficult experiences and for processing and exploring insights related to previous therapeutic work and incorporating new knowledge into the client's worldview (Trichter, et al., 2009).

Literature Review

Kjellgren, Eriksson, and Norlander (2009) designed a qualitative study using questionnaires to gain insights and discern the meaning that 25 people from northern Europe

derived from their participation in group ceremonies with ayahuasca. Six themes emerged through analyzing the questionnaire data using the Empirical Phenomenological Psychological method. The six themes revealed the ayahuasca experience to be a process described as six phases: "motivation and aim, contractile frightening state, sudden transformation of the experience, limitless expansive states with transpersonal experiences, reflections, and changed world view and new orientation to life (Kjellgren, et al. 2009, p. 311)."

The beginning phase of the ayahuasca experience is referred to as motivation and aim because it "involves desires for personal development and many appear to seek personal self-awareness by wanting to illuminate their dark sides or psychological patterns (Kjellgren, et al., 2009, p. 312)." The second phase is a frightening state of reliving traumatic memories which then transitions abruptly (third phase) to a fourth phase of limitless, omnipotent, and indescribable transpersonal experience that involves changes in time and space dimensions, experiences of tremendous beauty, and encounters with spiritual beings. In the fifth phase consideration of and reflection on the unpleasant experiences and the difficulties of describing the indescribable are the focus of a processing phase that unfolds into the final phase of a changed worldview and new orientation to life. In this phase participants find that their worldview, personal development, and interests have changed and they have developed a greater self-awareness and a sense of being more present in themselves. Participants reported that creativity increased, and cognitive abilities were enhanced such as improved ability to survey complex problems.

The subjective effects and tolerability of three different doses of ayahuasca were evaluated in six healthy male volunteers using a single blind placebo controlled clinical trial by Riba, Rodríguez-Fornells, Urbano, Morte, Antonijoan, Montero, and ... Barbanoj, (2001). The

mean age of participants was 32.2 years (range: 26–44) and each participant was selected through a structured psychiatric interview, a complete physical examination, and medical history. Exclusion criteria included a present or past history of Axis-I disorders and alcohol or other substance dependence, and high scores on trait anxiety. The ayahuasca brew was masked for a single blind design in a lyophilizate form and then analyzed to ensure consistency with the original tea for chemical composition, concentration, and accurate dosing, then encapsulated in gelatin capsules similar to placebo. During each of four experimental days participants received a single oral dose of encapsulated freeze-dried ayahuasca: one low, one medium, and one high dose, or the placebo. Participants answered visual analogue scales (VAS) immediately before administration and at 15, 30, 45, 60, 90, 120, 150, 180, 210, and 240 min after administration. Additional data collection was through self-report questionnaires, the Hallucinogen Rating Scale (HRS), the Addiction Research Center Inventory (ARCI), and the recording of spontaneous verbal reported effects. Immediately before administration (baseline) and at 15, 30, 45, 60, 90, 120, 150, 180, 210, and 240 min after intake heart rate and cardiovascular variables were recorded by means of a sphygmomanometer cuff Blood pressure [systolic (SBP) and diastolic (DBP). "Values from cardiovascular measures and ARCI scores were transformed to differences from baseline and differences from pre administration scores, respectively. Transformed values, HRS scores, and mean values obtained across time points for a given treatment (i.e., cardiovascular and VAS data) were analyzed by means of a non-parametric Friedman test. When a significant effect was observed, post hoc comparisons were performed using the Wilcoxon test. In all tests performed, differences were considered statistically significant for P values lower than 0.05" (Riba, et al., 2001, p. 87). After the experimental sessions no clinically relevant changes in biochemical parameters were observed, though there were moderate actions on blood

pressure and heart rate. A modified state of awareness with stimulatory and psychedelic effects was induced by ayahuasca, as well as changes in perception and thought processes. Perceptual changes frequently contained pronounced emotional content along with a rapid succession of thoughts, visions, and recollections of recent events.

Trichter, et al., (2009) investigated how and if the subjective experiences of spirituality would be affected through participation in an ayahuasca ceremony. The researchers "hypothesized initially that participating in an ayahuasca ceremony would affect the general subjective spiritual experience of ceremony participants in a positive direction, marked by an increase in one's focus on, and/or reverence, openness, and connectedness to something of significance believed to be beyond one's full understanding and/or individual existence" (Trichter, et al., 2009, p. 124). To test this hypothesis a mixed method study was conducted with a total of 54 participants who self-identified as Caucasian, divided into an self-assigned experimental group of 49 participants consisting of 23 males and 26 females with a mean age of 33 years. These were split into four ceremony groups. The self-assigned control group had five participants consisting of three females and two males with a mean age of 31 years. To be selected for the study each participant was given the Mini Mental Status Exam, and the exclusion criteria was the presence of psychological disorder as a result of the exam. The quantitative measures used in the study were The Peak Experience Profile (PEP), The Spiritual Well-Being (SWB), and The Mysticism Scale (M Scale) which were group-administered by the researcher to all participants prior to the ayahuasca ceremony, six hours after the ceremony, one week after, and in one and three month follow-ups. This portion of the research data was analyzed through ANOVA, regression, and the nonparametric Kruskal-Wallis test, and findings from statistical analyses were considered statistically significant at p values of 0.05 or less. Within 12 hours of

the conclusion of the ceremony a written subjective account of the participants' experience of the ayahuasca ceremony was solicited by the researcher. These written accounts were then examined for common themes described in the literature, information relating to these themes was collected, and then frequency data was compiled. Ten common themes emerged and listed in descending order of frequency they are: "(1) presence of light/geometric patterns, (2) sense of honor, respect, gratitude and/or awe, (3) sense of connection, (4) self reflection and/or insights on personal life (5) spiritual experience (6) supernatural experiences, (7) sense of peace and/or calm, (8) healing, (9) death/near-death experiences, and (10) desolation" (Trichter, et al., 2009, p. 130). The study had many limitations that affected the results, most notably that the control group was too small, the ceremony groups were not equal in participants, and the settings were remarkably different (one in a forest the other in an old church in an urban area), which created differences in statistical analysis. Half of the ceremony participants reported that after the ceremonies their spirituality had become more important. From the quantitative data and the qualitative data, the researchers summarized the results as "those who drink ayahuasca on just one occasion tend to have positive spiritual experiences during ceremonies and afterwards, and then take these positive experiences and integrate them into their daily lives. These ayahuasca ceremony participants tend to, after their experience, be more empathic and feel more connected to others, nature and their sense of god or the divine. They are consistently shown to, in the short-term, feel healed, grateful and peaceful, with an increased sense of responsibility for, and reconciliation with, themselves, others, and the world". (Trichter, et al., 2009, p. 133).

Riba, Anderer, Jané, Saletu, and Barbanoj, (2004) state the purpose of their double-blind placebo-controlled randomized crossover clinical trial "was to assess the differential involvement of cortical brain regions in the acute central effects of ayahuasca by means of a recently

developed neuroimaging technique: low-resolution electromagnetic tomography (LORETA)" (p. 90). EEG recordings were obtained at baseline and at regular intervals after treatment administration of placebo or ayahuasca in lyophilizate form to eighteen healthy volunteers (15 males and 3 females) with a mean age of 25.7 years (range 19–38 years). The selection of participants involved a complete physical examination including a medical history, laboratory tests, ECG and urinalysis, as well as a structured psychiatric interview. A present or past history of Axis-I disorders and alcohol or other substance dependence, and high scores on trait anxiety were the exclusion criteria for the study. Nineteen-lead EEG recordings were obtained by means of scalp electrodes placed according to the international 10/20 system. Riba, et al., (2004) report their data collection used a two-step artifact processing procedure that included ocular artifact minimization based on regression analysis in the time domain, and automatic artifact rejection based on a time and frequency domain approach. LORETA was used to estimate the three-dimensional intracerebral current density distribution from the voltage values recorded at the scalp electrodes. The Hallucinogen Rating Scale (HRS) was administered 240 min after administration of ayahuasca and placebo. Riba, et al., (2004) state that in order to explore the time course of ayahuasca effects, paired-sample t tests were computed for log-transformed LORETA power at each voxel and frequency band for the different time points and corrections were made for multiple comparisons. The omnibus null hypothesis of no activation anywhere in the brain was rejected if at least one t value (i.e. voxel, tMAX) was above the critical threshold (tCRIT) for $p = 0.05$ determined by 5,000 randomizations. Results of the analysis identified significant drug-induced changes in the intracerebral power density distribution 60 and 90 min following ayahuasca administration. Their findings show that an important difference between ayahuasca and psychostimulants is the alpha-2- decreasing properties of ayahuasca. In overall

profile ayahuasca combines alpha-dampening effects, a feature shown by other perception-altering drugs, with slow wave reduction properties, indicating ayahuasca to be closer to LSD than pure psychostimulants. Riba, et al., (2004), summarized their findings on the effects of ayahuasca on the EEG power spectrum to

> "involve mainly reductions in the slow delta and theta activity together with decreases in beta-1 and in the alpha-2 frequency band. The assessment of the spatial distribution of intracerebral power density changes singled out the temporo-parieto-occipital junction, and temporomedial and frontomedial areas as target regions of ayahuasca in the CNS. These areas comprise the unimodal association cortex in the somatosensory, auditory and visual perception modalities, the heteromodal association cortex, and also key regions within the limbic neural network involved in the integration of multimodal sensory information, and in emotion and memory processes." (p. 100).

