

Growth in Context: An Exploratory Study of Vicarious Resilience in Child and Youth Care  
Counsellors

by

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## **Abstract**

Vicarious resilience describes the positive transformation and growth that helping professionals may experience through interacting with the people they support. This study explores how Child and Youth Care Counsellors experience and understand vicarious resilience. Organizational factors that may promote and/or hinder vicarious resilience were also considered. Five Child and Youth Care Counsellors from a therapeutic program for children completed the Vicarious Resilience Scale to prompt reflection and participated in a qualitative semi-structured interview. Analysis using grounded theory found that participants experienced growth in four areas: developing a trauma and violence-informed perspective, relational engagement, a toolbox of skills, and hope and inspiration from clients. These experiences of growth were mediated by reflective practice and influenced by the support provided by the organization, which was impacted by systemic and situational barriers. Having specific language to describe positive growth in helping professionals may be significant as a foundation for individual and collective reflection.

## **List of Abbreviations Used**

CYCC	Child and Youth Care Counsellor
PTG	Post Traumatic Growth
PTP	Preadolescent Treatment Program
TVI	Trauma and Violence-Informed
VPTG	Vicarious Post Traumatic Growth
VR	Vicarious Resilience
VRS	Vicarious Resilience Scale
VT	Vicarious Trauma

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## **Chapter 1: Introduction**

### **1.1 Situating the Research, Situating Myself**

The negative impacts of working with people who have experienced trauma are frequently discussed within helping professions. The concepts of burnout, compassion fatigue, and vicarious trauma (VT) are well understood in research, education, and practice. Unfortunately, there is still a significant gap in understanding the potential positive impacts of working with people who have experienced trauma. The term vicarious resilience (VR) has been developed to describe the positive growth therapists may experience as a result of exposure to clients' resilience and trauma healing (Hernández et al., 2010). This growth may include increased self-awareness, resourcefulness, hope, and ability to be present (Killian et al., 2017).

I first became interested in the concept of VR when I was completing my Bachelor of Social Work and a social worker told me about her interest in the concept. I was immediately intrigued by the idea of VR because it seemed important yet missing from my social work education. At the time, I was tired of how much we discussed the risk of burnout and VT along with individualized self-care strategies that, although important, felt wholly inadequate. Instead of continually warning future social workers about the challenges of the field, why weren't we also talking about the positive ways we might grow and change through our work?

Without knowing much about VR, the concept intuitively made sense to me and has stuck with me ever since. Five (short) years into my social work career, I can already see the ways I have been shaped by the people I have worked with. Becoming a social worker has profoundly influenced the way I see the world, and I continue to experience

positive personal transformation, borne of challenging experiences and reflection, as a part of my work. The children I have worked with have been a source of inspiration and encouragement, leading me to develop more nuanced perspectives of the world. Through my relationship with the children, I have experienced changes consistent with the concept of VR. It is with this perspective and lived experience that I enter this research.

As I began to explore the concept of VR in the literature, I discovered that VR has been predominately researched in the context of trauma therapists. It cannot be assumed that the current conceptualization of VR as experienced by trauma therapists applies to all helping professionals due to differences in education, training, roles and responsibilities, organizational context, and exposure to trauma narratives. Hernández-Wolfe (2008) suggests a need for future research to focus on experiences of VR in different communities. A few studies have shown the potential for VR in a wider variety of helping contexts (Acevedo & Hernández, 2014; 2020; Reynolds, 2020; Frey et al, 2017; Puvimanasinghe et al., 2015). Based on the growing evidence that a range of helping professionals can experience VR, I am interested in further understanding how VR applies to helping professionals who are not trauma therapists.

To begin this investigation, my research will explore experiences of VR in front-line workers caring for children who have experienced developmental trauma. Specifically, I will focus on Child and Youth Care Counsellors at Hull Services' Preadolescent Treatment Program. My connection with the organization gives me insight into the program context and allowed for easier access to the field. A primarily qualitative inquiry has been selected as the most appropriate way to inductively develop an in-depth understanding of VR in a previously unstudied population. Using semi-

structured interviews and the Vicarious Resilience Scale, this research is anticipated to develop a theory of VR as experienced by Child and Youth Care Counsellors working with children who have experienced developmental trauma. This will contribute to understanding how VR applies to a broader community of helping professionals.

## **1.2 Why Study Vicarious Resilience?**

Studying VR has the potential to be valuable for a variety of reasons. An increased understanding of VR could assist helping professionals and organizations implement strategies to cultivate the positive transformation and growth associated with VR. Silveira and Boyer (2015) state that incorporating VR into professional development can support counsellors to reframe thinking, make meaning of their work, counteract hopelessness, and increase optimism and work satisfaction. Pack (2014) recommends that organizations employing social workers incorporate discussions of possible positive effects of their work alongside education around VT. Hernández et al. (2014) describe how intentionally including VR in professional development could help promote hope and reduce burnout.

Greater knowledge of VR could also benefit clients through the positive resilience feedback loop identified by Silveira and Boyer (2015). They describe how “vicarious resilience processes can increase counselor sense of self-efficacy at work, overall optimism, and hope” (p. 524), which then impacts their clinical practice and helps them support and notice clients’ resilience. Witnessing clients’ resilience increases VR in counsellors, thus continuing the cycle (Silveira & Boyer, 2015). Along the same theme, Hernández et al. (2014) write: “attending to the strengths of clients, therapists, and the therapeutic process mutually reinforces the empowerment of the healing system, opens

avenues for change, and increases a more complex and compassionate understanding of each other” (Hernández et al., 2014, p. 14). It intuitively makes sense that helping professionals who are more hopeful, self-aware, and inspired by the capacity of the human spirit would be better positioned to support the people they work with.

Direct work with trauma survivors is typically understood “primarily as hazardous and draining” (Arnold et al, 2005, pp. 256-257). VR holds power to contribute to a narrative of trauma work that more accurately represents both the potential positive and negative impacts of the work. Silveira and Boyle (2015) call this “a more inclusive view of trauma work” (p. 523). An inclusive view of trauma work can reduce clinician fear around attending to difficult trauma narratives and prevent work with trauma survivors, and thus trauma survivors themselves, being viewed as dangerous (Reynolds, 2020). As Arnold et al. (2005) write: "an explicit recognition of trauma work’s potential for positive outcomes might well encourage clinicians to adopt the perspective... that the tears they shed on behalf of their clients represent an extraordinary opportunity for personal growth" (p. 260).

### **1.3 A Note on Trauma and Suffering**

It is important to recognize and honour that the positive transformations of VR are borne of the trauma of others. What does it mean to study the ways in which we grow from interacting with another’s experience of profound suffering? It is not my intention to trivialize trauma or suffering. I wish we did not have to have these conversations in the first place, but the truth remains that far too many people experience significant trauma throughout their lives. I am drawn to the concept of VR because it is grounded in relationality and bearing witness to both pain and resilience. Within the reality of a

broken world, VR emphasizes the possibility of hope, growth, and optimism. Through relationships, there can be healing.

I also do not want to diminish the legitimacy of VT and other difficulties that helping professionals experience because of their commitment to helping and the intense nature of their work. The considerable amount of research done on the negative effects of trauma work points to how real and serious these matters are. VR and VT are closely intertwined and often co-occur. Evidence of the positive impacts of trauma work comes up amidst articles focused on VT (e.g. McCann & Pearlman, 1990; Schauben & Frazier, 1995), just as VT comes up in studies of VR (e.g. Hernández et al., 2007; Engstrom et al., 2008). Pack (2014) even describes how her study started as an investigation of VT but switched to focus on VR during the analysis stage because this was more aligned with the findings. Given the close relationship between VR and VT, I have chosen to focus on VR not to diminish VT, but because VR is less well understood.

Although this research is focused on the vicarious impacts of helping work, it is also important to acknowledge that Child and Youth Care Counsellors may experience direct trauma exposure in their role through critical incidents. Research in two youth residential treatment centers found that frontline staff experienced both direct and indirect traumatic exposure, leading to significant traumatic stress responses (Hodgdon et al., 2013). The distinction between direct and vicarious trauma exposure is not always clear-cut. I understand trauma to be an internal process connected to how an experience challenges our understanding of the world, connection to community, sense of control, and ability to cope (Herman, 2015). The same experience may not be traumatizing for everyone. Given the variety of ways relationships and experiences can shape our

understanding of the world, I question whether it is possible, or even meaningful, to determine what constitutes direct or vicarious traumatic exposure. This concept could be explored in further research, but for now it is enough to acknowledge the very real possibility of helping professionals experiencing direct trauma in addition to a variety of vicarious impacts.

One of the potential reasons why VR is less recognized is that it can feel selfish to talk about. Helping professionals hold altruistic goals, and therapy must be focused on the needs of the client, not the therapist. In the Canadian Association of Social Workers (2005) Code of Ethics, one of the principles of the value of service to humanity reads: “social workers place the needs of others above self-interest when acting in a professional capacity” (p. 6). Thus, it may feel counterintuitive to discuss the positive benefits of engaging in helping work. Ultimately, VR is not about gaining from people’s pain, but about how helpers grow from witnessing or being a part of someone’s healing and resilience. I do not think it is inherently selfish to enjoy your job and benefit from it. I enter this research believing that it is possible for helping professionals to truly center the client in the therapeutic process and also celebrate the ways that clients have inspired positive personal growth.

I consider a strength of the concept of VR to be its emphasis on empathetic engagement and reciprocity in relationships. Acknowledging the bidirectional nature of a therapeutic relationship is truthful and holds power to reduce the power differential between client and therapist. A therapist’s empathetic engagement with a client and their experience of trauma can contribute to the client’s healing and opens the door for both positive and negative impacts on the therapist (Engstrom et al., 2008). A participant in

Arnold et al.'s (2005) study shared how they wanted the client's pain to impact them because sharing pain is necessary to bear true witness to suffering. I would argue that effective helpers have empathy for their clients, engage in continual reflection, notice how they are impacted by the people they work with, and are aware of their (changing) worldviews. I am hopeful that a better understanding of VR can equip helping professionals to be better supports for people who could benefit from someone to walk the path of healing with them. This research is not to make light of suffering, but to work towards a world in which everyone has the support they need, and no one needs to journey through trauma alone.

To honour suffering, it is also critical to not individualize the concept of resilience. No one, helping professional or client alike, should be criticized for experiencing (vicarious) trauma or be blamed for not experiencing (vicarious) resilience. We must be wary of how resilience often focuses on individual adaptation and growth instead of considering the impact of the environment surrounding the individual (Mahdiani & Ungar, 2021). Linley and Joseph (2007) describe how the increased exploration of the positive aspects of trauma work has emerged at the same time as the growth of positive psychology. I am suspicious of this association due to the criticisms of the way positive psychology is situated within a neoliberal worldview and promotes an individualized responsibility for happiness (Cabanas, 2018). Recognizing that VR is not simply an individual task, I hope to highlight structural and organizational changes necessary to help cultivate VR. I also appreciate the need to work for societal change to prevent trauma in the first place. I hope that my research can walk the line between

respecting the suffering and trauma that people experience and honouring the resilience of the human spirit - resilience that is borne of community and social support.

#### **1.4 Research Questions**

The purpose of this study is to understand vicarious resilience in Child and Youth Care Counsellors at the Preadolescent Treatment Program using naturalist inquiry. This study is guided by the following research questions:

- How do Child and Youth Care Counsellors experience and understand vicarious resilience?
- What factors, including personal and organizational, contribute to and/or hinder the development of vicarious resilience?



## Chapter 2: Literature Review

### 2.1 Development of the Concept of Vicarious Resilience

Vicarious resilience (VR) is “a term for the positive meaning-making, growth and transformations in the therapist’s experience resulting from exposure to clients’ resilience in the course of therapeutic processes addressing trauma recovery” (Hernández et al., 2010, p. 72). Hernández et al. (2007) first developed the term through an exploratory, qualitative study of Columbian therapists working with people who had experienced politically motivated violence. The researchers were inspired to investigate the concept due to noticing how some therapists working with torture survivors spoke of the “inspiration and strength” (p. 230) they experienced through their work with clients (Hernández et al., 2007). The concept was further developed by the same group of authors through studies of therapists working with survivors of torture in the United States (Engstrom et al., 2008) and internationally (Edelkott et al., 2016).

Different authors have expanded the concept of VR beyond socio-political trauma. VR has been identified and explored in therapists working with child and youth victims of interpersonal trauma (Silveira & Boyer, 2015) and sexual abuse survivors (Pack, 2014). Tassie (2015) also reflected on her experiences of VR stemming from therapy work with clients who had experienced attachment trauma. This continued research has suggested that therapists experience VR regardless of clientele’s specific age or type of trauma (Silveira & Boyer, 2015).