In an exploratory study using a qualitative reconstructive method based on the paradigm of symbolic interactionism, Loizaga-Velder, and Verres, (2014) explored the therapeutic potential of ayahuasca for the treatment of addictions. This exploration contained four components: a review of seven therapeutic projects located in South America; interviews with 13 therapists who apply ayahuasca professionally in the treatment of addictions; interviews with two professors from universities in the United States who are specialists in the fields of mental health, ayahuasca, altered states of consciousness, and substance dependence; and interviews with 14 individuals who had undergone ayahuasca-assisted therapy for addiction in diverse treatment settings in South America. Data collection methods included field study, participative observation, problem-centered interviews, and reviews of textual resources that were evaluated through content analysis using conceptually structured displays. A reduction of cravings was reported by half of the ritual participants (9/14) after their participation in ayahuasca rituals. Six of the fourteen ritual participants reported that ayahuasca-induced transcendental experiences transformed their consciousness in a way that allowed them to overcome craving for drugs

without effort. The interviewed therapists consistently reported that they observed such effects in their patients, lasting for periods ranging from several days to several years. Attenuation of withdrawal symptoms was reported by (3/14) patients and (4/15) therapists. The findings of Loizaga-Velder, and Verres, (2014) study indicate that ayahuasca experiences facilitate valued psychophysical processes that are part of other therapeutic approaches for substance dependence, such as stimulating the psychological processes of reframing that provide resources for the relief of stress, emotional pain, or trauma typically associated with substance dependence, as well as triggering therapeutically relevant insights, promote personal growth, and support interpersonal awareness. Additionally, lower psychological defense mechanisms allow ritual participants to readily accept previously denied aspects of the psyche. Loizaga-Velder, and Verres, (2014) assert that the therapeutic mechanism of ayahuasca "can contribute to the process of recovery from substance dependence by facilitating interconnected body-oriented, psychological, and spiritual awareness and reframing processes, which can provide important therapeutic resources for a successful recovery from substance dependence and prevention of relapse" (p. 66).

Liester, and Prickett, (2012) offer four hypotheses to explain possible biochemical, physiological, psychological, and transcendent mechanisms by which ayahuasca may exert its anti-addiction effects. These four hypothesizes correspond with the four divisions of ayahuasca effects which are biochemical, physiological, psychological, and transcendent. Ayahuasca is prepared by boiling the bark or vine of the plant Banisteriopsis caapi which contains beta-carboline alkaloids including harmine, harmaline, and tetrahydroharmine that serve as potent monoamine oxidase inhibitors (MAOIs), and the leaves of Psychotria viridis which contains N, N-dimethyltryptamine (DMT) a naturally occurring tryptamine alkaloid, being the predominant psychoactive constituent. The biochemical effects of ayahuasca are the result of the actions of

DMT and the MAOIs acting in concert. DMT is a serotonin receptor 5HT2A, 5HT1A and 5HT2C agonist and chronic use of ayahuasca has been associated with an increased number of serotonin receptors on platelets. MAOIs increase levels of dopamine, serotonin, and norepinephrine by preventing breakdown of these amines by MAO enzymes. Drugs that increase dopamine in the brain are associated with pleasure, reward, and addiction. Liester, and Prickett, (2012) assert the biochemical hypothesis "ayahuasca exerts its anti-addictive properties by reducing brain dopamine levels in the mesolimbic pathway. This occurs via ayahuasca's effects on serotonin receptors." (p. 203).

Liester, and Prickett, (2012), assert the physiological hypothesis "reduced dopamine levels in the mesolimbic pathway associated with ayahuasca interfere with the synaptic plasticity associated with the development and maintenance of addictions" (p. 205). Dopamine is the primary neurotransmitter involved in the mesolimbic pathway, and the ventral tegmental area (VTA), the nucleus accumbens, and the prefrontal cortex are the three critical areas in this pathway. The development and maintenance of addiction is associated with the release of dopamine in the mesolimbic pathway and synaptic plasticity.

Psychologically the set and setting, which involve the expectations, motivations, and intentions of the individual and the physical and interpersonal environment are important influences how an individual may respond to an entheogen. In the traditional setting ayahuasca allows individuals access to unconscious emotional issues that provide insight into the way past experiences influence present and potential future outcomes of their choices to use substances. This is the basis for the psychological hypothesis "that ayahuasca treats addictions by helping resolve traumas, encourage the understanding of potential outcomes of choices, and improving decision- making (Liester, & Prickett, 2012, p. 206)."

The transcendental effects of ayahuasca involve visions of a spiritual reality, an altered sense of space and time, ineffability, intuitive insights, out of body experiences and feelings of unity with nature or oneness with the universe resulting from dissolution of boundaries between oneself and others or the environment. Transcendent experiences have been previously reported to help individuals overcome addictions and is the basis for the transcendent hypothesis that ayahuasca treats addictions by facilitating transcendent experiences. These four hypothesizes are the mechanisms offered by Liester, and Prickett (2012) by which ayahuasca exerts its anti-addictive properties via four unique but interrelated mechanisms.

Benchmarks for Success

The legalization of entheogens for psychotherapeutic use is the primary and pivotal benchmark for success. This would be followed by the establishment of ethical guidelines and professional standards of practice for ayahuasca ritual leaders and mental health practitioners. Professional training and education for mental health counselors in the cross cultural context, administration of ayahuasca and establishing the appropriate set and setting of the ayahuasca experience as well as training in processing and integrating transcendental and spiritual content with multicultural competence is the last piece to establish a firm foundation (Trichter, et al., 2009).

Conclusion

The integration of psychotherapy and ayahuasca rituals allows licensed and experienced mental health professionals to prepare clients therapeutically to engage with potentially emotionally challenging material that may surface during ayahuasca rituals. Mental health counselors would be able to screen, prepare potential crisis intervention, and work with emerging traumas and post-ceremony integration (Trichter, et al., 2009). This would also make available an alternative evidenced-based intervention for individuals suffering from substance abuse,

PTSD, trauma, and mood disorders who desire to have their spiritual beliefs and values integrated into treatment without risk of addiction, physiological or psychological damage (Kjellgren, et al., 2009).

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A Guide to Addiction Certification in Alabama

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Abstract

Obtaining credentials as an addiction professional can be a daunting task. The variability in requirements of the state credentialing process and the national credentialing process is a contributing factor. Contingent upon the certifying agency, state and/or certification level, requirements and qualifications vary. This article will review the history of the credentialing process and discuss selected addiction credentials.

The History of Credentialing for Addiction Counselors

The history of certification and licensure within the addiction counseling realm has resulted in improved preparation of these counselors; however, it has also led to confusion and variation in the requirements and ways of becoming certified within this specialized field. According to the literature and additional review of certification requirements to become an addiction counselor, it is difficult to make sense of the overall United States credentialing process (Miller, 2010). This is mainly due to the variability in requirements of the state credentialing process and the national credentialing process. For example, in the state of Alabama, various levels of certification are identified which occur across states. In other words, there are no single sets of standards for

certification and licensure related to addiction counseling on the national or the state level. The purpose of this article is discuss history of addiction certification, advantages and disadvantages of addiction certification, and to discuss the credentialing process for a selection of addiction certifications.

When looking at the domain of addiction, the United States has a long-standing history with addictive substances dating back to the use of alcohol in the seventeenth century (White, 2004). Since that time, the U.S. has struggled to identify appropriate and successful treatment options for individuals with substance abuse addictions. Unfortunately, issues with drug abuse and addiction have continued becoming major public health problems and impacting over 24.6 million individuals (NSDUH, 2013). For that reason, local, state and the federal governments have funded countless substance abuse treatment programs and facilities in the fight against substance abuse (White, 2012).

Historically, tensions occurred within addiction treatment field in the 19th century resulting in the collapse of the treatment system (White, 2012). Lacking an adequate treatment system, those with addiction problems were sent to jails, asylums, or public hospitals. This ultimately resulted in an increased mandate for addiction treatment. Consequentially, lay counselors increased with an emphasis on recovering addicts as counselors and by 1950 they were firmly in place within substance abuse treatment (White, 2012; Hagedorn, Culbreth, & Cashwell, 2012). Within the 1970's and 1980's, a transition from paraprofessional counselors, or lay counselors, to clinical professionals occurred which increased the focus on the need for licensure and certification in this field (White, 2012). The increase need for treatment including the need of professionals to provide this treatment contributed greatly to the growth in licensure and certification. In 1974, the helping profession began to research and evaluate the licensure

and certification process for counselors providing services in alcohol and drug treatment programs, marking the beginning of a sustained process of credentialing for addiction counselors (White, 1999). Predicated by the series of credentialing studies in 1974, certification began as did a voluntary certification process began. Initially, the eligibility process was established by independent professional boards (White, 1999). Paralleling this process, Congress passed the "Comprehensive Alcohol Abuse and Alcohol Prevention, Treatment and Rehabilitation Act" committing federal funds to the treatment of alcoholic patients and specialized training for individuals who would treat these patients (West & Hamm, 2012; Mustaine, West & Wyrick, 2003). Congress also established the National Institute for Alcohol Abuse and Alcoholism (NIAAA) and the National Institute for Drug Abuse (NIDA) which signaled the beginning of specialized training with an emphasis on counseling skills to meet the needs of alcohol and other drug dependent persons" (Mustaine et al., 2003, p. 99). As a result of this legislation, individual state legislators began establishing regulations which permitted individuals to provide treatment services without pre-requisite requirements including graduate education (West & Hamm, 2012).

Despite the passing of the Comprehensive Alcohol Abuse and Alcohol Prevention, Treatment and Rehabilitation Act and the increased funds and need of counselors within addictions treatment there were no national standards set in place for the training and requirements for addiction counselors. States developed their own conditions; however, in order for facilities to receive the federal funds, the government required that persons providing these services demonstrate that they had obtained credentials to practice. Even with this stipulation, the process for credentialing was voluntary until the early 1980s (White, 2012). Other areas dictating the need for more extensive training, minimum preparation standards, and a credentialing process for counselors who identified as specializing in substance abuse treatment included the

emergence of managed care and strict insurance reimbursement standards, as well as the increase in the diagnoses of co-occurring disorders that required a trained mental health expert (Mustaine et al, 2003).

The counseling profession's initial response to America's problem with addiction was to address the issue within the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards for counseling programs (CACREP, 2009), signaling the beginning of the professionalization of addictions counseling (Mustaine, West & Wyrick, 2003). Resulting in an emphasis on education and training rather than recovery status (Hagedorn, et al., 2012). This act of professionalizing addiction counseling triggered a state mandate that all addiction counselors providing services complete a graduate school-level professional counseling program (Morgen, Miller & Stretch, 2012). Credentialing bodies such as the National Board of Certified Counselors (NBCC) and the National Certification Commission for Addiction Professionals (NCCAP) were established to provide national certifications. NBCC was established in 1982 (Juhnke, 2000), setting the foundation for a nationally recognized credentialing process for professional counselors, to include those providing substance abuse counseling. Further professionalizing the practice of addiction counseling NCCAP was established in 1990, signifying the first unified and nationally recognized certification process for addiction counselor (NAADC, 2011). Presently there are only five states that still operate on a voluntary status as it relates to substance abuse certifications (U.S. Department of Health and Human Services, 2004). Nevertheless, the education requirements as well as the amount of training, supervision, and experience needed has remained inconsistent across states, legislatures, and national associations (West & Hamm, 2012).

Advantages and Disadvantages of Credentialing Addiction counselor

Despite the numerous efforts to eradicate or contain substance abuse/use, it remains a huge problem. According to data from the National Survey on Drug Use and Health (NSDUH), - the national survey initiated by the Substance Abuse and Mental Health Services Administration (SAMHSA) to evaluate the use of alcohol and drug use in the U.S., the use of illegal substances and use of alcohol by minors, as well as substance use disorders are not showing signs of decline (SAMHSA, 2014). According to the 2013 NSDUH, 24.6 million individuals aged 12 and older used illicit drugs in 2013; of that estimate 2.2 million users were adolescents aged 12-17. It was also estimated that in 2013, 60.1 million individuals had participated in binge drinking; of that estimate, 1.6 million were adolescents (SAMSHA, 2014). The details of the NSDUH paint an extremely alarming picture of alcohol and illegal substance use in the U.S.; pointing to the need for qualified counselors to provide services to individuals with substance addiction disorders, as well as counselors matriculating through counselor preparation programs who understand substance abuse. The alarming picture of alcohol and illegal substance use in the U.S. makes the credentialing process even more vital to the counseling profession. Despite the well-documented need for nationally, uniformed, evidence-based standards and practice in provision of substance abuse counseling, credentialing does not come without both advantages and disadvantages.

The advantages of a uniformed credentialing process are numerous. A unified credentialing process would undoubtedly provide higher quality care for those with substance abuse addiction (Morgen et al., 2012). Identifying a way to measure and monitor the requirements for knowledge and competence in the profession would increase the public and professional creditability of addiction counselors. Additionally, third party reimbursement requirements lean towards graduate-level training; therefore, a uniformed credentialing process would decrease the ambiguity regarding the credentialing process, as well as help clients and

professionals alike ascertain whether individuals have met national competency standards and are qualified to treat those with substance use disorders.

There are also numerous disadvantages. According to Miller, Scarborough, Clark, Leonard, and Keziah (2010), the process of addiction certification is confusing and overwhelming due to the variations in standards across states and nationally. This state of affairs in itself reduces the number of applicants and limits the number of qualified clinicians within the field; in turn negatively impacting the addictions field that increasingly needs counselors and greater options for treatment. Due to varying standards across the states and nationally, portability of credentials is limited. For example, an addiction counselor meeting the requirements in one state may not in others, resulting in decreased reciprocity among certifications. However, the two national certifying boards, The National Association for Addiction Professionals (NAADAC) and International Certification & Reciprocity Consortium (IC&RC), cover multiple states and allow for some certification portability. This variance causes even more confusion. Ambiguity in seeking certification negatively impacts counselors, aspiring counselors, and ultimately the clients.

Another concern regarding the practice of credentialing substance abuse counselors is the certification process. The national certification boards, as well as various agency within Alabama require ongoing continuing education units for renewal of substance abuse certification. However, the types of ongoing education as well as the number of required hours differ; and although there are requirements dictating the types of professional experience and supervision during the certification process on both a state and national level, there are identified standards. For example, some state based certification boards often do not require direct observation of

addiction counselors by their supervisors (Mustaine, et al., 2003); this lack of supervision is a concern with state based addictions counseling.

Viewing certification as a mechanism that creates a specialized field of counseling, then specialized certification can fragment the counseling profession. The separation of addiction counseling from licensed professional counseling, as opposed to as being a specialty of traditional licensure, has been debated within the literature. Typically, licensed professional counselors can provide treatment services to those diagnosed with primary substance use disorders as well as those diagnosed with co-occurring disorders. However, addiction counselors who are certified, but not licensed, typically can not provide counseling to clients needing mental health services. They can only provide services to primary substance abuse clients. This, however, has been discussed and is possibly changing such that licensed counselors may need to seek credentialing in the substance abuse field to continue providing treatment to this population. The increase in addiction related standards within the CACREP standards for 2009 has an impact on the addiction field and certification process (CACREP, 2014). These increased standards ensure that licensed counselors are receiving training within the specialty of addictions counseling. The debate, however, can continue, with: Is it enough? Within certification processes, specific training and education are typically required within the addiction field and not generalized within graduate education. A significant concern is determining whether or not the training received within graduate education is sufficient for the specialty of addiction counseling. Iarussi, Perjessy, and Reed (2013) found that these CACREP standards are being implemented in a wide variety of ways across graduate programs. For example, addiction standards are covered in a number of ways including offering a specific addiction class as an elective or a specific addiction class as a requirement, as well as the meeting standards across the curriculum

including practicum and internship (Iarussi, Perjessy, & Reed, 2013). Are counselors really prepared for treating this population? Several questions arise: Since CACREP standards increased within this area, does this mean that graduate students need to then go on to get certified as addiction counselors? Are licensed counselors well equipped to treat addictions? In turn, are certified addiction counselors properly trained and educated with proper supervision to provide addictions counseling without a formal graduate education? These questions are difficult to address due to the lack of unified standards. Furthermore, would it be better to increase the education requirement for certification and have a national certification standard, continue with the training of addictions within graduate education with traditional counselors, or somehow merge both of these ideas? The training and certification of addiction counselors can be specialized and with proper standards, even without the graduate education, can be effective.

Types of Addiction Certifications

As indicated previously, there are many certifying agencies that provide addiction certification. Certifying agencies examine and certify addiction professionals based upon competencies and knowledge as well as skills in addiction counseling. Depending upon the certifying agency and/or certification level, these qualifications vary. Beyond examining and certifying addiction professionals, certifying agencies ultimately seek to ensure delivery of quality treatment services via established competency standards, education, and clinical experience (U.S. Department of Health and Human Services, 2005). The following discussion addresses some of the prominent state and national addiction certifications.

National Certified Addiction Counselor (NCAC) Level I or Level II

The National Certification Commission for Addiction Professionals (NCC AP) awards the National Certified Addiction Counselor (NCAC) Level 1 and Level II. The NCC AP Examinations Level I and Level II are offered to support: (1) initial certification at the National Level as either NCAC Level I or Level II; (2) advance of national certification from NCAC Level I to NCAC Level II; (3) initial certification at the state level in selected states and other similar certification organizations. The NCAC Level I and II are both voluntary national certifications intended for professionals working within addiction-related fields who wish to demonstrate their skills gained through years of supervised work experience (NAADAC, 2016). Eligibility for the NCAC Level I and Level II have similar and markedly different requirements. Both levels require applicants to hold a current state certification/licensure as an alcoholism and/or drug abuse counselor. NCC AP defines state licensure/certification as a license or credential issued by the state level agency that is responsible for alcoholism and/or drug abuse counselors within the applicant's state. Applicants have to submit copies state license/certification within the application packet (NAADAC, 2016).

NCAC Level I and Level II applicants must document evidence of their educational and experiential backgrounds in alcoholism and/or drug abuse counseling. In addition to current state licensure and/or certification, NCAC Level I applicants must meet additional criteria such as: (1) have three years full-time or 6,000 hours (not more than 2,000 per year) of supervised experience in alcoholism and/or drug abuse counseling; (2) document 270 contact hours of education and training in alcoholism and/or drug abuse or related counseling subjects. Likewise, applicants for the NCAC Level II must meet similar requirements. Requirements for NCAC Level II are: (1) have five years full-time or 10,000 hours (not more than 2,000 per year) of supervised experience in alcoholism and/or drug abuse counseling; (2) document 450 contact hours of

education and training in alcoholism and/or drug abuse or related counseling subjects (NAADAC, 2016).

NCC AP requires counselors seeking NCAC Level I or Level II to document at least six hours of AIDS/HIV training and six hours of ethics training as part of their total education and training contact hours (these training hours must be within the past five years). Upon approval of completed application materials and fees, applicants are allowed to take the NCAC written examination for Level I or Level II. The NCC AP examinations are composed of up to 250 multiple choice, objective questions. The examinations cover four areas: Pharmacology of Psychoactive Substances, Counseling Practice, Theoretical Base of Counseling, and Professional Issues (NAADAC, 2016). The examination is regularly reviewed and updated based on research and best practices in providing addiction counseling.

Master Addiction Counselor (MAC)

The Master Addiction Counselor (MAC) credential, awarded by the National Commission for Certifying Agencies (NCCA), is held by over 700 counselors in the United States (NBCC) (NCCA, 2016). Eligibility for the MAC requires certification as a National Certified Counselor (NCC), as well as an educational and experiential background in addiction counseling. Minimum education requirements are twelve (12) semester (or 18 quarter) hours of graduate-level coursework in addictions counseling theories, group counseling, and treatment. Continuing education hours specifically in the area of addictions may be substituted for all or part of the addictions-specific coursework requirements. Three years of counseling experience, as well as three years of counseling supervision are prerequisites for certification as well.

The Examination for Master Addictions Counselors (EMAC) is the required examination for the MAC as well as some state certification boards. The multiple-choice examination consists of 100 multiple-choice items covering a broad range of addiction counseling knowledge, skills, and abilities. The examination is regularly reviewed and updated based on research and best practices in providing addiction counseling.

Alcohol and Drug Counselor Certification (ADC)

The ADC certification is awarded by the Alabama Alcohol and Drug Abuse Association (AADAA). Individuals who process sufficient skill, knowledge and competency in addiction counseling may apply for this certification. AADAA places more importance on knowledge and skills rather than on a "single educational or experiential background" (AADAA, 2009, p. 6). With this said, the needed knowledge and skills can be obtained via a combination of education, supervised experience, and specialized training which are specified in the subsequent information (AADAA, 2009).