Although the research on VR has been primarily focused on therapists, some research is beginning to look at other helping professionals. Acevedo and Hernández-Wolfe (2014; 2017) have sought to advance the concept of VR by researching

experiences of VR in teachers and community mothers (local child-care providers) in Columbia. Both studies found evidence of VR in these populations and suggested that it was a useful concept to apply to these new contexts. Puvimanasinghe et al. (2015) explored VR in workers caring for refugees and asylum seekers in South Australia. This sample included a variety of professionals (trauma counsellors, doctors, managers, project coordinators, and more) working across mental health, physical health, and settlement services (Puvimanasinghe et al., 2015). They found that these varied professionals experienced empowerment and personal growth consistent with VR through their relationships with clients (Puvimanasinghe et al., 2015).

Most VR research has been through qualitative methodology using in-depth interviews. There have been two notable quantitative studies: Frey et al. (2016) researched VR in sexual assault and domestic violence advocates and Reynolds (2020) studied VR in a variety of practitioners in human services including case managers, social workers, and therapists. Reynolds (2020) specifically notes that the majority of VR research has been focused on therapists working with “survivors of extremely traumatic events” (p. 1), so he wanted to “explore and identify practitioners’ experiences of VR across a broader range of settings than those in which it had previously been investigated” (p. 79). In these more diverse samples, the concept of vicarious resilience was still found to be relevant and was representative of the transformation experienced by the research participants.

## **2.2 Key Aspects of Vicarious Resilience**

One of the key aspects underlying VR is the concept of reciprocity in a therapeutic relationship—how therapists and clients influence each other (Hernández et

al., 2010; Killian et al., 2016). An empathic connection with the client and their trauma experiences is considered vital to the development of VR (Hernández et al., 2007; Engstrom et al., 2008). Engstrom et al. (2008) write: “we speculate that empathic attunement and the core empathic capacities (capacity, resistance, tolerance, and endurance) make possible the occurrence of vicarious resilience processes” (p. 19). Witnessing client growth or resilience is also a key aspect of experiencing VR (Eldekott et al., 2016). Research has highlighted the importance of witnessing resilience in context since a client’s resilience is influenced by a large range of environmental factors and thus may appear in different ways (Eldekott et al., 2016). A reflective stance promotes VR (Tassie, 2015) because therapists are affected by their client’s resilience through a process of introspection (Engstrom et al., 2008).

VR also has a strong integration of concepts of power, privilege, and social location. This may reflect the development of the concept through the lens of socio-political violence in Latin America. Hernandez-Wolfe (2018) write that “a key dimension in VR involves making the treatment of trauma meaningful by attending to the therapists’ and clients’ multiple identities in a social context” (p. 12). One of the dimensions of VR, “increased consciousness about power relative to social location” (Killian et al., 2016, p. 25), connects to helping professionals’ multicultural competence and awareness of how their own identity and privilege interact with their client’s social location. VR is seen to increase therapists’ consciousness, helping them to appreciate how clients experience societal barriers and seek equity (Killian et al., 2016).

There are a variety of factors that may predict the experience of VR including organizational qualities, personal relationships, social support, and intrinsic traits (Frey et

al., 2017). Since witnessing growth in clients is theorized to lead to VR, Frey et al. (2017) explain that increased interaction with clients over time (such as follow-up with former clients) could increase opportunities to see clients' growth, and hence promote the likelihood of experiencing VR. Eldekott et al. (2016) found that therapists using resilience and strength-based lenses were more likely to be affected by VR. Using these theoretical approaches likely helps therapists see even subtle expressions of resilience in their clients. It is commonly noted that a greater awareness of VR may foster increased experiences of VR, so it is recommended to include VR in professional development training (Hernández et al, 2010; Eldekott et al., 2016; Killian et al, 2017).

### **2.3 Relationship between Vicarious Resilience and Vicarious Trauma**

There are several different concepts that refer to the negative impacts of helping (such as secondary traumatic stress, compassion fatigue, and burnout) but VT is most often described in relation to VR. In Engstrom et al.'s (2008) exploration of VR, they found that participants often shared stories of VT to help explain their experiences of VR, using VT as an analytical "springboard" (p. 18). The term VT was developed by McCann and Pearlman (1990) to describe the process in which "persons who work with victims may experience profound psychological effects, effects that can be disruptive and painful for the helper and can persist for months or years after work with traumatized persons" (p. 133). VT is a normal consequence of trauma work: the experience of VT does not indicate anything is wrong with the client or therapist (Hernández et al., 2010).

Most VR research suggests that VR and VT are independent constructs that are not mutually exclusive (Killian et al., 2018; Edelkott et al., 2016; Puvimanasinghe et al., 2015). Hernández et al. (2007) first theorized that "VT and VR processes occur naturally

and may co-occur” (p. 238). Hernandez-Wolfe et al. (2014) explain that VT and VR: “coexist in the therapists’ experience in the same manner as the experience of resilience in a survivor of torture does not prevent that person from simultaneously suffering symptoms of traumatic stress” (p. 9).

Contrasting the theory that VR and VT are independent constructs, Reynolds’ (2020) research found a negative correlation between VR and the negative effects of trauma work that were measured (secondary traumatic stress and burnout). This suggests that VR could function as a protective factor. A different way to conceptualize the relationship between VR and VT was proposed by Pack (2014), who theorized that VT is a “rite of passage and is essential to the development of the coping resources and self-efficacy required to practice in the field as a sexual abuse therapist” (p. 19). Perhaps the processing of VT could lead to VR for some helping professionals. Evidently, more investigation is needed to clarify the relationship between VT and VR.

The absence of VT does not automatically mean that VR is present (Frey et al., 2017). Although highly interconnected, the mediating factors that prevent negative effects of trauma work are not necessarily the same as factors that promote positive effects (Linley & Joseph, 2007). Some of the factors that encourage growth in therapists, such as high empathetic engagement, may also leave people vulnerable to VT (Brockhouse et al., 2011; Engstrom et al., 2008). Brockhouse et al. (2011) theorize that challenges to therapists’ psychological schemas “opens the door” (p. 741) to both negative and positive accommodation processes such as VT and VR. As Kottler and Hunter (2010) put it: “we are haunted by our clients, for better or for worse” (p. 6).

Ultimately, the common experience of both VR and VT points to the “complex potential of therapeutic work to both fatigue and to heal” (Hernández et al, 2007, p. 237). For the sake of well-being, it is likely important for helping professionals to pay attention to both VR and VT (Engstrom et al., 2008). Although I have used the binary terminology of ‘positive’ and ‘negative’ effects of trauma work for clarity and simplicity, the nature of life and experience is more nuanced. Hernández et al. (2010) note how exploring closely related concepts like VR and VT can “allow therapists to anchor their growth within a universe of coexisting possibilities, with the potential of transcending dichotomies between positive and negative aspects of the work” (p. 73).

## **2.4 Resilience**

Hernández-Wolfe (2018) states that “VR is embedded in resilience theory” (p. 11). Resilience theory can be difficult to define since the concept has evolved over time and is used in many contexts, ranging from urban planning to economics to psychology (Mahdiani & Ungar, 2021). Silveira and Boyer (2015) describe how resilience research used to focus on “static risk and protection factors” (p. 514) but has evolved into understanding resilience as a dynamic and multidimensional process. The first study to establish the concept of VR utilized Masten and Coastworth’s (1998, as cited in Hernández et al., 2007) conceptualization of resilience, which defines resilience as: “an inference about someone’s life based on a past or current adversity, and a pattern of positive adaptation to challenges. It is a pattern, not a personality trait” (p. 231). This is consistent with the language Luther and Cicchetti (2000) use to describe resilience, who also emphasize resilience as a dynamic process of positive adaptation rather than a personality trait. Lepore and Revenson (2014) see this dynamic process of positive

adaptation as encompassing either recovery (returning to ‘normal’ functioning after a stressor), resistance (maintaining ‘normal’ functioning during a stressor), or reconfiguration (adapting to a stressor and changing in a way that can potentially withstand future stresses). PTG is one possible outcome of experiencing reconfiguration (Lepore and Revenson, 2014), and this may be the type of resilience process that also leads to VR.

Our understanding of resilience is socially constructed and hence very challenging to define and measure (Walsh, 2016). Resilience may not always appear as expected; resilience can co-occur with mental health ‘disorders’ or challenging behaviours (Ungar, 2013). Additionally, the idea of hidden resilience draws attention to how people may navigate towards health in ways that challenge assumed notions of what is adaptive or maladaptive coping (Ungar, 2004; 2013). Mahdiani and Ungar (2021) add nuance to the typical definitions of resilience, writing: “exposure to significant threat or severe adversity and the achievement of positive adaptation are consistent attributes of resilience though who defines a state of adversity and which outcomes are thought to be positive remain discursively challenging” (p. 148).

Reynolds (2020), drawing on the work of Michael Ungar, Tuppert Yates, and Ann Masten, describes how the concept of resilience “has grown to encompass three domains – attributes of resilient individuals themselves, supportive interpersonal structures, and aspects of the wider social environment” (p. 28). In the context of trauma work, it is particularly important to emphasize the role of relationships, community, and societal structures in promoting resilience. Ungar (2013) promotes a social-ecological understanding of resilience which defines “resilience as the capacity of *both* individuals

and their environments to interact in ways that optimize developmental processes.” (p. 256). This puts the focus on the ways that people’s communities provide appropriate resources to support individual’s resilience (Ungar, 2013). Similarly, Walsh (2016) uses a “relational view of resilience” which “assumes the centrality of relationships in human adaptation” (p. 616) and Cadell et al. (2001) propose a cyclical model of wellness that emphasizes how “community fosters resilience and empowerment” (p. 14).

Overemphasizing personality traits risks blaming the individual for their suffering, so language around resilience must be used carefully and be clearly defined so as to not place responsibility on the individual for resiliency, or lack thereof (Luther & Cicchetti, 2000). Centring the social and environmental factors that contribute to resilience also points to the need for systems change; Walsh (2016) says: “It is not enough to bolster the resilience of vulnerable families so that they can “beat the odds”; a multilevel approach requires larger systems supports to change their odds.” (p. 630). Ultimately, Hernández et al. (2010) contend that the concept of resilience (used wisely) is relevant and important to VR because: “a resilience framework reminds us that effective psychotherapies identify and nurture client’s strengths, promote personal control, and foster authentic relationships” (p. 70).

## **2.5 Vicarious Post-Traumatic Growth**

Vicarious Post-Traumatic Growth (VPTG) is another term used to describe the positive effects trauma therapists may experience. VPTG is defined as the development of growth consistent with Post-Traumatic Growth (PTG) stemming from vicarious exposure to trauma (Manning-Jones et al., 2015). The concept of VPTG was first posited by Arnold et al. (2005) who conducted a qualitative study to explore how therapists



experience positive change through trauma work. They found that the growth therapists reported mirrored the main aspects of PTG, which are “positive changes in self-perception, interpersonal relationships, and philosophy of life” (Arnold et al., 2005, p. 257). VPTG is viewed as sitting within the larger framework of PTG (Cohen & Collens, 2012; Manning-Jones et al., 2015) and draws heavily on Tedeschi and Calhoun’s (e.g. 2004) scholarly work on PTG.

PTG emphasizes that growth occurs through the “struggle with the aftermath of trauma” (Tedeschi & Calhoun, 2004, p. 5), not directly from the trauma itself. “The trauma itself remains a distressing event” (Tedeschi & Calhoun, 2004, p. 5) but the processing and meaning-making that accompanies coping with and healing from trauma can lead to growth and transformation. Trauma can shatter “fundamental schemas” (p. 4) and assumptions; rebuilding these schemas can lead to the ongoing process of PTG (Tedeschi & Calhoun, 2004).

Although VPTG and PTG are closely connected and hold many similarities, there is enough variance to merit viewing them as distinct concepts (Manning-Jones et al., 2015). Manning-Jones et al. (2015) explain three main differences between VPTG and PTG: PTG leads to increased personal strength, whereas VPTG leads to a more abstract and generalized appreciation of the strength and resiliency of people; PTG leads to personal spiritual growth whereas VPTG leads to greater awareness of how spirituality can help in trauma healing; and VPTG has a unique aspect around professional identity in which people come to see the value of their work and feel more competent.

The distinction between PTG and VPTG is often not clear in academic literature, partially because it can be very difficult to distinguish between direct and vicarious

trauma exposure. There is also no scale specific to VPTG, so VPTG research typically uses Tedeschi and Calhoun's (1996) Posttraumatic Growth Inventory, which measures five key domains of PTG: "new possibilities, relating to others, personal strength, spiritual change, and appreciation of life" (p. 455). So far, VPTG research has been conducted within a wide variety of populations including trauma therapists (Arnold et al., 2005), clergy (Profitt et al., 2002), translators (Splevins et al., 2010), funeral directors (Linley & Joseph, 2005), disaster workers (Linley & Joseph, 2006), healthcare professionals (Dar & Iqbal, 2020; Kalaitzaki et al., 2022), and military nurses (Doherty et al., 2020).

It is well recognized that VPTG and VR are conceptually and thematically very similar (Edelkott et al., 2016; Puvimanasinghe et al., 2015; Silveira & Boyer, 2015). Both terms have been used to provide a rich description of the positive impact experienced by therapists working with people healing from trauma (Hernández-Wolfe et al., 2014; Silveria & Boyer, 2015). Both concepts consider empathetic engagement and witnessing clients' growth to be key factors that enable vicarious growth. There is also significant overlap in the changes that therapists experience within VR and VPTG, including changes to their perspective or worldview; changes to values, goals, and priorities; increased self-awareness; increased appreciation of professional role or therapeutic process; increased self-care behaviours, and increased optimism or hope.

The differences between VR and VPTG are less clear and have been argued in a variety of ways. Some authors propose distinctions based on the difference between resilience and growth. Puvimanasinghe et al. (2015) argue that the main difference is that VPTG "specifically implies growth or improvement over and above workers' pre-work

situation” (pp. 744-745) whereas VR does not require this kind of growth. Engstrom et al. (2008) apply this concept to clients, arguing that VR stems from clients’ resiliency, which does not require the client’s growth above and beyond their pre-trauma level of functioning that PTG (and thus presumably VPTG) implies. Hernández-Wolfe et al. (2014) simply explain that VR is different from VPTG because VR specifically stems from interaction with trauma survivors’ resilience. These distinctions require further investigation, especially because the conceptual difference between resilience and growth is variable and indistinct.

Variations within VR and VPTG literature add considerable complexity to delineating the concepts. Edelkott et al. (2016) argue that VR is a broader concept than VPTG and covers more domains of growth, but they base this argument on VPTG not encompassing an increased valuing of the therapeutic process. Although this is true for Arnold et al. (2005)’s presentation of VPTG based on the main categories of PTG, more recent VPTG research has included changes related to professional identity such as valuing helping work, increased faith in the therapeutic process, and becoming a better helping professional (Manning-Jones et al., 2015; Cohen & Collens, 2012). This demonstrates how the ongoing development of the concepts of VR and VPTG complicates comparison.

Rather than picking out minor differences, it may be more useful to acknowledge VR and VPTG as very similar concepts that grew out of different contexts and frameworks but have a strong potential to inform each other. My research on VR will be particularly strengthened by three aspects of VPTG literature. First, VPTG’s discussion of growth stemming from wrestling with the aftermath of trauma is a strong way to

honour growth while not trivializing the pain of trauma. Second, VPTG's analysis of how helping professionals' cognitive schemas may be challenged and reorganized by vicarious exposure to trauma, resulting in new perspectives and behaviours, is an interesting pathway of change to explore in my interviews. Thirdly, the wide variety of contexts that VPTG has been researched in demonstrates potential for the continued broadening of the concept of VR.

## **2.6 Compassion Satisfaction**

Compassion satisfaction is another term describing positive aspects of helping work that connects to facets of VR and VPTG. Compassion satisfaction "refers to the pleasure and satisfaction derived from working in a helping profession" (Hernández-Wolfe et al., 2014). The concept of compassion satisfaction is focused on the professional environment and the helper's positive feelings about their work (Stamm, 2010; Radley & Figley, 2007). Compassion satisfaction has been primarily advanced as part of Stamm's (2010) Professional Quality of Life model and the related Professional Quality of Life Scale (ProQOL). This model is centred on how a helper feels about their work and encompasses both compassion satisfaction and compassion fatigue (burnout and secondary trauma) as natural aspects of helping work (Stamm, 2010). Professional quality of life is influenced by the helper's work environment, individual traits, and direct or vicarious trauma exposure at work (Stamm, 2010).

Radley and Figley (2007) have also presented a model of compassion satisfaction specific to social workers, grounded in the "social psychology of compassion and flourishing" (p. 208). They propose that promoting compassion satisfaction rather than avoiding compassion fatigue can be protective for helping professionals engaged in

trauma work, increase workers' morale, and lead to higher quality services being offered (Radley & Figley, 2007). In their model, the influence of affect (positivity), resources (physical, intellectual, and social) and self-care determines a 'positivity-negativity ratio', which then leads to either compassion satisfaction or fatigue (Radley & Figley, 2007). Although flourishing, joy, and fulfillment are admirable aims, Radley and Figley's (2007) focus on individual factors holds a high risk of being used to blame people for not being happy and satisfied in their work.

Compassion satisfaction captures the overall positive benefits of being a helping professional but does not depict the ways in which therapists are internally changed and transformed through their work (Tassie, 2014). Furthermore, Hernández-Wolfe et al. (2014) describe how the Professional Quality of Life model does not capture VR's focus on relationality and reciprocity between client and therapist. The concept of compassion satisfaction is less nuanced than VR and VPTG but is still a useful concept to encourage helping professionals to assess their quality of life, working environment, and engagement with clients.

Ultimately, Hernández et al. (2010) propose that the conceptualization of VR can be enhanced through an integrated understanding of related terms. For example, Frey et al. (2017) see compassion satisfaction as describing the "valuing of therapy work" (p. 46) component of VR, whereas VPTG describes the personal growth component of VR. A summarized chart comparing VR, VPTG, and compassion satisfaction is provided in Appendix A. Considering the interrelated nature of VR, VPTG, and compassion satisfaction may strengthen the overall understanding of ways helping professionals are positively impacted by their work.

## Chapter 3: Design of the Research

### 3.1 Paradigm

The design of this research is framed by a naturalist paradigm, which seeks to holistically capture social phenomena in context and views the nature of reality as multiple and constructed (Westhues et al., 1999). Naturalism, also known as constructionism or interpretivism, is aligned with qualitative research methods and is often considered highly congruent with social work practice (Westhues et al., 1999). Although my research includes a small quantitative portion, I still consider the naturalist paradigm to be most appropriate because the quantitative portion is designed to enhance the interpretative exploration of the topic.

The naturalist paradigm is consistent with my own values and worldview. I agree with the naturalist viewpoint that “knowledge is socially constructed, not discovered” (Lincoln, Lynham, & Guba, 2013, p. 120). Naturalism’s emphasis on mutual learning and view of knowledge as holistic and contextual (Westhues et al., 1999) reflects my own social work practice and how I hope to position myself as a researcher. In my thesis, I have shared how I came to be interested in this topic, discussed how I am situated within the research, and intentionally used ‘I’ in my writing. This is consistent with the naturalist understanding of the interconnected relationship between the researcher and the research. Explaining this perspective, Lincoln et al. (2013) write: “we are shaped by our lived experiences, and these will always come out in the knowledge we generate as researchers” (p. 117). My values, worldview, professional experience, and personal connections to the research context will inevitably inform both my research design and my interpretations of participants’ experiences and perspectives.

The naturalist paradigm is appropriate for exploratory research because it allows for understanding and meaning to emerge through the research process (Lincoln et al., 2013). I view the naturalist paradigm to be particularly relevant to the concept of VR. The nature of VR is that it is not easily quantifiable or observable. Rather, it is based upon the ways that people make meaning of their experiences, interpret their work, and change their worldviews to accommodate new perspectives. This fits within the endogenic perspective of the naturalist paradigm (Westhues et al., 1999), which views knowledge as constructed from people's internal processing of information (Gergen, 1985). The naturalist paradigm nicely frames my research because this study will be an interpretative act exploring how people make meaning of their life experiences (Westhues et al., 1999).

### **3.2 Research Setting**

My research is focused on Child and Youth Care Counsellors (CYCCs) at Hull Service's Preadolescent Treatment Program (PTP). I have previously worked as a CYCC at PTP, so I have a good working knowledge of the program, organization, and role. PTP is a campus-based therapeutic care program for children ages four to twelve. Eleven children live at PTP and additional children and families are provided support through day program. Children are referred through Children's Services and this is often a placement of last resort when their current home (biological, foster, or adoptive family or group home) is unable to manage the child's challenging behaviours. Hull Services (n.d.) says that the children's "extreme maladaptive behaviours" are "frequently symptoms resulting from early childhood trauma, which could include a chaotic, unpredictable environment, exposure to physical abuse and/or neglect" (para. 3). The children's

families are supported by dedicated family workers and family connection is encouraged as much as possible through phone calls or visits (ideally gradually increasing in length until the child can return home). PTP strives to support children in a culturally responsive manner; the children are assisted to participate in their cultural, spiritual, or religious practices such as smudging before bed, attending ceremonies/services, or fasting.

CYCCs cultivate a therapeutic milieu and provide care, nurturance, and support to children through the activities of everyday life. CYCCs are a relevant population for this research because they develop deep relationships with the children they work with but do not engage in direct trauma therapy. This relational engagement is highly significant since empathetic engagement and relationality are theorized to be an important part of the development of VR (Engstrom et al., 2008; Hernández et al., 2010). CYCCs come from a variety of educational backgrounds, which supports the study's goal of understanding if and how VR is more broadly applicable to helping professionals. To apply for a CYCC role, applicants are expected to have a degree or diploma in child and youth care counselling, human services, or social sciences (including social work). After working at Hull Services for a year or more, CYCCs are supported to study for and sit the examinations necessary to be certified with the Child and Youth Care Association of Alberta.

PTP is a pertinent context for this research due to its focus on relationality and trauma-informed practice. Hull Services uses Bruce Perry's (2009) Neurosequential Model to train staff in understanding and responding to the variety of ways that the effects of developmental trauma manifest in the children the program serves. This increases the likelihood that staff can speak to how they have witnessed trauma and



trauma healing in their work, which is a key component of the current conceptualization of VR. The term developmental trauma has been selected to emphasize how trauma experienced in childhood impacts brain development.

The Neurosequential Model provides tangible ways for CYCCs to work from a trauma-informed lens at PTP. A therapeutic milieu is cultivated through the use of music, scents, lighting, and different physical spaces (including a specifically designed sensory room). Sensory dosing is used throughout the day to help children learn to regulate their nervous system through pattern-repetitive activities. Staff are taught to be aware of how someone's ability to process information and comfort with physical proximity will change depending on their state of arousal. When a child is becoming dysregulated or is in crisis, staff first regulate the child, then connect relationally, and finally engage in cognitive reasoning to process the event and practice relevant skills. Staff are frequently reminded to be 'present, attuned, and attentive' caregivers and there is an explicit connection made about how strong therapeutic relationships can help gradually heal developmental trauma.

### **3.3 Sampling**

#### ***3.3.1 Recruitment Challenges and Sample Evolution***

Originally, the goal was to recruit approximately eight to ten CYCCs for this study with the rationale that this is an appropriate sample size for graduate level thesis research and it is reasonable that the study could approximate saturation with such numbers. Unfortunately, I experienced significant unanticipated difficulties recruiting participants. My Research Ethics Board submission included a provision that if adequate

numbers of participants from PTP were not recruited, then I would recruit CYCCs working in other programs at Hull Services or other organizations with similar programs.

As planned, participants were first recruited through the support of leadership staff at PTP. The program director introduced the research at a staff meeting and sent out the provided informational email and reminder email to all staff. From these efforts, three staff expressed interest and were interviewed. To seek more participants, I then reached out to three more programs: two programs at Hull Services that work most closely with PTP, and one program at a different organization that works with a very similar population as PTP. In all cases, the leadership staff I contacted were interested in the research and happy to share information about the study through a combination of an introductory email, reminder email, and/or a verbal introduction or reminder at a staff meeting. No participants from any of these programs reached out to me to express further interest in the research.

During the recruitment process, I also requested and received an amendment to my REB submission to include former staff in my sample (CYCCs who had worked for six months or more at PTP and left the program less than six months ago). This amendment expanded the sampling frame and assisted my ability to recruit participants. I sent former staff an informational email and a reminder email, to which three former staff expressed interest and two interviews were completed (one participant was not able to participate due to time constraints).

I expanded the sampling frame because through the recruitment process, I discovered that there had been especially high staff turnover in the past year and that some of the staff who had previously expressed interest in my research study were no

longer working there. The field of child and youth care typically has high turnover, but it is also possible that some staff left due to burnout or organizational frustrations. Since one of the goals of my research is to highlight factors that promote and/or hinder vicarious resilience, including personal and organizational factors, I became concerned that I would be missing relevant considerations by only interviewing current staff. Conducting the first few interviews with highly experienced staff also helped me realize that interviewing former staff could help capture more diverse perspectives around relevant organizational factors. The sample is not large enough to compare the experiences of current and former staff but I believe this change added richness to the perspectives included in the sample.

Although I do not know for sure why it was difficult to find participants for my research, there are a variety of relevant factors that may have played a role. A recent report entitled *The Burnout Crisis: A Call to Invest in ECE and Child and Youth Workers* (Ali et al., 2022) describes how the work of child and youth workers and early childhood educators is “grossly undervalued and overlooked, as evidenced by the stagnant wages and chronic underinvestment in what is an essential part of our social safety net” (p. 5). The report goes on to paint a picture of precarious work, low wages, high turnover rates, staffing shortages, and other difficulties that jeopardize workers’ mental health (Ali et al., 2022). This already overstretched workforce was further stressed by the challenges of supporting children and following oft changing health regulations during the COVID-19 pandemic (Ali et al., 2022). Working as a CYCC during the pandemic, I can certainly affirm the additional challenges and stress placed on frontline workers during this time.