Applicants for the ADC certification must document 6,000 hours of work experience. Applicants can use human services degrees to substitute for some of the work experience. For example, an applicant with a Bachelor's Degree in a human services field can substitute 2,000 hours of work experience. Similarly, an applicant who holds a Master's Degree in a human services field can substitute for 4,000 hours.

In addition to work experience, applicants must meet supervision and education and/or training requirements. Specifically, applicants must document a minimum of 300 supervised hours in the 12 Core Functions including a minimum of 10 hours in each core function. Similarly, evidence of the 270 clock hour of education/training in the 12 Core Function Areas is

required. Of the 270 clock hours of education/training, six hours must be ethics education and four hours pertaining to AIDS/HIV education.

Additionally, applicants are required to submit four evaluations including three evaluations from colleagues and one evaluation from a supervisor. Competency in the 12 Core Function Areas is documented by a passing score on the appropriate IC&RC examination.

AADAA provides many certifications for addiction professionals; however, only the Alcohol and Drug Counselor (ADC) and the Advanced Alcohol and Drug Counselor (AADC) certifications are relevant to the purpose of this guide.

Advanced Alcohol and Drug Counselor

In April of 2014, AADAA was authorized to grant the Advanced Alcohol and Drug Counselor (AADC) certification to individuals who process advanced skill, knowledge and competency in addiction counseling. AADC applicants must document work experience, clinical supervision, colleague support, education/training, and passage of the appropriate IC&RC examination (AADAA, 2014).

In general, applicants must document 2000 hours of supervised work experience in the Twelve Core Functions areas. At minimum 50% of this work experience must have been in the past five years. Furthermore, applicants for the AADC must have 300 supervised hours in the domains and 12 Core Functions including a minimum of 10 hours in each core function.

Unlike the ADC certification, applicants for the AADC must have a master's degree in Behavioral Science with a clinical application. Other requirements for the AADC are (a) applicants must have 180 hours of ADC-specific education including six hours of professional

ethics and responsibilities and four hours of AIDS/HIV education; (b) pass the appropriate IC&RC examination, and (c) three forms completed by work colleagues (AADAA, 2014).

Implications for Counselors and Mental Health Professionals

Addictions Counseling became one of the accredited specialty areas with the adoption of the 2009 CACREP Standards (Bobby, 2013; CACREP, 2009), extending the credibility of professional counselors to the specialty of addictions counseling. Since the adoption of accreditation standards for addictions counseling, the CACREP programs have struggled to define or include addictions training in the core counseling program (Salyers, Ritchie, Luellen & Roseman, 2005). Program evaluations indicate that many programs attempt to cover this standard by offering counselors-in-training practicum and internship placements in substance abuse facilities (Salyers et al., 2005). However, does this equate to enough supervised experience and is it enough to ascertain that counselors-in-training receive adequate training in the process of treating individuals with a substance abuse addiction? This issue raises additional questions regarding the training and preparation of Licensed Professional Counselors (LPCs). One such question is: Should LPCs without specialized training in addictions provide services in this area?

There is also the issue of licensure portability. With each state having the freedom to establish individual accrediting standards, it would be difficult for addiction counselor to transport their skills. Furthermore, it is common for states to have varying levels and competency requirements for addiction counselor (USDHHS, 2005). This practice further adds to the ambiguity of the standards and competency levels of quality addiction counselor, as well as potentially triggering an invisible barrier for well meaning counselors who wish to specialize in this area. How will the 2016 CACREP Standards address the aforementioned issues within the

counselor training and preparation programs? Lastly, another essential question in this debate is: How will the NBCC address the need for national credentialing standards for addiction counselors?

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Using Career Construction Theory to Support College Students' Transition from Their Undergraduate Studies

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Abstract

Career Construction Theory (Savickas, 2002) is discussed as a holistic approach for working with college students that are transitioning from their undergraduate studies. The purpose of this manuscript is to relay the value of Career Construction Theory (CCT) to college student populations. Specifically, (a) the need for a new, holistic career counseling approach such as CCT in working with college students, (b) the elements that make CCT a holistic career counseling approach, (c) existing research on the theory, and (d) CCT's implications for practice

are addressed. The keystone applications of CCT, the Career Style Interview (CSI) are also discussed.

Keywords: Career Construction Theory, unemployment, counseling

College students report high levels of stress and anxiety during their transition from undergraduate school (Grant-Vallone & Ensher, 2001). While students' experiences will vary, there are several factors that can contribute to experiencing stress and anxiety. Students who are going through this transition often become overwhelmed by the inability to find gainful employment, underemployment, or the competition of getting into advanced academic programs. Understanding the requirements, expectations, and benefits of graduate school can greatly benefit students considering making the transition. Exploration of these benefits guided by an experienced career counselor can help assuage these stressors and give these students a clearer understanding of the expectations and value of an advanced degree.

Historically, students who have made an investment in higher education have received substantial economic benefits throughout their career. The Center on Education and the Workforce at Georgetown University projects that by 2018 the U.S. economy will have created some 47 million jobs and nearly two-thirds of them will require some postsecondary education. The Center also states that 36% of American jobs will be filled by individuals with a four-year high school **diploma**. Workers with an associate's **degree** will earn 73% more than those with only a high school diploma (Baum, Ma, & Payea 2013). These numbers represent the financial benefit of investing one's time and energy into higher education programs.

The current labor market is changing and adjusting to a recession that has in many ways crippled new graduates who now find themselves unemployed or underemployed (Abel, Deitz, & Su, 2014). Using theories such as Career Construction Theory (CCT; Savickas, 2002), to help

recent graduates navigate a changing labor market could greatly benefit those who find themselves struggling to adapt or match their skills and interests to a specific work environment. These benefits could possibly include a reduction in anxiety, stress, and the construction of a new career path.

Parsons' (1909) vocational guidance movement, which was established over 100 years ago, was paramount in highlighting the need to provide support for students in their transitions from school to work. Although Parsons' work laid the foundation for understanding individuals' self-conceptualization within a career context, some researchers (Krumboltz, 1996; Pazaratz & Morton, 2002; Popcorn & Marigold, 1996) have criticized this and other more traditional career counseling approaches as antiquated in that they are limited in their application to modern day students. Metz and Guichard (2009) called for a revision of traditional approaches to expand their methods in ways that more accurately capture diverse individuals.

One theory of career counseling that answers this call is the Career Construction Theory (CCT; Savickas, 2002). This theory provides the contemporary adaptations that researchers (Krumboltz, 1996; Metz and Guichard, 2009; Pazaratz & Morton, 2002; Popcorn & Marigold, 1996) recommended. Although the CCT incorporates several traditional career theories, the CCT extends beyond these methods by taking into consideration the current work environment in which students are preparing to enter. This sensitivity to contemporary career issues and their relation to satisfying individuals' interests, values, and desires are what make the CCT a highly effective approach to career counseling. According to Del Corso and Rehfuss (2011), CCT is able to create a holistic conceptualization of how individuals author their lives and careers. This understanding helps individuals adapt to their environment, form meaningful, unique identities, and construct further meaning. Thus, the CCT is not just a theory that is utilized to match a

student to a specific job based upon her skills and interests, a method that was effective thirty years ago. The CCT can be used to help a student construct a new life story, one that includes an ability to adapt to today's changing economy.

CCT as a Holistic Approach

The CCT is a holistic, constructivist approach to career counseling that was developed by Mark Savickas over the course of the last several decades (Savickas, 2002; 2005a; 2005b; 2011; 2013). CCT incorporates Alfred Adler's (1931; 1956) theory of life themes as a lifestyle, John Holland's (1997) approach to differential psychology, and Donald Super's (1951; 1953; 1990) conceptualization of career as a developmental process. Savickas combines these three theories into CCT's key components of *life themes* (i.e., the meaning that individuals have constructed regarding their vocational experiences), *vocational personality* (i.e., an individual's career related abilities, principles, and interests), and *career adaptability* (i.e., being willing and able to adapt to changing work related climates) within a narrative framework (Savickas, 2002, 2005a, 2011; 2013).

This approach is especially effective for 21st century students because it takes into account an individual's propensity to adjust to differing career opportunities, work situations, and job conditions (Super & Knasel, 1981). Older career counseling methods did not address this factor. Thus, by taking into account life themes, vocational personality, and career adaptability, counselors can assist students in developing a greater level of self-awareness of their own unique identities and abilities to adapt as well as generate insight into how they may acquire the tools and skills necessary for composing a new chapter in their lives (Savickas, 2011). The following paragraphs will discuss some of the key tenants of the CCT (Savickas, 2002) to include (a)

vocational personality, (b) narratives, (c) lifestyle, and (d) career adaptability. Then implications for use of this theory with transitioning college students and an applied case study are outlined.

Vocational Personality

According to CCT, each individual's unique vocational personality is constructed through the use of language. Contrary to traditional career theorists who examined individuals' use of language to represent their life stories, CCT posits that the use of language actually helps individuals create and construct new identities and realities (Savickas, 2011). In relation to career development, students can infuse their own unique vocational personalities into a future career that is harmonious with their essential selves (Savickas, 2002, 2005a, 2009; 2011; 2013). One specific method that can aid career counselors in helping students construct new identities, realities, and career paths is the Career Style Interview (CSI). This narrative assessment has frequently been discussed and applied in the career counseling literature (Savickas, 1989, 1998, 2009, 2011, 2013), but its usefulness may be especially heightened within the current employment and economic climate.

Narratives

Students can ideally generate narratives within the career counseling realm using the CCT approach to "help individuals understand themselves as authors who conceptualize and visualize their human existence and experience in story-form" (Del Corso & Rehfuss, 2011, p. 334). Articulating and understanding their own personal life stories can help students lay a fresh foundation for future career decisions (Savickas, 1997). Savickas et al. (2009) affirmed that narrative-based interventions are crucial for helping workers adjust to a new career landscape. This adjustment occurs by helping students become more aware not only of their personal values

and interests (the traditional focus of career counseling theory), but by becoming more cognizant of how they can move beyond this traditional approach to author a life story that incorporates career adaptability and personal fulfillment (Savickas et al., 2009). If a graduating student cannot see beyond their current set of circumstances, it is likely that a period of unemployment or stagnation following graduation may follow. A new narrative is needed to become a bridge between how things are and how the client would like things to be. This broadening of career conceptualization plays a part in how students create their lifestyle.

Lifestyle

According to Savickas (2005a), "career denotes a subjective construction that imposes personal meaning on past memories, present experiences, and future aspirations by weaving them into a life theme that patterns the individual's work life" (p. 43). The life theme is unique for every individual and is a compilation of many life stories. Each story revolves around a particular life role, such as parent, student, child, or worker, and typically follows a specific story line (Raggatt, 2006). These story lines have meaning not only for the individual, but also for the community.

Adler (1925) noted that individuals could find a sense of belonging within their respective communities by implementing specific life tasks. Savickas (2005a) expanded on this notion by stating that work not only brings satisfaction to a community through social contribution, but it can also be meaningful to the individuals themselves. Hence, workers' life lines and all of their various, interwoven tasks, hold a deeper meaning than simply representing a means to purely financial compensation. Both the worker and the community place value in the individual's satisfying employment. But with the shifting conditions of the world of work,

individuals must be able to incorporate new stories into their narratives. The client who has been a student for several years and derived meaning from interactions within the same community for years may need assistance in determining which specific aspects of their academic experiences were the most meaningful to them. This will provide information that can spur students to seek positions that might be in different fields, or continue on to graduate school, but still provide the circumstances that gave meaning to the student's life.

Career Adaptability

Super and Knasel (1981) originally introduced the concept of career adaptability to describe how adolescents and adults differ in career coping strategies. Savickas (2005a) considers the ability to adapt as being contingent upon individuals' levels of career concern, control, curiosity, and confidence. Today's uncertain economy renders the utilization of these coping strategies to adapt and to acquire meaningful work experiences particularly important to consider. Thus, the CCT is a career counseling approach that can be the catalyst for exploring and enhancing these abilities. By helping students look beyond how their lives once read, they can begin to envision how they might construct a new vocational identity or develop a new set of marketable skills.

Implications for Practice

Career Construction Theory was designed to aid clients in developing a greater level of self-awareness. The information that students may disclose in career counseling offers insights into their inner values, beliefs, and preoccupations that can help them adapt to the career realm (Del Corso & Rehfuss, 2011). The Career Style Interview (CSI; Savickas, 1989, 1998, 2009, 2011, 2013) is a fundamental application of CCT that many career counselors employ in their

practices. Del Corso and Rehfuss (2011) noted that values, beliefs, and preoccupations are specifically addressed in career counseling through the posing of a set of specific questions related to childhood heroes, favorite magazines and movies, early childhood memories, and preferred mottos. These questions were specifically designed by Savickas (1989, 1998, 2005a, 2009, 2013) to reveal a client's inner thoughts, beliefs, and values, including one's self-concept, preferred environment, life script, self-prescribed advice, and current preoccupations.

Helping students recognize how they play out their life stories through their career choices and career paths can motivate students to artfully craft their next career moves. The CSI can uncover which aspects of a student's self were being expressed through their field of study and allow them to better understand which next steps might be right for them in their transitions from undergraduate programs. Further, the CSI encourages students to not see each job as a stand-alone entity, but to see each position as a connected part of their career story and an avenue of expression of their identity. In recent years, the utility of the CSI to various populations in career counseling settings has become of interest to career theory researchers.

Researchers have highlighted one of the strengths of the CSI and how it has a high level of satisfaction among those who have completed it. Rehfuss, Del Corso, Galvin, and Wykes (2011b) found that clients perceived the CSI as having helped them develop a greater level of encouragement, self-awareness, career direction, self-confidence, and affirmation of their career choices. However, the CSI assessment has rarely been studied beyond case studies (Rehfuss, 2007; Savickas, 1989, 1995, 2005b). There are also relatively few studies that have been conducted to empirically validate the CSI (Rehfuss, Cosio, & Del Corso, 2011a).

Although the CSI needs further empirical validation (Osipow & Fitzgerald, 1996) and additional consideration of multicultural issues (Savickas, 2002), authors (Osipow & Fitzgerald, 1996; Savickas, 2002) indicate that the CSI has great potential for exploration and analysis in future studies. Rehfuss et al. (2011b) offered several recommendations for future research including creating studies that explore the link between the CSI and the development of career adaptability and confidence in making career-related decisions. In addition, these authors recommended exploring the impact that the CSI may have when used in conjunction with other assessments. Last, these authors also recommended conducting studies on a diverse range of participants, ones that consider age, ethnicity, gender, and other cultural factors.

Case Vignette: Hector and the Use of the CSI

In order to illustrate the use of the CSI within a transitional college counseling context, we provide the following case vignette.

Hector, a 21-year-old male that is a traditional fourth year senior at a large university, recently learned he did not get into graduate school. Hector was surprised when he heard this news and had no idea what to do next. He assumed he would be just like his friends and go straight from his undergraduate studies to graduate school. As Hector had always been happy with his career goals, he had never considered career exploration beyond that of getting into a civil engineering graduate program after graduating with his bachelors' degree and so he was willing to attend the counseling sessions.

Counselor: Hector, I'm glad you decided to work with me as you figure out what your next steps will be as you construct a career identity.

Hector: Well, I am not sure at all about what I can do next! I had never even imagined that I would not get into graduate school. I worked so hard in my undergraduate program for so many years and I made good grades. I don't even know where to begin applying to other graduate programs or even know what I might be interested in doing once I graduate. It is all a big "question mark."

Counselor: I have an exercise that has helped many people re-imagine their career path; it's called the Career Style Interview. Would you like to try it?

Hector: Sure -- I am open to anything right now. I just want to figure out what to do next.

Counselor: Okay! First, who did you admire when you were growing up? This can be a real person or someone from a book, a movie, etc.

Hector: I used to love football as a kid; still do, actually. My favorite football player was Troy Aikman. He was so amazing and seemed larger than life! Any move, any play, he could outlast his opponents. Even if his team was losing 21 points to nothing in the first quarter, Troy could always throw some touchdowns and turn the game around. He always ended up on top and he never gave up!

And I had another hero, too - He-man! That guy used to wear some funny clothes! I used to pretend that I was He-man and that my room was Castle Grayskull. I'd run around my house with this cardboard sword that I made that was held together with duct tape. I'd always scare my little sister who is a few years younger than me. In all of the other rooms, I was just Hector, but when I went into my bedroom, I was He-man! I had the power of Grayskull!

Counselor: Tell me how you are like Troy Aikman? Or He-man?

Hector: Hmm…I've never really thought about that... I guess I'm like Troy Aikman because I'm tough. I don't give up even when it looks like I've lost the game. [Laughing] I guess I'm like He-Man because I feel like I have more strength, more control, at certain times and less in others.

Counselor: Okay, next question. Which TV shows do you like to watch? And are there any magazines you like to read?

Hector: Yes, I love to read "This Old House." If I ever want to figure out how to fix something – a cupboard, a leaky faucet, replace a toilet – I can do it. That magazine has paid for itself many times over! I also like to watch "This Old House" the television show because I learn best by watching and then doing it myself. But my girlfriend hates it. She says it puts her to sleep!

The other TV show that I like to watch is "Breaking Bad." Have you seen it? It's about a guy named Walter White who got a Ph.D. in Chemistry at one of the top schools in the US. He was going to start up his own business with a few of his Ph.D. buddies after they graduated but his buddies screwed him over, took the business idea into their own hands and pushed him out. So Walt had to teach high school chemistry to make ends meet while his old friends made millions. Walt never got over it. Well, the story gets complicated when Walt ends up getting cancer. His friends offer to pay for his medical bills and Walt even tells his wife that they're paying for them; but in reality, Walt had refused to let his friends help him out. Instead, Walt starts cooking meth to pay for his cancer treatments and makes a ton of money. Obviously making drugs is not the right way to go, but I think Walt's a great guy because he tries to take care of his family. I also like how he's an independent businessman. He has his own operation going and can call his own shots. He has a great lab and has the freedom to use his own creativity.

Counselor: I think I can see what you're saying – it sounds like it's important for a man to be able to take care of his family. Okay, next question -- What is your favorite saying or motto?

Hector [laughing]: Git-R-done! I'm not really a big fan of Larry the Cable Guy, though. I just like to say that a lot. Just "git-r-done." Sometimes you just have to do things you don't want to or never expected you would have to do. And you just have to commit to "gittin' r done."

Counselor: Sounds like you know what that can be like. Now, I'd like to have you go back in time, so to speak. Think back to when you were younger than 10 years old and try to recall three of your earliest childhood memories.

Hector: Well, we had this old mule on my parents' farm, a family pet that we named Jacko. Jacko was old as dirt but so sweet. He was one of my buddies, so gentle my parents would let me ride around on him without worrying he would buck me off. Well one day, right before we found out Jacko was sick, really sick, I didn't realize he was not himself…I got up close to him and he kicked me! Actually kicked me right in the mouth! I was only 8 years old. My folks were so worried. And shocked that I didn't lose any teeth! Hurt like no pain I've ever felt before.

Another childhood memory I have is the day I found out that Santa isn't real. I was nine and peeked into my parents' room, caught my mother wrapping gifts. I didn't think anything of it on Christmas Day until I unwrapped the Gameboy I had seen my mom wrapping the week before. The note said it was from Santa. I put two and two together and almost cried. It felt like there wasn't any magic left for the holidays anymore. I also wondered if my parents would keep giving me gifts now that I knew the truth.

A third childhood memory was when I went to a family reunion when I was ten. My cousins Juan and Alicia had invited some friends over to the family party, one of which was

another girl my age. I thought, *whew, that girl is cu-uute*! I chased her around outside until I could catch up with her and give her a big kiss on the cheek. She ran crying into the house. I thought she must not have liked the kiss! But then I found out, no, that wasn't one of the friends that my relatives had invited over. Juan started laughing. He said, "*Hector! Whew, you're the man! Don't you know you just kissed your third cousin?*" I'd never been so humiliated in my life.