It is likely that the overstretched nature of this field played a role in recruiting research participants. Although COVID-19 restrictions had been lifted at the time of recruitment, COVID stressors remain, and many individuals and organizations are still recovering from the peak of pandemic stress. Additionally, it is a difficult job to be able to make time to do a research interview at work due to the need to continually supervise the children, so most people did the interview on their own time. This may have added barriers for people to participate.

Bearing these challenges in mind, I have reflected on lessons learned and considerations for my future research practice. I overestimated how eager people would be to participate in research and was potentially biased by my own personal interest in participating in research. In the future, I would establish a larger sampling frame from the beginning, bearing in mind that there are many reasons that a high percentage of a staff group may not be able or willing to participate in research. In future research I would also consider how to build a stronger relationship with the collaborating organization or staff team to increase investment. Although I had the support of PTP to conduct this research, I wonder if closer engagement with the staff team would have assisted recruitment. Being in a different city was limiting in this regard (for example, I could not go in person to discuss the project with the staff team). Ideally, I would like to involve staff more directly in research design if completing similar research in the future. Finally, I would consider building in a small honorarium for participants' time into the research design. I did not build this into my design because the research participants were all professionals but given that most completed the interviews on personal time, in hindsight I would have liked to be able to recognize their contribution with a small gift card. It is possible this

would have also encouraged engagement. Despite the challenges of finding research participants, I am thankful for how the sample evolved, the lessons learned, and the participants who generously gave their time and stories to support this research.

### ***3.3.2 Sample Characteristics***

Five CYCCs were recruited for this study and were selected through convenience sampling. This number of participants can be considered sufficient for qualitative research because it is anticipated to yield adequate data to thoroughly explore core theoretical categories (Chamaz, 2006). This small sample is all from the same program, enabling an in-depth analysis of this specific organizational context.

To be included in the research, participants needed to be former or current full-time or relief CYCCs at Hull Service's PTP. All participants were required to consent to audio recording and to have six months or more of work experience at PTP. This timeframe was selected so that participants would have had adequate time to experience change in clients, while also considering the high turnover rate in the field. Additionally, former staff were eligible if they had left the role less than six months ago so that their experiences were still relatively current.

Due to the small sample size drawn from one program, providing in-depth descriptive information would jeopardize participant confidentiality. Participants represented a range of experience levels and supervision responsibilities. The average years of experience at Hull Services was approximately 4.8 years. Participants' educational backgrounds included child and youth care, social sciences, and social work. Further demographic information was not collected.

### **3.4 Data Collection**

#### ***3.4.1 Quantitative***

This study used two data collection methods: primarily semi-structured qualitative interviews and secondarily the quantitative Vicarious Resilience Scale (VRS) (Killian et al., 2016). Each interview began with participants filling out the VRS (see Appendix B) online via Opinio. The inclusion of the quantitative VRS in this research was designed primarily to enrich the qualitative conversations and prompt discussion. It served as a way of setting the stage for the interview by providing an in-depth definition of VR. The VRS was also originally intended to provide descriptive statistics that could be triangulated with the qualitative data to add additional rigour.

It is appropriate to use the VRS as a tool for reflection and discussion in this study because it is designed for self-assessment. Killian et al. (2017) explain how professionals can use their total score and subscale scores to reflect on their experiences of VR and assess their strengths and possible areas of capacity building (Killian et al., 2017). The concept of using additional materials to prompt discussion in qualitative interviews is supported by Pack's (2014) research, in which participants were invited to reflect on a specific article about VT sent ahead of time to inspire discussion in the interview. I chose to begin the interviews with the VRS, rather than sending it to participants ahead of time, so that the information would be fresh in participants' minds and the time and commitment required of participants would be minimized. When requested, I shared specific VRS questions during the interview by reading them out loud or copying and pasting them into the Microsoft Teams chat so that participants could refer to them.

As expected, participants were able to reflect on the VRS during the interview. Many indicated that it gave them helpful context about VR or provided new ways of thinking about how they had experienced growth. When asked if any of the VRS questions stood out to them as particularly relevant or irrelevant to their experience, participants used specific questions as a springboard to provide in-depth descriptions of their personal experiences.

The VRS is a relatively new scale developed by the main researchers who have developed the concept of VR (Killian, Hernández-Wolfe, Engstrom, & Gangsei, 2017). It was created as a measure of VR based on the findings of four key studies by Edelkott et al. (2016), Engstrom et al. (2008), Hernández et al. (2007), and Hernández-Wolfe et al. (2014). The dimensions of VR drawn from these studies that form the seven subscales of the VRS are: “changes in life goals and perspectives”, “client-inspired hope”, “increased self-awareness and self-care practices”, “increased capacity of resourcefulness”, “increased consciousness about power relative to social location”, increased recognition of clients’ spirituality as a therapeutic resource”, and “increased capacity for remaining present while listening to trauma narratives” (Killian et al., 2017, pp. 24-25). Each question is answered on a Likert scale of zero to five, with 0 = did no experience this, 1 = experienced this to a very small degree, 2 = experienced this to a small degree, 3 = experienced this to a moderate degree, 4 = experienced this to a very great degree, and 5 = experienced this to a very great degree.

The VRS is a useful instrument because it is grounded in theory and demonstrates reliability and construct validity (Killian et al., 2017). The VRS has an internal consistency reliability of .92 and the mean (113, SD 19.56), median (114) and mode

(110) suggest normal distribution (Killian et al., 2017). Each subscale demonstrated sufficient reliability (Killian et al., 2017). The average intercorrelation between factors was .455, which supports the VRS's construct of VR (Killian et al., 2017). Since it is a relatively newly developed scale, Killian et al. (2017) note opportunities for further research to validate the VRS structure, enhance the reliability of some subscales, and suggest possible cut-off scores.

Killian et al. (2017) also share that the four studies grounding the VRS all explored “VR in trauma therapists working with victims of socio-political trauma. These studies focused exclusively on trauma resulting from displacement, civil conflicts, politically motivated kidnappings, and physical and psychological injuries connected to sociopolitical persecution and torture” (p. 26). Therefore, it is relevant to explore whether the dimensions of VR as identified in the VRS are relevant to other helping professionals beyond trauma therapists, and in contexts other than socio-political trauma. Hernández-Wolfe (2018) does explain that the “VRS can be translated into other therapeutic languages and used as a tool for assessment and intervention by other kinds of clinicians and helpers and help them to focus on changes in their clients and their own ability to be attentive to such changes” (p. 16). It is promising that Reynolds (2020) used the VRS with a varied sample of practitioners (case managers, counsellors, and psychotherapists) who worked with clients who had experienced any type of trauma. Reynolds (2020) states that “more than half of the respondents scored above the 70th percentile on the scale, indicating a high prevalence of VR experiences within the sample population” (p. 57).



In my research, I appreciate using the VRS as a tool for reflection and further understanding the concept of VR, rather than defining participants' experience of VR solely based on a quantitative measure. Discussing PTG, Calhoun and Tedeschi (2014) write:

We are somewhat skeptical, however, of the degree to which average scores on inventories can capture the importance, quality, and centrality of the changes experienced by individuals in their struggle with trauma. As researchers further explore the degree and prevalence of growth with the assistance of quantitative measures, the answer to the question "was the change sufficiently positive to merit the label posttraumatic growth?" is one that seems most appropriately answered by the individuals affected." (p. 15-16)

I believe this is a very important caution for VR studies as well, and that the focus should be on how helping professionals understand their potential experiences of VR and if or how they are meaningful to them.

### ***3.4.1 Qualitative***

Primary data collection was through semi-structured interviews with participants. The use of qualitative inquiry through in-depth interviews was selected as the most appropriate way to inductively develop a comprehensive understanding of VR in a previously unstudied population. This is consistent with the methods used by the first studies to establish the concept of VR (Hernández et al., 2007; Engstrom et al, 2008; Edelkott et al., 2016). The participants were asked to share about their experience as a CYCC, reflect on the VRS, consider ways that they had been personally impacted by the resilience of the children they work with, and describe what organizational factors they

believe would support VR. The in-depth interview guide correlates with the core questions of the study (see Appendix C). The flexible and participatory nature of interviews provided an opportunity to explore participants' opinions and lived experiences (Brinkmann, 2018).

The semi-structured interview format, as opposed to structured or unstructured interviews, is most commonly used in qualitative interviewing (Brinkmann, 2018). The semi-structured format generates knowledge through dialogue between the interviewer and interviewee, allowing space for both the participant and researcher to direct the conversation in ways they deem important (Brinkmann, 2018). I selected a semi-structured interview format so that I could ask specific questions in relation to facets of VR and retain enough flexibility for new perspectives and theories to emerge during the interview process.

The semi-structured interview portion (not including reviewing consent documents and participants filling out the VRS) lasted between 36 and 70 minutes, with an average of just under 52 minutes. The majority of questions in the interview guide were asked to all participants (with additional relevant probes) and each section of the interview guide was covered with each participant. Some variation in questions asked existed due to different amounts of elaboration each participant provided and some participant time constraints. I used my judgement as to what questions were most pertinent and what areas participants had already spontaneously discussed. I took handwritten notes during each interview and then typed more in-depth field notes as soon as possible after each interview (including questions asked, ideas that stood out to me, and overall impressions of participants' presentation and engagement with the material).

Throughout the interview process, I was also continuing to read relevant literature which enabled me to naturally make connections between participants' ideas and existing theory.

As planned, all interviews were conducted online via Microsoft Teams to accommodate the evolving nature of COVID-19 restrictions and because I do not currently reside in the same city as the sample population. This method was deemed appropriate because the sample population is familiar with online communication and has easy access to the needed technology. Synchronous online interviews parallel traditional in-person interviews and allow for similar levels of spontaneous interaction (James & Busher, 2012). The use of video encourages rapport building and allows for body language and other forms of non-verbal communication to still be observed (James & Busher, 2012). Thus, online video allows for access to participants while retaining most of the benefits of in-person interviews. All interviews went smoothly on Microsoft Teams and participants did not express difficulty in accessing this format. The only technical difficulty of note was that in one interview, the participant was unable to see me on video, but the audio was good throughout and I could still see the participant through video.

### **3.5 Data Analysis**

#### ***3.5.1 Quantitative***

I included the VRS in my study primarily to prompt reflection and familiarize participants with the current conceptualization of VR, but the inclusion of the VRS was also intended to provide descriptive statistics for triangulation. Hernández-Wolfe (2018) recommends that “mixed qualitative and quantitative methodologies can be used to gauge

broader effects, give more depth to narratives and study the pathways which increase the likelihood of VRS occurring in first responders, mental health professionals, teachers, community leaders and other helpers” (p. 16). It was hoped that the descriptive statistics from the VRS would give additional depth and context to the theory developed from the qualitative interviews. Unfortunately, the final sample size for this research was too small to meaningfully report descriptive statistics, so I have not included a separate quantitative section in my findings. Where appropriate, I will present average results of the VRS sub-scales that relate to the qualitative findings within that section. These were calculated in excel after exporting the VRS data collected in Opinio. This still serves as a small form of data triangulation that is appropriate for the exploratory nature of this study. The value of this triangulation is challenging to discern because the qualitative data was closely formed by participants reflecting on the VRS, and many of the interview questions were shaped by the VRS sub-scales. Due to this, the close connections between qualitative themes and the VRS data are likely related more to the research design than strengthening the validity of the qualitative findings themselves. Further research with a larger scope could explore in more depth the possible utility of using a mixed-methods methodology with the VRS.

### ***3.5.2 Qualitative***

The process of interpreting what participants share is ongoing throughout the interviews and the whole research process (Brinkmann, 2013). To facilitate formal data analysis, the in-depth interviews were transcribed clean verbatim from audio recordings. They were then analyzed using grounded theory, a qualitative thematic approach that enables the construction of original theory from data (Charmaz, 2006). Many of the key

studies that have established the concept of VR have also used grounded theory (Engstrom et al., 2008; Hernández et al., 2007; Edelkott et al., 2016). Different approaches to grounded theory have developed over time; I will be drawing on the work of Charmaz (2006) and Corbin and Strauss (2008) because these authors present a constructionist approach to grounded theory that is most aligned with the naturalist paradigm. The use of grounded theory for data analysis is ideal for exploratory research (Westhues et al., 1999) and will allow space to consider the “different, polyvocal, and sometimes contradictory meanings that emerge” in interviews (Brinkmann, 2013, p. 581).