Counselor: You've got really vivid memories! And, if you were to put headlines to each one of these memories, what would they be?

Hector: Hmmm… "Kicked in the Face but Didn't Lose a Tooth: How a Tough Kid Persevered after being Betrayed by the One He Trusted." For the second: "Disappointed Child Realizes There is No Magic and Wonders, How Will I Ever Get Presents Now?" And for the last memory, "Boy Gets a Surprise and Realizes - Something Isn't Right!"

Counselor: I am gathering from your headlines that like Jacko, your childhood friend, and getting kicked in the face, you didn't see you're not getting into graduate school coming. It sounds like this news caught you off guard. In addition, like your Christmas memory, you may be wondering if there is a way to get back into the swing of things with your studies and find that magic and contentment in another graduate program. And, similar to how you felt with your cousin, you feel like finding a new direction other than graduate school at this time is not "feeling right."

Hector: Yes, that is all true. I never would have thought those things went together like they do, but you are right!

Counselor: I am also thinking that, much like your childhood heroes of Troy Aikman and He-man, there are times when you are feeling like you are losing an important game or have lost all of your "super powers." What may be important to consider, though, is that He-man has amazing

powers in the right environment. Troy Aikman may seem to be behind early in a game, but always wins in the end. Much like these two heroes, you have courage and tenacity and you refuse to give up.

Hector [voice wavering slightly]: Yes…I guess that is true. When I learned I did not get into graduate school, I felt like I have lost a piece of who I am. I wondered if there is anything I could have done differently to have gotten a better outcome. But you are right, I'm going to keep trying to figure out this next step of my life, figure out what to do next.

Counselor: Yes, you are keeping in mind your favorite motto. You are going to "Git-R-Done;" you are going to keep working towards reapplying for graduate school, because that is what you want to do. You feel like you have to do that.

Hector: Absolutely. I'm going to begin reapplying for graduate school. I know this situation will work itself out, it will just take time. I have been through a lot of tough times in my life and I am still here standing!

In addition to discussing the CSI responses mentioned above, Hector and his career counselor discuss his favorite magazine and TV shows. Hector and his career counselor make much progress towards helping Hector understand how the magazine *This Old House* may illustrate Hector's desire to build or improve on homes, which is congruent with his desired field of graduate study, civil engineering. Hector makes an additional connection to when he was a child and helped out around the house by fixing leaky faucets and helping his father create and install a water purification unit. Hector stated that he really enjoyed the plumbing process and was always told by his parents that he did great work.

Two months after terminating career counseling and moving forward after he did not get into graduate school, Hector sent his counselor a thank-you note describing his plans to reapply to another graduate program, retake the Graduate Records Examination, and apply for jobs as a building inspector in case he is unable to get into another graduate program by the time that he graduates. Hector explained that he had realized that he had a talent for civil engineering and that he should not be dissuaded by not getting into graduate school. The use of the CSI in career counseling helped Hector learn more about his own creativity, values, and career adaptability.

Future Directions and Limitations of CCT

Like most career theories, CCT has both strengths and weaknesses as an approach. Some researchers consider CCT's strengths to be its synthesis and expansion of traditional career methods, as well as how CCT is used to describe career-oriented behavior and development in a helpful and constructive manner (Borgen, 1991). Others agree that CCT is well grounded in empirical support. The CCT's developmental component has been explored and discussed in many research manuscripts and the self-concept aspect of CCT has been widely researched (Hackett & Lent, 1992). Some critics, however, believe that CCT lacks a specific structure by which to perform research analyses and that CCT's strength lies in its ability to analyze a given phenomenon in a post-hoc manner (Hackett, Lent, & Greenhaus, 1991). Additionally, researchers have complained that few studies have been conducted on a regular basis to adequately assess the empirical implications of CCT (Osipow & Fitzgerald, 1996).

Savickas (2002) recommended that CCT be explored in future research studies in two specific ways. First, although CCT's self-concept component has been widely explored in the counseling literature, Savickas called for a specific exploration of the relationship between

vocational self-concepts and future career choices. Second, Savickas expressed a desire to see CCT explored from a multicultural and socioeconomic framework. If these two recommendations are explored in future studies, CCT may develop a greater level of applicability to a more diverse range of individuals as well as help students develop a greater awareness of how their self-concepts may influence their future career directions. Each of these developments may strengthen CCT's significance and effectiveness as a career counseling approach for workers in today's shifting employment climate.

Conclusion

The purpose of this discussion was to relay the value of Career Construction Theory (CCT) to the college student population. Specifically, (a) the need for a new, holistic career counseling approach such as CCT in working with college students, (b) the elements that make CCT a holistic career counseling approach, (c) existing research on the theory, and (d) CCT's implications for practice were addressed. The keystone applications of CCT, the Career Style Interview (CSI) were also discussed. As students define their career identities throughout their matriculation into universities, there will still be a need for students to re-author and re-conceptualize their vocational identities as they transition out of their undergraduate programs and into the work field or into graduate programs. The CCT is one approach that has been proven successful in helping clients discover their true, unique selves, adapt to a tumultuous career landscape, and construct a career future.

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Law Enforcement Officers' Experiences of Exposure to Trauma

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Abstract

Violent, traumatic, and stressful work situations are common for law enforcement officers (LEOs). LEOs are susceptible to stressful situations that impact their emotions and have the ability to affect job performance. This phenomenological study focused on identification of how traumatic incidents affected 10 LEOs from 2 rural law enforcement agencies from a rural community in the southeastern United States. Participants were interviewed regarding the experience of how encountering or witnessing traumatic events impacted their emotions during and after the incident, coping mechanisms they implemented, views on seeking mental health treatment, and importance of peer support. Findings indicated that LEOs expressed significant emotional distress as a result of traumatic incidents, most specifically when responding to incidents involving children. Additionally, they compartmentalized feelings in order to remain professional and perform job.

Introduction

The role of Law Enforcement Officers (LEOs) can be multifaceted and complex. LEOs work to instill a sense of safety through community service in which they interact with children and adults. Conversely, these same LEOs interact in an authoritarian capacity with members of the same community during times of violence or trauma. LEOs often face traumatic events on a daily basis, which can result in psychological distress (Marmar et al., 2006).

Norris et al. (2002) identified a prevalence of Post-Traumatic Stress Disorder (PTSD) in LEOs and first responders who encountered or witnessed traumatic events, such as mass shootings and industrial disasters. Regardless of how physically or emotionally resilient the LEO appears, he or she has only a finite ability to resist the cumulative effects of traumatic events (Patton, 200). LEOs can experience long-term effects due to traumatic exposure including a) substance use, b) disruption of family and social support, and c) decreased job performance (Regehr, LeBlanc, Jelley, Barath, & Daciuk, 2012). Some psychological effects associated with traumatic exposure are less visible, PTSD. However, as a result of the stigma associated with mental health services, many LEOs avoid treatment for their traumatic exposure for fear of being seen as weak within their subculture (Woody, 2005).

According to Woody (2005), LEOs face numerous stressors, including potentially dealing with the issues of community members' deaths, deaths of fellow officers, natural disaster response, as well as organizational demands of the job (e.g., public relations). LEOs face challenges to their mental and physical health, resulting from continual exposure and efforts to cope with these situations. Marmar et al. (2006) found a strong association between reactions during or in the immediate aftermath of exposure to a traumatic incident, known as peritraumatic reaction, with PTSD symptoms. However, there is little qualitative research regarding the daily traumatic events and stressors encountered or witnessed by LEOs.

This exploratory research offers an in-depth look through the eyes of LEOs regarding response to traumatic and stressful events within their community. LEOs were asked to identify the types of traumatic events they encounter on a regular basis, the extent repetitive traumatic events affect their levels of stress, symptoms they experience as a result of the traumatic experiences they encountered, and coping mechanisms they employ to manage the effects.

Purpose of Study

For this study, LEOs were interviewed regarding their awareness of how they had been affected by recurrent traumatic events. The research illuminated where their experiences intersected and diverged and what common characteristics could be described concerning these experiences. One of the main objectives of the research was to explore repetitive traumatic events as a transcendental phenomenological experience and to examine how LEOs cope with the traumatic nature of these events.

Methodology

Participants

Ten participants were recruited through a community partnership between researchers, the chief of police, and the sheriff, in a small rural community in the southern United States. A snowball sample was used to obtain participants, along with posting flyers throughout law enforcement agencies. Ninety percent of the participants were Caucasian and 10% African American. The average age of participants was 32. Participants varied within their agency's ranking system. All of the participants were employed within the chosen small rural community.

Procedure

A set of open-ended questions focused on the general theme of the impact of exposure to traumatic experiences on LEOs was used to gather data, in order to identify common themes and behaviors of LEOs regarding the traumatic events dealt with on a daily basis. The interviews were audio recorded and transcribed. The interview questions were designed to understand how the experiences of the impact of exposure to trauma emotionally affected LEOs. Some of the open-ended questions participants responded to included: a) summarizing the most traumatic incidents experienced most frequently as a law enforcement officer; b) describe what an officer experiences in the aftermath of a traumatic incident; and c) what were some of the emotional feelings you experienced after the traumatic incident.

Data Analysis

Data was coded and themed through recording of important words and statements that told the story of the participants' lived experiences. Codes were formed by using the symbolic words, phrases, and ideas identified from participants' interviews. After the coding process, the codes were classified in a way to identify and form common themes. The codes listed in Table 2 were obtained by reading and rereading the data line by line as well as analyzing the data in order to identify common themes shared by participants regarding their emotional experiences to traumatic incidents. Each participant was provided a copy of the transcription of their original interview and a copy of the questions asked of them during the first interview. Participants read over the original interview questions as well as their transcribed responses to verify the accuracy of the transcriptions. None of the participants disagreed with the final transcribed account of their lived experiences obtained from responses to the interview questions originally asked of them.

Table 1

Codes Identified by Analyzing Data Obtained Through Participant Interviews

Codes Formed From	Codes Formed From	Codes Formed From	Codes Formed From	Codes Formed From	Codes Formed From	Codes Formed From	Codes Formed From
Separation from Self	**Connecting to other Officers**	**Vulnerability of Children**	**Professional Response versus Personal Response**	**Community Member versus Community Advocate**	**Gallows Humor**	**Law Enforcement Views on Mental Health Treatment**	**Coping Strategies**
Compartmentalize	Communication	Kids more stressful	Duty to Complete Job	Focused on Job	Stress Relief	Weakness	Exercise
Personify	Stress Relief	Empathy to Parents	Desensitize	Depersonalized	Depersonalize	Emotionless	Talking
Nightmares	Shared Experiences	Anger	Adrenaline Rush	Lack of Friends		Hero	Peers
Numbness	Fears	Helplessness		Lack of Private Life		Inability to Perform Job	Get Away From Job
Helplessness	Friendship	Compartmentalize					Family
Inability to Focus		Focus on Job					Alcohol
Desensitized		Guilt					Rage

Results and Discussion

In general, participants consistently expressed similar initial emotional responses such as: a) adrenaline rush; b) shock, panic; c) desire to do job; and d) emotional numbness. Further, participants indicated they often relied on their instinct and training to determine whether or not to inform peers and mental health professionals regarding the emotional symptoms and feelings they experienced after a traumatic event. Participants reported a fear of being viewed as weak or unable to carry out their duties as LEOs should they receive assistance from a mental health professional. Some participants expressed emotion during the interview process through tears and anger when recounting traumatic material. The expression of feelings by participants during the interview demonstrated the traumatic affect that PTSD, job related traumatic experiences, and stress had on the lives of participants.

Participants were consistent with their identity within the law enforcement subculture and reports of difficulty in seeking assistance from a mental health professional. During interviews, many of the participants indicated that experiences differed based on gender and years of service as a LEO. Some participants expressed that male and female LEOs dealt with the emotional impact of traumatic incidents differently; however, responses to the interview questions identified that they coped with them similarly. For example, it was indicated that male LEOs who visibly expressed emotions were considered to be weak, while female LEOs who showed emotions were said to be sensitive. As supported by Malmin's (2012) findings, participants indicated that LEOs who showed emotions were perceived to be unable to perform their duties. It was noted that even if strong emotions were experienced upon arrival at a traumatic incident, LEOs needed to compartmentalize those emotions to remain focused on job duties. The following is a discussion of the themes identified from the data analysis.

Separation from Self (dissociative phenomenon). Consistent with the research of Carlson, Dalenberg, and McDade-Montez (2012), many participants indicated they were impacted with intrusions to cognition, sensory perceptions, or behavior into their daily life along with re-experiencing the trauma, nightmares, feelings of helplessness, numbing, and compartmentalization as a result of traumatic incidents encountered as LEOs. The symptoms experienced by the majority of participants were identified as being consistent with those of PTSD and have the ability to cause a severe disruption in an individual's life. Experiencing PTSD-like symptoms made it difficult for those affected to cope in several different aspects of their daily living including employment, personal relationships, and social relationships.

To illustrate the phenomenon of Separation from Self, a participant who was involved in an officer involved shooting explained how during the shooting he felt as if everything sped up and he could not remember actually shooting his weapon. In responding to his initial emotional reactions to the traumatic incident, Participant 10 indicated that he experienced "tunnel vision" during the shooting and a sense of "anger" during the aftermath. Another participant expressed how when he arrived at the scene where someone was shot he could not focus on the body of the individual because he had a job to do. He expressed that LEOs have to "hold your composure" and "go through the process, a checklist." Another participant described a feeling of numbness when attending traumatic experiences. He expressed that there were specific traumatic experiences that "stick" with him and he would remember them for periods of time.

Yet another participant stated he felt officers started to experience the "notion that if you have seen one death you have seen them all." One participant reported that dealing with traumatic events required "flipping a switch". He stated that when he got to the scene of the traumatic incident he just went through the mechanics of the job and although he saw the trauma he didn't

acknowledge it. He continued to explain that while at the traumatic incident you "just kind of don't have any emotional feelings."

Participants' ability to separate themselves from the traumatic incidents by numbing, compartmentalizing, desensitizing, and automatically going through the motions of the job all demonstrated examples of dissociation which was a criteria for PTSD. This separation of self has contributed to difficulty in having healthy social and personal relationships, performing job duties without being compromised, and utilizing emotional outlets.

Consistent with other research on LEOs, participants experienced dissociation by "compartmentalizing" emotions in order to perform their duties. Carlson, Dalenberg, & McDade-Montez (2012) conducted a study to identify the relationship between dissociation and PTSD. According to Carlson et al., (2012)

> Marked elevations in dissociation were observed in PTSD, DID, and other dissociative disorders, which are all described as having trauma etiologies in *DSM–IV* and are all categorized as stress- related disorders in ICD-10.

Beaton, Murphy, Johnson, Pike, and Cornell, (1999) expressed that frequent coping mechanisms such as numbing, avoiding, and withdrawal could also be associated with increasing PTSD symptoms instead of a way to decrease the impact of traumatic incidents. Researchers identified that dissociation had been used to protect the individual from being totally aware of the traumatic incident occurring (Sijbrandij, et al., 2012). The findings of this study, which are consistent with previous research, can provide a sense of normalcy to the experiences of LEOs who respond to traumatic incidents..

Connecting to other officers. Participants were asked about the importance of support from their peers and how they helped during traumatic incidents. Participants were able to share how they used fellow LEOs to work through traumatic incidents witnessed or encountered while in the line of duty. Participants reported comparable experiences when interacting with peers after traumatic incidents such as sharing experiences, talking about fears, friendship, and discussed emotions. It has been suggested that emotional support and having the opportunity to speak with others who have similar traumatic experiences peers were able to connect with one another on an emotional level; therefore, assisting with recovery (Stephens & Long, 1998).

One participant discussed the experience of crisis debriefing. He discussed how talking about the incident to his peers helped him cope with the situation. Further, he indicated that talking to a fellow officer helped because they have been in similar situations and "know what these people are going through".

One participant said this:

> There have been times I've left up here, had a late day, had paperwork and stuff to do or whatever and there wasn't anybody at the station to talk to about what you have going on and on the way home I will pick the phone up and I will talk to somebody. I will call one of my buddies, I will call another deputy. We all depend a lot on each other. Who better to talk to about traumatic stuff than the people you work with and see the stuff every day with you? And some of the guys with seniority, some of the veterans they've seen it, they can help out or they can just listen, you know. And I think that's where a lot of people go wrong in this job, you know. In this profession we are in, they don't talk about it with

anybody. They try to handle it their selves because they don't want to appear weak or appear like I don't have to talk to anybody.

Participants shared that having the support of peers had advantages such as support from senior officers, you obtain friends who would be there for you, you learned to depend on one another, and you learned from others mishaps. Several participants expressed the importance of talking and having the support of peers because they shared similar experiences and understood what fellow LEOs have been through. According to Stephens and Long, (1998) trauma was positively related to the criteria associated with PTSD and this correlation had been decreased by LEOs obtaining support while at work and obtaining emotional support and being able to talk to peers. Being provided the opportunity to communicate with friends, family, and peers about the traumatic incident had a strong negative association with symptoms of traumatization (Jones & Kagee, 2003).

Comparable with research, participants noted how their relationship with fellow LEOs was an important part of coping with traumatic incidents encountered or witnessed. Haarr and Morash (1999) found that LEOs who encountered or witnessed traumatic incidents often kept their thoughts and feelings to themselves; however, they would express their feelings and emotions to coworkers and relied on their support. Several participants noted they felt more comfortable discussing feelings and experiences with fellow LEOs because peers understood and have been through similar situations. According to Greenstone, (2005) officer-to-officer communication was identified as easier than officer to mental health professional. Respondents identified their peers as equals, which due to the LEO subculture, includes a certain code of silence and an implied sense of confidentiality. These findings were meaningful as they supported previous research findings that suggested a greater likelihood of burnout to LEOs who

encountered or witnessed traumatic incidents and did not have the support of their peers (Hawkins, 2001). Respondents who spoke to peers about traumatic incidents encountered felt supported and came to the realization to "never leave somebody to deal with it alone". A significant reason for discussing exposure to traumatic incidents with peers included building a strong working relationship as well as a personal bond.

Gallows Humor **(**humor that treats serious, frightening, or painful subject matter in a light or satirical way, (Henman, 2001)). Participants were able to share what part humor played in helping with coping, as well as the importance of humor as a way to relieve the stress associated with witnessing/experiencing different traumatic incidents. During their interviews participants reported similar feelings about the role humor played when dealing with the stressors of traumatic incidents such as, gallows humor, depersonalize, relieve stress, and lighten to mood. Researchers have discussed how finding the humor and joking was a way of taking control of one's reaction and assist them in maintaining control of a situation in which they have little to no control over (Henman, 2001).

One participant indicated the reason LEOs use humor when dealing with traumatic incidents was to assist them in living with the tragedies they witnessed or encountered. He expressed the importance of employing "light heartedness" to the incident. Another participant shared that he used humor as a way to prevent himself from taking the traumatic incidents witnessed or encountered personal. And yet another participant indicated that humor served as a distraction from the traumatic experience. One LEO offered:

> The only way of dealing with it, you have to laugh at it. Life sucks, we see the worst of the worst. We see people when they are having the worst day of their life and if we get so

emotionally involved then it becomes our worst day because we try to connect with them. We don't connect with people so when you see something funny you have to laugh about it. You have to think that is funny. You are doing it to lighten the mood to deal with it.

Not all of the participants believed that humor should be used to relieve stress; however, they have recognized that many LEOs have used it for that purpose. Several participants stated that relieving stress was very important; however, making jokes about someone who was deceased or had experienced a traumatic incident should not occur and was disrespectful..

Henman (2001) proffered that using humor was a good way to overcome numerous types of traumatic incidents. Humor has been identified as a significant part of communication that had been analyzed as a determinant of resiliency and helped individuals recover from traumatic incidents witnessed or encountered (Henman, 2001). According to participants, the use of humor helped them live with the trauma seen as well as to make some kind of sense of it. Henman (2001) indicated that finding humor in a situation was a way to covertly fight back emotions felt while at the traumatic incident, and a way to maintain control over one's feeling when they do not have control over the situation. These findings are relevant as they demonstrate how humor lightens the situation so that LEOs are not only working among doom and gloom (Scott, 2007).