Charmaz (2011) writes that “fundamentally, grounded theory is an iterative, comparative, interactive, and abductive method” (p. 361). The strength of the grounded theory process comes from constant comparison and continual interaction between the data and emerging analyses (Charmaz, 2011). Grounded theory utilizes data coding as a structured way to break down data and more closely examine it (Charmaz, 2011). As Charmaz (2006) says: “through coding, you define what is happening in the data and begin to grapple with what it means” (p. 46). After initial data familiarization, I moved between open, axial, and selected coding in my data analysis process (Corbin & Strauss, 2008; Flick, 2009). Corbin and Strauss (2008) note that in previous editions, they presented open and axial coding as separate concepts for “explanatory purposes” (p. 198), but in the third edition of their book (*Basic of Qualitative Research*) they do not because they “go hand and hand” (p. 198) and researchers automatically create connections between data (axial coding) while “breaking data apart and delineating concepts” (p. 195) (open coding). I have chosen to explain my data analysis process by speaking to each step of

coding separately for clarity, but I recognize that it is not a linear process and I moved between the different stages of coding throughout the analysis. This interconnected process of coding leads to creating core categories and storylines from the data, ultimately forming the grounded theory (Flick, 2009).

***Familiarization With The Data.*** Transcribing each interview fulfilled the first step of familiarizing self with the data through reading and re-reading. I was able to engage in-depth with each interview for many hours by listening and transcribing, and then listening and re-reading a second time to confirm accuracy. While transcribing, I wrote notes of any ideas that seemed significant, patterns I was noticing, or related literature that interviews brought to mind. I felt affirmed in my process when I noticed how connected to the data I felt. The ease of familiarization with the concepts and stories contained in the interviews was starkly different than the difficulties I experienced connecting with the data in another project in which I was assisting with data analysis but did not develop the research idea or complete the interviews.

***Open Coding.*** Corbin and Strauss (2008) describe open coding as “breaking data apart and delineating concepts to stand for blocks of raw data. At the same time, one is qualifying those concepts in terms of their properties and dimensions” (p. 195). I used NVivo to organize my data while engaging in open coding. I went through each interview slowly, closely examining the data to break it down, name it, and categorize it. Through all steps of open coding, I was continually asking questions about the data and engaging in constant comparison (Charmaz, 2014). I first conceptualized data by labelling concepts as I went, loosely grouped under headings informed by my research question and literature review. In this way, I utilized both an inductive (data-driven) and deductive

(theory-driven) process. I ended up with a long list of codes under the following broad categories: ‘growth experienced’, ‘organizational factors (hindering or promoting)’, ‘impact of children’, ‘program description’, ‘draw into CYCC work’, ‘resilience’, ‘understanding of VR’, ‘utility of reflection’, and ‘VRS’. Some categories had many codes, while others were not very fleshed out since I was simply breaking apart data into any possible chunks that could be named. Charmaz (2014) describes this process as initial coding. I also recorded key ideas in an Excel Spreadsheet so I could refer to a very summarized version of what each participant shared in response to specific questions.

Next, I moved into categorizing data where I grouped concepts together into more connected and manageable categories. Charmaz (2014) names this focused coding, in which you study and compare initial codes to move forward in the analysis. Making comparisons between data was especially important here as I considered which codes could be grouped together or combined due to their similarities. Corbin and Strauss (2008) describe this as a process of elaboration and adding nuance. I engaged in this process through drawing mind maps, trying out different groups of codes in NVivo, and writing memos. I focused on organizational factors and growth experienced because they were the most robust categories and most relevant to my research questions, while also bringing in important codes from other categories. As an example, the codes that I had under organizational factors were initially grouped under ‘hindering’ or ‘promoting’. While categorizing the data further, I grouped the codes into the categories of ‘perspective’, ‘self-care’, ‘relational boundaries’, ‘valuing spirituality’, ‘new ways of being in the world’, and ‘new skills/increased toolbox of skills’. This then evolved into ‘perspective’, ‘valuing spirituality’, ‘new skills/increased toolbox (including self-care)’,

and ‘new ways of being in the world (including relational boundaries)’. After more consideration of how each concept functions, re-reading participants’ quotations, and reviewing previously read literature on VR, I ended up constructing the categories of ‘trauma and violence informed perspective’, ‘relational engagement’, ‘toolbox of skills’, ‘expanding view of the healing process’, and ‘hope and inspiration from clients’. Through continued memo writing, I worked to explore and define some of the properties and dimensions of each of these categories (Corbin & Strauss, 2008).

***Axial Coding.*** Axial coding is focused on linking categories and sub-categories together, proposing a coherent relationship or paradigm (J. Karabanow, personal communication, February 2, 2022). Corbin and Strauss (2008) describe axial coding as “cross cutting or relating concepts to each other” (p. 195). During axial coding, I began to more carefully consider how the organizational factors were related to the growth participants experienced, and how people’s understanding of themselves, reflection, and VR may all be related. It felt like I was beginning to see the big picture and that ideas were starting to connect and come together. During this stage, I made a lot of diagrams that evolved from simple charts to more complex diagrams showing the relationship between ideas. A combination of memo writing and verbally processing my evolving storyline with peers and my supervisor was very helpful in continuing to develop the analysis. All of this was done while frequently referring back to the data. I also began to delve back into literature more at this time, for example exploring the concept of reflection in the literature to help inform my ideas about how reflection could function on both a personal and organizational level.



Once I had a coherent story, I began to write up the findings as a way to further flesh out each theme, cross-check with the data to ensure that the story being told was true to the participants' voices, and more clearly lay out the logic and relationships that were developing. I discovered that this was a very useful process, as when I got stuck writing, it was usually because the relationship was not clear or was not well supported in the data. Getting stuck became an invitation to step back and reconsider how aspects of the data related to each other. Through this process, I moved the ideas of 'reasonable hope' and 'strengths-based lens' from the theme of 'trauma and violence informed perspective' over to 'relational engagement' because I realized that they were speaking more to how CYCCs connected with the kids and protected themselves emotionally. I also discovered that I was not able to fully support the theme of an 'expanded view of the healing process', so I eliminated that category and moved the idea of 'increased value of spirituality' to 'hope and inspiration from clients' because I recognized that the idea of the children inspiring CYCCs to expand their perspective of spirituality was connected to other ways the children were positioned as teachers in that theme.

***Selected Coding.*** Selected coding is very similar and connected to axial coding but works at a more abstract level to bring together the grounded theory (J. Karabanow, personal communication, February 2, 2022). I explored a variety of larger concepts that could represent a grand narrative being told through the categories I constructed. I engaged in selected coding through a continued combination of engaging in discussions with others, writing notes and drawing diagrams, and writing the discussion chapter. In this process, I was seeking to develop and more clearly articulate my arguments and the overall narrative of the research. At this stage, writing was particularly useful to explore

the themes in greater depth and contextualize them through considering their connection to other literature. Charmaz (2014) explains that writing and rewriting is a critical part of analysis; writing brings new insights as you contextualize and support your arguments.

One of the challenging aspects of selected coding was seeing the many possibilities for interpretation but needing to choose an analytic focus. These choices were largely influenced by how my own values and interests intersected with what I viewed as a faithful interpretation and representation of participants' stories. A constructionist approach to grounded theory does not assume to explain reality, but rather sees the existence of multiple realities and "acknowledges that the resulting theory is an interpretation" (Charmaz, 2014). The interpretation I have arrived at is one of many possible stories that could be told about this data and is dependent on my own perspective (Charmaz, 2014).

***Evaluation.*** I evaluated the developed ground theory through the four criteria established by Charmaz (2014): credibility, originality, resonance, and usefulness. I believe that my research meets the criteria of credibility because I was able to deeply engage with the topic of VR in a specific organization with CYCCs. I have been careful to keep the scale of claims I make relative to the small sample size. I developed and doubled checked my themes and argument through close engagement with the data, so I feel confident that I can present my analysis with strong links to participant interviews. In terms of originality, my grounded theory presents new categories to understand the experience of VR and offers new insights into how reflection and supportive organizational practices can mediate VR. In my discussion chapter, I feel that I have been able to demonstrate the social significance of these findings as well as point to ways that

this research contributes to developing and challenging the theoretical basis of VR. I consider my research to meet the criteria of resonance because I have been able to draw links between larger social structures and the experiences of individual CYCCs. I hope that my findings offer insights into the experience of CYCCs that resonate with them, although I did not engage in member checking in this study to confirm this. I can say that the results resonate with my own experience of working as a CYCC at PTP. The findings have also shown resonance with other helping professionals' experiences when I informally discuss my research with them. Considering the last category of usefulness, I feel confident sharing my findings because I believe they are useful to helping professionals to understand their own internal experience of their work and can also support organizations to consider how they support frontline workers. I hope this research can spark further conversations and research that ultimately supports the well-being of both helping professionals and the people they serve.

### **3.6 Rigour and Trustworthiness**

Rigour in qualitative research is not judged by objectivity, but rather by trustworthiness (Lietz et al., 2006). To establish trustworthiness, I have kept an audit trail and utilized reflexivity and peer debriefing (Lietz et al., 2006).

***Audit trail.*** An audit trail establishes trustworthiness by keeping a record of the research methods used throughout the process (Lietz et al., 2006). An audit trail can also be called a decision trail because it should keep track of “the reasons for theoretical, methodological and analytic choices so that others can understand how and why decisions were made” (Johnson & Waterfield, 2004, p. 127). I have integrated my audit trail with the grounded theory concept of memo writing, which includes writing field

notes of interviews, memos written throughout the data analysis process, and documenting links to literature (Flick, 2009). Memo writing increases transparency and explicitly shows how you came to construct the proposed theory (Flick, 2009). I have kept an audit and consistently wrote memos to help myself thoughtfully engage in research, and also to help others understand how I carried out my study.

**Peer Debriefing.** Lietz et al. (2006) describe peer debriefing as the “process of engaging in dialogue with colleagues outside of a research project who have experience with the topic, population or methods being utilized” (p. 451). I engaged in peer debriefing with colleagues and fellow graduate social work students. I also found debriefing with my thesis supervisor very useful as their research expertise helped to inform my ongoing data analysis.

**Reflexivity.** Lincoln et al. (2018) define reflexivity as the “process of reflecting critically on the self as researcher” (p. 143). Reflexivity is highly emphasized within the naturalist paradigm because of the understanding that research is value-bound, and the influence of the researcher is a given part of the process (Westhues et al., 1999). I integrated the ongoing action of reflexivity into my audit trail, peer debriefing, overall research process, and thesis write-up. I have strived to engage in critical self-reflection, explicitly share my preconceptions, and actively acknowledge the role I play in shaping the data and analysis (Johnson & Waterfield, 2004).

### **3.7 Limitations**

There are several potential limitations to this research. As noted in Puvimanasinghe et al. (2015)’s VR research, participants may seek to convey themselves and their work positively in the context of a research study. Social desirability bias may

lead CYCCs to respond to questions in a way that aligns reality with what is perceived to be socially acceptable (Bergen & Labonté, 2019). Interestingly, Frey et al. (2017)'s study of "Vicarious Resilience in Sexual Assault and Domestic Violence Advocates" found that social desirability bias was more common in measures of compassion satisfaction than VPTG. Their explanation for this phenomenon was that "because the compassion satisfaction items are obvious items related to one's pleasure in being a helper, it is possible that they are more susceptible to self-deceptive responding... in contrast, the posttraumatic growth items are focused on personal changes that are less overtly value laden" (Frey et al., 2017, p. 49). By this logic, this study's focus on the personal changes people have experienced due to their work may reduce social desirability bias. Bergen and Labonté (2019) note that social desirability responding can be minimized through clarifying participant responses during interviews, building rapport, clearly explaining the study's purpose and confidentiality, and rewording questions when needed to encourage more candid responses.

Although the goal of having participants fill out the VRS is to prompt reflection and ensure participants understand the various facets of VR, this may also add additional bias to the study. Reducing bias is not the goal of naturalist research, but this dynamic will be important to keep in mind while interpreting the interviews. It is possible that other components of VR that are not included in the VR scale will be less likely to emerge in this study. My research design contrasts Arnold et al.'s (2005) VPTG study in which participants were simply asked the neutral question "how have you been affected by your work with clients who have experienced traumatic events?" (p. 245). In this study, 76% of the 26 clinicians mentioned a positive outcome of their work before a

negative one (Arnold et al., 2005). My study will not be able to determine whether participants naturally describe more positive or negative impacts of their work without prompting.

Additionally, Arnold et al. (2005) note that it can be difficult to separate the positive effects and personal growth experienced due to a therapist's work, as compared to their own personal PTG or simply other aspects of living life. It is also very challenging to determine the difference between having low risk factors and high protective factors for resiliency (Lepore & Reverson, 2014), which could significantly change people's experience of VR. Manning-Jones et al. (2015) also note that personal trauma history may influence how helping professionals process vicarious exposure to trauma, but it is challenging to control for personal trauma histories and PTG while measuring VPTG. This would also be relevant to researching VR. I question if it is possible, or even meaningful, to separate helping professionals' growth and transformation stemming from their work as compared to their personal life experiences. It must then be acknowledged that people's life experiences will inevitably affect how they experience and describe VR.