Vulnerability of Children. Participants expressed they found it more difficult coping with their emotions when witnessing/experiencing traumatic incident involving children then when the incident involved an adult. Researchers have found that symptoms associated with PTSD were more prevalent among LEO who interacted with children involved in traumatic incidents (Follette, Polusny, & Milbeck, 1994).

Several participants shared feeling anger at the parents because their irresponsibility allowed for the situation to occur and a child to get hurt. They shared a sense of grief for the children and even the family, but indicated the anger overwhelmed them.

One participant shared to cope with traumatic incidents involving children he "pushes it down and sticks it in a bag. He further explained how he believed it was human nature to want to protect a child and that it was natural to feel guilty because of the inability to help them when they had suffered. Another participant explained how when she witnessed/experienced a traumatic incident involving an adult it did not affect her as much as an incident involving a child. She shared that when she arrived at the scene of an adult she went through the motion and does her job, but has cried when a child was involved.

Consistent with other studies (e.g., Bourke & Craun, 2014), the LEOs found it difficult to control sympathizing and understanding emotions when obtaining reports pertaining to the sexual assault of a child. The LEOs expressed how they experienced more emotions for these children because of their innocence. The emotional experiences felt by the participant had consequences that went beyond affecting their duties as a LEO but also affected them personally as they often visualized their own children in these situations. These findings were meaningful to this study as previous research has demonstrated that LEOs are at higher risk of psychological injury due to exposure to child abuse and other traumatic incidents involving children (Powell & Tomyn, 2011).

Law Enforcement Views on Mental Health Treatment. The stigma associated with receiving mental health treatment and the law enforcement subculture affected the participant's ability, identify, and receive relief from symptoms related to PTSD. What emerged from

disclosure by the majority of participants was that seeking mental health assistance as a result of symptoms associated with traumatic incidents witnessed or encountered caused a fear of being viewed as weak and unable to handle job duties. Participants reported that they not only did not want to appear weak to peers but also to citizens who often look to them as a "hero" and someone who should be able to handle any situation without being affected by emotions. The participants expressed a concern the LEO who sought out mental health treatment would not be capable to "have the back" of fellow officers during stressful situations. One participant felt it was a "huge tactical disadvantage" because the LEO who was sensitive would break down.

Despite all the traumatic incidents witnessed or encountered, the law enforcement culture did not encourage police officers to express emotions they identified with. Instead, they were encouraged not only by peers, but also by the community served to control their emotions and not discuss them with professionals, which is consistent with findings by Brown, Fielding, and Grover (1999) and Malmin (2012).

As seen within other research pertaining to LEOs who sought out mental health treatment due to exposure to traumatic incidents, nine of the ten participants in this study expressed they would not seek mental health treatment. Many participants shared they personally did not believe anything was wrong with seeking counseling; however, they would not personally seek counseling for fear of what their peers, supervisors, or the community might think. These findings further supported the research of Malmin (2012) and Paoline (2003) who found that LEOs do not seek mental health treatment due to the stigma and fear of appearing incapable of performing their job as a result of mental weakness. However, there was one outlier who indicated he believed seeking mental health treatment should be mandated for LEOs who encountered or witnessed traumatic incidents. He reported changing his opinion about mental

health treatment after attending a debriefing as a result of being involved in a shooting. The respondent indicated that,

> We'll be the best ones in the world to talk to. When we went to that seminar, all the officers that were there to talk too had been through what we had or worse. You could see it on their face, like I said, we coped well, even the people at the seminar said that for the simple reason that we talked through it so much. These other guys had no one to talk to. It was tearing them up in there. I don't know if you've ever seen anything like that but, whew. It was intense. I felt for those guys, so never leave somebody to deal with it alone, give them support. That's what I took from it. People need support.

Community Member versus Community Advocate. Working within a rural community could have disadvantages over working within an urban community such as, no anonymity within the community, loss of friends due to occupation, and possibility of relatives involved in traumatic incidents. Rural LEO go under additional stress because they were unable to attend community and social functions with family and friends without being seen as law enforcement and expected to uphold a particular image by community members (Buttle, Fowler, & Williams, 2010). As a result of the connection between the rural officer and their community, it may be difficult to have a private life because even when off duty the community identifies the LEO as an officer (Buttle, Fowler, & Williams, 2010).

Participants indicated that they did not have friends outside of law enforcement because outsiders "don't want to be put in jail". One participant explained how even though he grew up in the same rural community for which he served as a LEO, he had few friends outside of those with whom he worked. He shared that once you became a police officer many of your friends

abandon you because they do not want to be associated with law enforcement. When discussing the aftermath of the shooting he was involved in and how negatively it was perceived within the community, one participant expressed disappointment and anger as a result of feeling betrayed by the rural community that he protected for many years.

The majority of the participants shared how no matter the circumstance, whether there was a traumatic incident involving a family member, close friend, or acquaintance the important thing was to maintain professionalism and focus on the job at hand. Within many rural communities LEOs took on more roles than just an enforcer of laws such as, a humanitarian role, first-line responder in emergency situations, educator in the community, overseer of youth programs, and maintaining traffic control (Jobes, 2003). In a study by Jobes (2003), respondents indicated that one of the most stressful aspects of being a LEO within a rural community was the lack of respect shown to them by the offenders, the public, and at times the judicial system. In this study, several participants discussed how one day they were seen as heroes within the community and then after a traumatic incident they were turned on and seen as a villain.

Professional Response versus Personal Response. Participants were asked about their reactions upon arrival at the scene of a traumatic incident as well as the difference between their professional response and their personal response. The majority of the participants continued to perform their duties and felt they had to disregard their personal feelings and emotions. Several of the officers mentioned experiencing an "adrenaline rush" that assisted them in getting past the trauma being witnessed or encountered so they could do their jobs.

Anger is an emotion that was identified as a particular struggle when responding. One participant recounted responding to the rape of an elderly woman and how he struggled to set

aside the anger to take care of the victim. He also described an incident of having to shoot and take the life of a perpetrator, stating that it was the last thing that an officer wanted to do; however, it was part of the job.

On participant stated that he typically did not experience any emotions or feelings when on the scene of a traumatic incident; however, once he had to respond to a suicide which had a great impact on him. He stated that all this time later, he still returns to the scene of the suicide just to think.

Several participants had a difficult time coping with not being able to arrive at the scene of the traumatic incident fast enough. One LEO expressed that it was not the traumatic scene that bothered him because he just went through the motions and did the job he was trained to do. He shared that for several days after the incident he replayed the event and wondered "what if" he got there a minute even 30 seconds faster.

The occupation of law enforcement has historically been considered to be masculine work, primarily geared towards fighting crime. The emotional experienced of responding to traumatic situations and the need for LEOs to hold back all displays of emotion while on the scene can negatively impact psychological well-being (Schaible & Gegas, 2010). The majority of the participants explained no matter what emotions felt while at the scene of the traumatic incident they knew it was imperative to maintain control over their emotions and to focus on job duties. LEOs learned how to react or not to react during a traumatic incident through training and watching more experienced LEOs. The LEO subculture and rituals also regulated the way emotions were displayed at the scene of traumatic incidents as well as when it was appropriate to display these emotions (Martin, 1999). Implications of the information gathered during the

interview process of this study revealed that respondents felt as if they became desensitized to emotions and automatically went through the motions of the job when at the scene of a traumatic incident.

Implications and Conclusions

Little research has focused on the impact of exposure to daily trauma on LEOs. Understanding and recognizing the symptoms experienced by LEOs who have encountered or witnessed traumatic incidents could decrease the potential of PTSD related symptoms (Beck & Coffey, 2005) and increase the quality of life for the individual affected (Nicoara & Amelia, 2012). Obtaining a better quality of life for the affected individual could increase productivity, decrease in susceptibility to burnout, enhance job enjoyment, and manage psychosocial issues that may impact daily life (Nicoara & Amelia, 2012).

Conversely, not recognizing the severity of the emotional impact the traumatic incidents plays on the LEO can cause the quality of work and life to be affected. LEOs who try to hide their emotions often found themselves experiencing prolonged stress, poor job performance, disrupted relationships, changes in personality, and the development of PTSD (Levenson, 2007). When officers internalize traumatic scenes and life-threatening events witnessed they eventually had a difficult time functioning within a healthy lifestyle and spend the majority of their work day trying to hold him or herself together (Levenson, 2007). Through information gained in this study, LEOs, supervisors, and mental health professionals can work together to develop a partnership within the workplace and reduce the lasting emotional effects of traumatic incident, including stress reduction, decrease in depressive episodes, and decrease in anxiety by resolving issues such as sadness, anger, and fear (Chesney et al., 2006).

Recommendations for Further Action

For future research, there are several areas to be considered. It would be fitting to conduct research on how emotional reactions differ between urban and rural LEOs and whether having close ties with the community increased the emotional reactions caused by traumatic incidents. Future researchers could also examine how the support of peers, supervisors and administration affected the decision of LEOs regarding seeking assistance from a mental health professional. In addition, forthcoming researchers could discuss the impact of dealing with traumatic incidents involving children resulted in more emotional distress as compared to incidents involving adults.

Summary

LEOs who encountered or witnessed traumatic incidents within the line of duty often experience many of the aforementioned criteria. However, there has been limited focus on the emotional impact of daily exposure to traumatic incidents of LEOs. This current study researched the lived experiences of LEOs who encountered or witnessed traumatic incidents. Using the data identified from the lived experiences of the participants, the common themes identified could possibly improve counseling practice with LEOs in areas such as identification, diagnosis, and treatment. The benefits have great meaning for LEOs, their families, and the communities they serve. Potential implications for positive social changes as a result of this study could include law enforcement agencies and supervisors acknowledging the stressors encountered or witnessed by LEOs and how officers are affected and working with trained mental health professionals and organizing a critical incident stress debriefing team along with developing policies regarding critical incidents and traumatic incidents.

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