The design of this research means that it will not be generalizable. Generalizability is not the goal of qualitative research; within the naturalist paradigm, the focus is on transferability since findings are time and context bound (Westhues et al., 1999). I will provide an in-depth description of the research context so that readers can judge if it is relevant to their own context. I recognize that this research will only play a small part in the ongoing process of understanding VR in a variety of professional helping contexts.

### **3.8 Ethical Considerations**

The ethical considerations pertaining to this research are discussed in detail in my application to Dalhousie University's Research Ethics Board. The main areas of ethical considerations I have reflected on are around risk to participants, the dynamics of having support from PTP's leadership team, the potential for minimizing trauma, and my positionality as an insider researcher.

***Risk to Participants.*** There was a possibility that the interviews could lead to discussion of topics that were distressing for participants, especially given the correlation between VR and VT. It was also understood that participants could potentially share information about their workplace that was sensitive. A careful plan was put into place to manage these risks through informed consent, sensitive and flexible interviewing, and follow-up resources. It was also noted that was possible that participants would gain an indirect benefit from the interview by reflecting on their work and learning about VR. In the end, no participants indicated any adverse reactions or distress during the interviews that I could discern through their verbal and non-verbal communication. Follow-up emails were sent after each interview and no one asked any further questions. All participants expressed gratitude for having the opportunity to reflect on their work in a positive way, and often said that they had learned something or gained new perspective from the interview that they were thankful for.

***Support From the Leadership Team at PTP.*** The support for this study from the leadership team of PTP was logistically very helpful and may increase the likelihood that the results of this study will impact organizational policy. Leadership support also meant that I needed to be extra careful throughout the study to remind participants that they did

not need to participate if they did not want to and that I was not researching on behalf of the organization. Confidentiality was especially important so that participants could share openly during the interviews and their identity was not revealed to the organization. All participants consented to direct quotes being shared in my write up and some explicitly expressed that they did not feel that they shared any sensitive information about the organization during the interview. I will also need to be thoughtful about how I communicate the results of the study to the organization to ensure I am sharing honestly and staying true to the data, rather than presenting what they want to hear.

***Potential for Making Light of Trauma.*** Reflecting on how I was honouring the trauma and suffering experienced by both clients and CYCCs was an ongoing process in my research. In response to these considerations, I added a section on this topic to the beginning of my thesis, and I also added a note addressing these dynamics in my interview script. When I explained how I was positioning my research, all participants seemed to understand and appreciate this perspective. Participants' sharing has continued to shape my perspective on honouring trauma throughout this work, and further discussion around the importance of not using VR to minimize people's experiences of suffering or restrict emotional expression is focused on in section 5.3.3.

***Insider perspective.*** My previous connection to the organization presents both benefits and potential drawbacks to this study. An insider perspective can help to deepen knowledge of the context and allow easier access to the field (Costley et al., 2013). I do not believe my connection to the organization has posed a significant conflict of interest because I did not work in a supervisory role and some time has passed since I worked there. I do have a co-worker relationship with some of the current staff, but not all of



them. I reminded staff that their participation was completely voluntary and I reflected on my biases throughout the research process.

## **Chapter 4: Findings**

This chapter presents the findings from the semi-structured interviews analyzed using grounded theory. The purpose of this study is to explore how CYCCs at PTP experience and understand VR, as well as to understand what factors, including personal and organizational, contribute to and/or hinder the development of VR. In line with this purpose, the findings are organized around the growth experienced by the CYCCs (illuminating CYCCs' experience of VR) and how reflective practices and organizational support mediate VR (addressing promotive and/or hindering factors). Taken together, I present a theory of growth in context that demonstrates the value of relationality.

### **4.1 Context of the Program and Professional Role**

To contextualize the findings, I first want to provide a depiction of how participants described the organization (Hull Services), program (PTP), and their role (CYCCs). Overall participants described Hull Services as a good organization to work for. The positive reputation of Hull Services and PTP attracted some participants to the job. Participants stated: "I do feel like Hull is a good organization" and "I think Hull Services in general is just a really great agency to work for". PTP in particular was described as "special". More nuance of the positive and negative aspects of organizational culture will be discussed in section 4.5.

Some participants viewed working at PTP as a stepping stone in their career, or a shorter term job to try out. One participant stated "it felt like it was a really good start to my career ... it's tough, but it's the learning you are going to get from it is hard to get anywhere else. So I felt like that was important before I went into a career". Other participants intentionally decided to "stick with the field" and build a career at Hull and

have been able to do so. Another participant stated: “I would see people older than me in these roles, and I was like okay, you can make a career working at Hull, so I just settled in and made myself comfortable”. This combination of seeing the CYCC role as a short-term job or a long-term career is consistent with the mix of current and former staff with a wide range of experience levels represented in the sample.

Some participants noted that their role is present focused. They concentrated on supporting the children to use skills to help them in the moment and move forward rather than processing past trauma. This supports the understanding underlying this study that CYCCs take on a different helping role than trauma therapists, the predominant context of previous VR studies. One participant explicitly differentiated their role from counsellors or therapists: “we’re not actual counsellors, so at the end of the day, it’s like okay, you can tell me as much as you want, or as little as you want, and I’ll listen for sure. But how can we help you —yes all of these crappy, terrible, awful things have happened, how can we move on and have a better day, you know?”.

There was a clear message from participants that working as a CYCC is a challenging role. Participants stated: “we are working with kind of the one percent of some of the most challenging youth in Alberta” and “there is only so much you can do, it’s a hard job, it’s a really hard job”. Some participants described physical interventions (restraining children as a last resort to stop harm to self or others) as a particularly challenging aspect of the job. The intensity of the role was especially strong as a new staff; participants described not knowing what they were getting into and being exhausted and overwhelmed. Participants stated: “I think at the beginning you are like wow, okay this is all really intense stuff” and “I think there’s a really steep learning curve at the

beginning. Like really steep”. Some participants did not describe experiencing the intensity of the job personally but shared that they had seen others burn out or struggle with the role.

Despite recognizing the challenges of the role, participants also described the role as highly meaningful and enjoyable. Participants stated: I “found that I really enjoyed the work, it really filled my cup” and “people are always nervous or say like “that must be so hard” and it’s like well no, at the end of the day, it’s just kids. Right? And I’ve always enjoyed working with kids”. The joy and challenges of the role often coexisted together. One participant described the role like a rollercoaster: “it just felt like so empowering some days, and so heartbreaking other days”. Supporting the children was seen as rewarding and meaningful, and the deep care and respect for the children they worked with shone through each interview.

#### **4.2 Growth Experienced by CYCCs**

Participating CYCCs described a variety of positive growth and transformation that they experienced through their work with the children, consistent with the concept of vicarious resilience. Analysis of the interviews led to four main themes of growth experienced by CYCCs (see figure 1): growing in their trauma and violence-informed perspective, increasing their relational engagement, gaining a larger toolbox of skills, and experiencing hope and inspiration from clients. Each domain of growth is described below, supported by participant quotes.

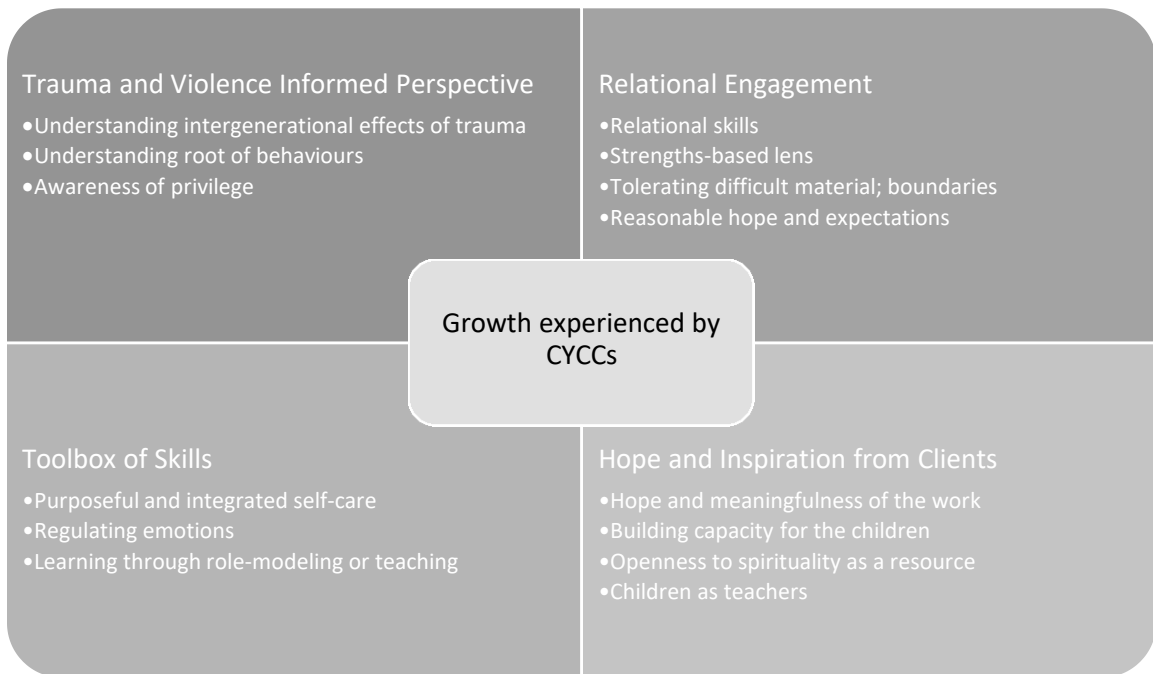


Figure 1: Four themes of growth experienced by CYCCs

#### ***4.2.1 Trauma and Violence-Informed Perspective***

Participants described growing in their understanding of the impacts of trauma and systemic oppression, which can be understood as developing an increased trauma and violence-informed (TVI) perspective. One aspect of this TVI perspective was developed through participants witnessing and growing in understanding of the intergenerational effects of trauma, violence, and oppression. Some participants described how their frustration with parents who had caused harm to their children shifted into greater compassion when they realized that those parents were often children who faced their own trauma or did not have their basic needs met. For example, one participant described shifting from automatically blaming parents to adopting a perspective that “you can’t do better if you don’t know better”. Similarly, a participant who was previously very triggered by “parents that aren’t parents” described a shift in perspective: “I have learned through the years, okay, these parents are probably traumatized children themselves, and

so we just need to figure out how we can support all across the board”. This represents an increased TVI perspective that recognizes the intergenerational effects of trauma and the impact trauma can have on people’s long-term functioning, behaviours, and relationships.

Participants also described being able to understand the root of behaviours in the children they worked with. This came more naturally to some participants and demonstrated a growth in perspective for other participants. Learning the children’s stories and understanding how their behaviours were connected to what they were going through helped participants to cultivate empathy for the children, while also reinforcing the importance of intervention, embracing a strengths-based perspective, and maintaining relational boundaries (discussed further in section 4.2.2). A participant described how they applied this perspective to help the children explore what was underneath their behaviours: “we help kids dig into that at Hull. It’s like ‘do you think you’re having a hard time right now because you haven’t seen Mom in this many weeks?’, or whatever it is. You have to go beyond the immediate and kind of look at those other things”. In these ways, understanding the root of challenging behaviours helped participants to engage effectively at work.

Participants also described how they applied this increased understanding of the root of behaviours to other areas of their life. One participant shared their desire to keep and apply this perspective as they moved into other professional roles, saying “I hope it really shifts my lens to that it’s not what’s wrong with you, it’s what happened to you”. Another participant described how they apply this perspective to understanding interactions in their family, which has increased their insight into their family dynamics. A third participant described how even in interactions with strangers, they consider what

they might be going through to cause them to behave in a certain way: “I feel like I used to be quite judgemental maybe, and like ‘what’s wrong with you?’ or if people were rude or whatever. So my mindset more now is, ‘oh, you must be having a bad day, what’s going on for you that is causing you to be such a jerk right now?’”. It appears that there is potential for a broad application of a TVI perspective that transforms people’s understanding and interaction with others.

In connection to the systemic violence aspect of TVI, participants shared how working at Hull had increased their awareness of their own privilege and helped them to see and understand new elements of privilege. Coming to understand the challenges, past abuse, and institutionalization the children experience or learning that other staff have had similar experiences was described as taking away blinders and made staff realize that elements of their childhood they took for granted are privileges that not everybody shares. For example, one participant shared how previous experiences had helped them to recognize their white privilege, but that working at Hull illuminated “the whole idea of my upbringing was a privilege”. Another participant also referenced the privileges they had as a child and said: “I think I am a lot more self-aware of my own privileges absolutely”.

An area for further exploration would be if or how this increased awareness of privilege translates to action. One participant, while discussing power and privilege in relation to intergenerational trauma in Indigenous communities, said: “it made me more aware of it but very confused too of then how do we handle this”. This statement reminds us that increased awareness does not necessarily lead to action. Some participants did describe taking action: one participant shared that they frequently discuss privilege with

others, while another shared about how they had begun to engage in intentional allyship work. Some participants also described increased efforts to appropriately minimize the power differential between staff and the children, such as giving children increased voice in the program. There were a variety of ways that increased awareness led to behavioural change for participants.

Participants on average scored the second highest on the ‘increased consciousness about power and privilege relative to client’s social location’ subscale (M=4.1) compared to other subscales<sup>1</sup>. This demonstrates that participants on average experienced this change to a great degree. This is unsurprising given the descriptions participants shared of how working with the children increased their awareness of their own power and privilege. Although I have selected different language, this theme of developing an increased trauma and violence-informed perspective is deeply connected to the increased consciousness of power and privilege aspect of VR (Killian et al., 2017).

#### ***4.2.2 Relational Engagement: Balancing Connection and Boundaries***

Participants described an increased ability to develop and maintain healthy relational engagement. This growth was seen in participants’ professional roles and sometimes affected their personal relationships as well. Relational engagement can be understood as a ‘push and pull’ or balance between connection and boundaries. Participants described the need to walk the line between the importance of relationship and attachment to the children, while also not crossing professional boundaries or becoming overly invested in the children’s struggles. As one participant put it: “you need

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<sup>1</sup> It is important to note that all sub-scale scores were mid-range; all averages represented experiencing change to a moderate to great degree (Max = 4.33, Min = 3, R = 1.33). There was minimal difference between each subscale.



to have enough of a personal connection to see the individuals you are working with as individuals but you need to have enough distance to be able to not take their backslides and their negative behaviours personally and take that stuff home with you”. Another participant described the balance between having compassion and empathy for the children, but not letting that get in the way of providing therapeutic interventions and being “firm but fair” or being “hard on them in the kindest way possible”.

The relational aspect of the job and CYCC’s strong connection to the children was evident in the interviews. One participant described feeling “attached to some of the kids”, going on to say: “I think that relational aspect is important... I think you are supposed to become attached at some level, right? You have to be invested in it”. As part of intentionally building strong relationships with the children, some participants described experiencing growth in relational skills including demonstrating care, attentive listening, patience, and being present. These relational skills helped participants to connect with the children and be skilled at their job. For some, it also improved their relationships outside of work. One participant described how what they learned at PTP helped them in relationships more generally, saying: “learning those little things again with adults like when to use silence and active listening and how far that goes and being honest with your words.... all those skills I daily, all the time, use in my personal life”.

Some participants also indicated a shift in perspective towards embracing a strengths-based lens. One participant discussed how knowing the potential extreme negative outcomes children can experience helps them to “really highlight those successes and strengths because they need to be seeing that positivity to keep them on a more positive path”. Another participant shared how Hull taught her to recognize and

focus on strengths in other people, saying “I don’t think giving people too many compliments is a thing, as long as they’re genuine, I think that recognizing that in other people is really important, and Hull definitely taught me that... just the idea that there should be positive things to say... just showing that strength building and capacity building in other people I think is important”. An expanded strengths-based lens can be a relational skill that builds connections with others.

Relational skills and a strengths-based lens helped participants to deeply connect with the children. Balancing this out, participants also described an increased ability to hold relational boundaries and tolerate difficult stories or emotions. Participants discussed needing to maintain appropriate relational boundaries, distance, or separation at work. One participant described this as knowing “my experience and other people’s experiences are two different things”. This is important because, to use another participant’s words: “getting too caught up in those negatives and especially our emotions around other people’s negative experiences can sometimes be a barrier to giving them the treatment and support that they actually need”.

One participant explained how their experience at PTP led to increased boundaries for them in their career: “So I think it really has changed my goals in my career too. I can’t give, give, give everything and hope that that’s going to make anything better. Because I tried that at PTP and it did not go very well. You can’t love someone into healing from trauma because that’s not how it works. So I have a better understanding of my boundaries in my field, and what I’m willing to kind of put up with or be exposed to. Because at the end of the day I am still a person too”. Although further

exploration of this concept is required, this shows potential for boundaries learned at work to be translated to their career more broadly and a sense of self.

The work at PTP also helped participants to have increased tolerance for difficult material such as trauma stories or intense emotions. One participant described worrying less about getting new kids into the program and generally being unphased by the ups and downs of the work. Another participant stated: “I think definitely in the beginning stages of this kind of work you’re super like intensified by that and now it’s like, okay, it’s a very matter of fact, this is what’s going on in your life”. This participant went on to describe how it is too fatiguing to go “in-depth with every single detail” when children share about difficult experiences and that people develop “a protective shield for not internalizing other people’s emotions”. Sometimes a level of detachment served as a protective factor expressed as necessary to hear difficult material and do the challenging work of a CYCC well.

There were a variety of factors that may have helped to increase participants’ tolerance for difficult stories. Some participants connected this back to the nature of CYCC work that is very present focused – participants were able to not get caught up in all the details of intense emotions, trauma stories, or distress by focusing on what could be done in the moment to support the child. Participants also learned to apply their relational skills, such as presence and listening, to be with challenging emotions without needing to fix them. Simply being exposed to intense emotions and challenging stories at work was also seen to play a role in increasing participants’ tolerance. Some participants did not personally experience this growth (“that was something that came pretty easily to me when I first started out, kind of being able to be present and be a good listener for

some of these young folks”) but did describe supporting other staff in developing “that ability to be engaged but still slightly detached when folks are sharing their trauma narrative or sharing those difficult experiences”.

One measure of the ability to hold boundaries and tolerate difficult material was whether people carried heavy emotions or thoughts home from work. This was not simply an individualized ability, but was affected by the provision of organizational support and debrief opportunities (further discussed later in ‘organizational support’). Some participants described being able to easily leave work at work: “when I leave the door, it’s like, just another day. I don’t sit and dwell. I don’t, I really don’t think about it again... till I’m back at work”. Other participants struggled with thinking about work on personal time and found this extremely challenging. Participants shared: “Like all I do is think about work when I’m at home. This is not normal” and “I would always be thinking about work, even in these days off I had. I would be thinking about work at least a few times every day. And it was so exhausting”. Participants expressed the need to be able to disconnect enough from work to maintain mental wellness and work-life balance.

Another aspect of relational boundaries was holding realistic notions of what change might look like for the children. While participants celebrated the children’s strengths and resilience, they also expressed realism that no matter how well children did at PTP, they may still face significant struggles later on in life. It was unclear to what extent this represented a growth in perspective for participants versus a previously held viewpoint. Participants recognized the significance of the challenges, trauma, and systemic failures impacting the children, and that providing the best care possible to them could not fix everything. One participant said: “if I can make a positive memory for

them, then that's the best I can wish for". Another participant expressed that even if children are struggling significantly at Hull, keeping them safe for now is significant so that they can potentially "settle down a little bit once they continue to grow and mature". Holding realistic expectations for change appeared to serve participants in maintaining a separation between the children's behaviours and their own, maintaining a healthy distance so that they were not overly affected by the children's struggles.

This was also a rationale shared for why it was not necessary to witness children's growth or resilience in order to experience VR. In the words of one participant: "My experience is more if I feel like I'm doing the best that I can do, I feel good about my job. And I think maybe, maybe years back it would bother me and I would take it more as what have I done wrong or why is this kid moving back? ... But over the years, I am very much aware of everyone can...make their own choice, and if you are choosing to act a certain way, that's on you, that's not on me. And so, no, I don't need to see the kids doing well to be able to feel like I'm growing as a person". On the other hand, some participants shared that it was very important to them to witness children's growth and resilience because witnessing or being a part of that growth was significant in a way that simply hearing someone's story is not. Here, the relational and experiential aspect of the work appears to be important in shifting perspectives and building resilience. The different perspectives on the importance of witnessing resilience demonstrates the push-pull factor of relational engagement: both connection/attachment and boundaries/distance are important and serve a purpose.

The VRS subscale 'capacity for remaining present while listening to trauma narratives' (M=3.66) relates to aspects of this theme. Participants scored the third highest

of all subscales on this scale. This is congruent with participants' discussion around holding relational boundaries that enabled them to connect with the children and be attentive to their difficult stories and emotions while still maintaining enough distance to not be overwhelmed by trauma narratives.

#### ***4.2.3 Toolbox of Skills***

In addition to the relational engagement skills discussed above, participants described developing increased practice-based skills such as self-care and regulating techniques that can be used to support both self and others. The title of 'toolbox of skills' is drawn from a participant's words: "I think I'm a little bit of a difficult case because I feel like I was resilient, but ... I think I have improved much more and I have more tools in my toolbox now to get through things for sure through hearing kid's resiliency". Some participants described feeling confident and empowered when they noticed they became skilled at their job. Many participants described how the skills they learnt or taught at work were useful in other aspects of their life including supporting themselves, clients at other jobs, other children, and family.

One area of increased skill was self-care. Participants described utilizing more purposeful self-care or that their self-care had become more consistent and naturally integrated into their life. In some cases, participants described the necessity of developing better self-care practices because of the challenging nature of the job. For example, a participant shared "PTP did not teach me how to practice self-care, but I taught myself because of that job". Another participant shared: "I think at the start when you start this kind of work, where it's a little bit of a shock to the system, I think you definitely use

your resources more frequently, and then I think more as time comes, I think my self-care is coming very much more naturally”.

Another area of increased skill was regulating emotions. Participants noted that they were able to manage their own emotions better and were able to use regulating strategies with themselves and others. Regulating strategies are frequently taught and practiced at PTP; these skills were evidently useful to participants and were applied beyond work. One participant said: “I really think that I have gained such a great understanding of myself, my emotions, how I can regulate myself, to then be able to help regulate the kids here. And not even the kids here, but my own children at home, and not even just children, like adults and how to just handle and deal with people in general”.

Often this increased toolbox of skills, including self-care and regulation, was developed through the act of teaching or role modelling skills to the children. For example, a participant described how supporting children with time management and motivation helped them to work on those skills in their own life as well. In their own words: “Hey, if I am teaching these skills to young people, I better make sure that I’m applying them in my personal life as well... there were times that I would kind of refocus on stuff in my personal life because this was stuff that was kind of coming up for the kids”. Another participant also said: “I think it also is pretty cool because we do teach self-care so often to our children that we role model it. And then when you role model it so often, then you actually start applying it yourself later”. The act of teaching the children, combined with intentional training at PTP, helped participants to develop an increased toolbox of skills to help themselves and others.

The lowest scored VRS subscale was ‘increased self-awareness and self-care practices’ (M=3.0). Within this subscale, participants answered higher to questions about being better at self-care (question 16) and assessing their stress level (question 15) and lower on questions about being attuned to their body (question 13) and making more time for meditative, mindful, or spirituality practices (question 14). A possible explanation for the lower subscale scores is that although participants did describe increased self-care practices, these specific practices were different than some of the strategies probed by the VRS.

#### ***4.2.4 Hope and Inspiration from clients***

Participants described deriving hope and inspiration from the children with whom they worked. The admiration for the children, including their strength and resilience, was evident in the participants’ interviews. One participant shared: “I mean they are all resilient in their own little way, right? Which is really quite amazing”. Another participant said: “it’s crazy how much people can go through, especially seeing the kids, and you’re like you’re six or whatever it is and you’ve already faced this? And you’re still here? That’s pretty amazing. So I think ...there are some positive ways that it has affected how I feel about resiliency in other people”. Further exploration is needed to understand in what ways participants’ admiration for children’s strength and resilience may have changed their view of resilience.

It was also expressed that seeing growth in the children and playing a role in supporting this growth was very meaningful for the participants. In the words of participants: “to see the shift from these kids was so cool” and to “see those successes and share those successes a little bit, that can be really rewarding”. Participants shared



‘success stories’, explaining in detail the dramatic change they saw in children who initially presented with very challenging behaviours, and how that made the job “worth it”. After sharing about a child who particularly impacted them, a participant said:

But when you really see someone being able to, as a team, and as safe people help a child be who they really are, it’s like—it feels amazing. So for that—for her in particular, she was such an amazing little kid, and so sweet. And cared about people. And I don’t know, eh it just makes me so happy to think about! Like that sticks with me for sure.

Participants often shared a perspective that it can be easier to see growth in younger kids while their brains are still rapidly developing and that early intervention is very important. One participant shared:

And one of the things that I love about ... PTP is seeing kids that have come in with these really big referral concerns and then being able to move back home and be successful at home, there’s a lot more hope working with younger folks than there is sometimes working with the older folks, especially that have a lot of trauma or entrenched addictions challenges.

This sense of hope and meaningfulness may have positively impacted participants’ experience of VR.

Another aspect of hope and inspiration is the concept of building capacity or resilience *for* the children. At times, the children inspired staff to grow their own strength or resilience. Participants discussed the importance of building capacity in staff in order to be able to provide the best possible support for the children. One participant said: “this work definitely makes you think like, okay, listen, if this child went through A, B, and C,

I think I can handle one day of bad work. You know? One day where it's been rough... I think definitely I've increased my ability to be resilient for these children". The ways in which the children inspired participants to build their own capacity were not discussed widely and would need further exploration.

One specific way people experienced learning from the children or being inspired by them was concerning spirituality. The children inspired participants to expand their perspective of spirituality by demonstrating how spirituality or religion can be meaningful and contribute to resilience. One participant described seeing a child engaging in Islamic religious practices said: "and [he] was just so passionate to try, that I found that really inspiring". Religion and spirituality came up consistently in interviews because it was one of the VRS questions that stuck out to participants. Seeing how spiritual or religious practices helped the children did not change participants' own (lack of) spiritual beliefs, but rather increased their openness to seeing these practices as helpful or valuable. Participants mentioned observing spiritual practices as providing comfort, consistency, connection to culture, and something to turn to in difficult times. For some participants, this provided a different perspective that balanced their own personal experiences with religion. One participant, referring to seeing a child engage in Indigenous cultural and spiritual practices said: "you can see it, you can see that it is just such a big thing for her. And so maybe just recently I've come to see how important those things are, but I've always known they were important, but just to be able to contingently see the benefit you get from her especially". Another participant shared:

So I think for my own personal impact, there was a phase in my life where I was like, yeah, I don't believe in the higher power and things like that and God and

stuff. But then I'm like, but you know what, I'm not going to say that for the rest of my life that I'm not going to need it. Because maybe there's going to be a turning point where all my resources have run out and I'm going to be needing to seek out something more.

Seeing the children engage in spiritual practices inspired participants to reflect on their own perspective around spirituality and religion.

In the end, this theme positions children as the teachers, demonstrating how CYCCs learn from the children they work with, gain inspiration from them, and see hope in their strength and resilience. The following snippet of conversation from an interview conveys this idea well:

*Participant:* And I'll try to pass it [concept of VR] along to other people who are seemingly always focusing on the bad things, and it's like, let's just change our mindset and think about all the great things that these kids are teaching us. Because they are, every day, right?

*Interviewer:* Yeah, I like how you put that. I do think they are incredible teachers if we—

*Participant:* If we allow them to, right?

Thus we see the potential for children/clients to be great sources of hope, inspiration, and learning if the lessons they convey are paid attention to.

Participants scored highest on the 'client-inspired hope' subscale (M=4.33). The questions in this subscale (questions 17-19) focus on being inspired by or hopeful about clients' perseverance, strengths, and healing. Participants also described these aspects clearly in the interviews. Also connected to this theme is the 'increased recognition of

clients' spirituality as a therapeutic resource' subscale, which was the second lowest subscale (M=3.2). It is possible that this lower number reflects the complex interaction between participants' personal ambivalence towards spirituality and being influenced by seeing the value of spirituality for some of the children.

#### ***4.2.5 Challenges of Measuring Growth***

Participants, both directly and indirectly, pointed out the challenges of measuring growth and determining its source. They shared how their perspectives were shaped by a variety of influences including their family of origin, childhood experiences, education, other work experiences or practicums, and current personal relationships. Some participants noted how difficult it was to separate out what they have learned or grown in through experiences at work when at the same time they were maturing as a person and experiencing significant changes in their own personal life and family. This interwovenness was seen through comments such as “I don't know if that is because I've aged, or because I've learned so much here. I think probably a little bit of both” and “I've always, like over time and I think university has taught me this, and I think just personal experience as taught me this. My life is my life”.

Participants also pointed out areas that they had not personally struggled with but had seen or supported other staff in growing in those areas. Some participants also discussed how they felt that they had not experienced as much growth because they had already felt strong in those areas. One participant who said she had “naturally felt these things before” described how their strong relational skills were why they were drawn into the field in the first place, but that sometimes the work had still “enhanced my feelings of resiliency”. Another participant speculated that staff who had experienced their own

trauma might be more affected by seeing the children demonstrate resilience, going on to say: “Whereas for me...some things will help me and grow, but I’m pretty baseline, whereas some staff might have the highs and lows alongside with the kids”. Participants showed and discussed many of the complications around how to measure or quantify growth and the impossibility of determining exactly where growth or resilience may come from.

### **4.3 Growth in Context**

Using a relational and social-ecological view of resilience, it is important to consider growth in context and explore the environmental and organizational factors that influence VR. In the interviews, growth was seen to be mediated by reflective practices. Reflective practices were influenced by organizational support, which was limited by situational and systemic barriers. This growth in context conceptualization is represented by figure 2.



Figure 2: Growth in Context

#### **4.4 Reflective Practice and Vicarious Resilience**

The growth experienced by participants appears to be mediated by reflective practices. Reflective practices, as described by participants, include taking responsibility for personal reflection as a part of the job, as well as having formal and informal spaces to engage in reflection with co-workers. Discussion of reflective practices also illuminated the potential value of the concept of VR. Participants often recognized that there was a variety of growth that could be experienced through their work with the children, and that engaging in reflection creates the opportunity to notice this positive impact. One participant said: “I think the concept [VR] is very interesting. And for people who are able to be reflective, to think like okay, this job isn’t all negative and it’s not all bad things and I wonder how I am being positively impacted by these kids.... there probably are so many positive influences and outcomes and personal growth that we get

from these kids”. Participants also brought forward the idea that reflection can make even negative or highly challenging experiences opportunities to build capacity.

Participants described the research interview as a useful process that helped them to learn about themselves and their practice or gain new perspectives. This demonstrates the value of opportunities for reflection and discussion, as well as the value of specifically discussing growth experienced, positive aspects of the job, and/or vicarious resilience. Participants shared: “I just kind of appreciated this as an opportunity to reflect on my practice a little bit and I definitely think that it’s cool that there’s somebody who is asking these questions and I would hope to see a little bit more of that coming up in the future” and “I’m thinking about it as you’re asking me for the first time, and I’m like oh, wow! I didn’t realize I had gained so much from PTP. Like I did, but I didn’t. Putting it into words makes it feel a lot more substantial”. The interviews were all very positive and participants appeared to demonstrate an openness to engaging thoughtfully and authentically with the VRS and interview questions.

All participants were unfamiliar with VR prior to the interview request but were able to easily understand the terminology based on their understanding of VT and how emotions and experiences can have a vicarious effect. For example, participants shared: “I don’t think I had ever heard of it before... but I have heard of vicarious trauma. So I was like “well, I can put two and two together”, and “I only heard of vicarious trauma... I just thought anything can be experienced vicariously, right? So, when you put resiliency I think it’s just really self-explanatory”. Familiarity with VT provided a springboard into understanding VR and “how you experience emotions based on someone else and how you carry that”.

As participants came to understand VR (filling out the VRS provided familiarity with the dimensions of VR), they expressed finding the concept valuable. This value was particularly based on seeing VR as a way to support openness to and recognition of the positive aspects of the job. Some participants described how it is easier to notice or be affected by the negative or challenging aspects of the job, so particular attention needs to be paid to the more positive side. In one participant's words: "It's easier to be aware of all the negative things. You don't necessarily focus on the positive parts of it other than like "yeah, I learned a lot!" but it's nice to break it down". One participant described how this value exists alongside the inherent tension of not intending to selfishly gain from clients: "we shouldn't be looking for our clients and families that we are serving to be necessarily giving us these positive experiences, because that's not that purpose of the work, we want to be helping them even if they are treating us poorly. But I think that it's a good perspective to be kind of recognizing that are a lot of positives that can come to an individual from doing this work if you are being open to recognize those positives". VR was described as a useful goal, inspiration, and tool for reflection.

One of the ways that VR is valuable is by providing a term to describe and discuss potential positive impacts of the work. Having the language of VR can enable CYCCs to notice this type of growth and engage in reflective thinking with a positive focus. A participant described how having language is important in "helping you identify what it is you're experiencing", going on to say that: "I think we can definitely be more intentional of learning that new language [VR] and helping us to understand where are these feelings coming from". Having a shared language also helps enable discussions. Participants described how the act of talking about VR helped them recognize it and bring a new



perspective. Participants said: “I don’t think we recognize it when it’s happening because we don’t talk about it. . . . So I think that could definitely be something that we should talk at work, cause as much as we talk about the signs for vicarious trauma, but also we need to see the positive sides” and “I think there could be a lot more positivity in that, in building vicarious resiliency if there was just more time to allow conversation about it. And reflection on something”. This points to the importance of organizations creating space for reflection generally, as well as specific conversations about VR.

#### **4.5 Organizational Factors: Creating a Supportive Organization**

To illuminate the organizational factors that hinder and/or promote VR, participants were specifically asked what Hull/PTP does to support them, and what they wished they did more of. These discussions pointed to how strong leadership and co-worker support can help to cultivate VR, and potentially reduce VT. One participant described the relationship between VR and VT as follows: “it’s a push and pull. I think that you feel both. I don’t think it comes either one or the other, I think that it really is depending on the support of your teammates and the support of the program, if coordinators are using people’s time and if supervisions are being done and if people are actually checking in on each other, if there is staff days that we can get to know each other”. There was a wide range of perspectives shared regarding how supported people felt at PTP, which supported some descriptions of inconsistent support. I have tried to represent both the negative and positive aspects fairly and focus on the areas of support that were most important to people regardless of whether they were done well or not. Analysis of the interviews led to four main themes that characterized a supportive

organization: caring and present leadership, positive recognition, supervision and training, and relationship with co-workers.

#### ***4.5.1 Caring and Present Leadership***

Some participants discussed the importance of caring leadership team presence on the floor. It was very significant when leadership staff were regularly present on the floor and demonstrated that they cared about frontline staff by helping out and checking in on individual staff. This was seen to help keep the whole team connected and made frontline staff feel valued. Participants wanted leadership staff to sometimes be present on evenings or weekends, when shifts are often busy and intense, so that they could be aware of the realities of the floor. Sharing about a leadership team member that carried this out and was appreciated for being “present”, a participant said: “you knew when they were there they were talking to you and asking how you were, you felt like they cared. They were there, there on weekends checking in, asking how people are doing, if we need anything, just stuff like that”. Although leadership cannot always be physically present, the responsiveness of on-call support was also mentioned as an important factor in feeling supported.

When leadership presence was not felt, then some participants perceived a greater separation between leadership and frontline staff: “so I felt like there was a disconnect between the things that they were saying, the things that they were implementing, and in reality, what that looks like on the floor”. Participants also felt that this led to leadership not being aware of the overall morale of frontline staff, which impacted the quality of support provided. Leadership presence on the floor was not helpful when leadership staff portrayed inconsistent expectations or a critical lens. A participant shared:

then you know there would be managers on the floor every once in a while, which is great, but they would tell you the way they wanted to see it, but that's not the way you'd be trained to do it by the level threes. And it just made me feel so incompetent. And I would constantly feel defeated and nervous when there were these management teams around. Because they would want to change things, or want to see you do things differently, and you didn't know what that was yet. So that just felt really hard.

Leadership team presence on the floor provided significant support and value to participants when it was perceived as caring, not critical.

#### ***4.5.2 Positive Recognition***

A common issue discussed was how receiving mostly negative feedback from leadership staff led people to feel like what was going well was not recognized, increased a fearful environment, and made it more difficult for constructive support to be provided. When there was an issue, participants described getting a call, an invitation to meet, or an increased frequency of supervisions so that leadership staff could convey constructive feedback. During this process, participants felt that what went well was not recognized and that in general, positive feedback was not as in-depth as any negative feedback. This led some participants to feel degraded, undervalued, overlooked, or unappreciated. This theme was clearly demonstrated in the participants' own words:

“People won't seek you out to make sure you're doing well. You are only ever sought out if you are doing a bad job, if that makes sense. So, if nobody is talking to you, and you're not getting supervisions, you know you are doing a good job, and I really

don't think that that's how things should be. And so I think we could do a much better job of leading with positivity.”

“You only ever hear the negative things, and that's not just my experience, I know in talking to others it's a similar experience, which is really too bad, cause I think they, me included, have lost employees due to that, feeling undervalued.”

“If a director's name or a management name popped up on my phone, I was like “oh f---, I'm in trouble, something I did wasn't right, they are going to tell me that this isn't good or I didn't handle it the right way”. And I think, that fear isn't—I don't think that's what they want their staff to be feeling. I think it should be like “wow, it sounds like a really rough night, I just wanted to check in, do you need anything, is there anything you wanted to talk about, okay well maybe before your next shift, come in 30 minutes early, let's talk about how the event went, what I think we could do differently” just really having the support I think would have been great.”

It is important to note that one participant shared that in a recent staff meeting, the leadership team had discussed how “sometimes those mistakes are actually a part of the growth” and a desire to have more “of a thoughtful, a more processed conversation” and “trying to create openness in the culture to have more feedback that's not going to be stressing us for the whole night, right?”. So it is likely that PTP is already aware of this issue and is taking steps to reduce fear around feedback and provide it more holistically. This is especially important since some participants shared how positive recognition can help to “build resilience in yourself”.

#### ***4.5.3 Supervision and Training***

Spaces to receive support from the leadership team ‘off the floor’ were also very important to participants, as these created opportunities for more in-depth conversations. Participants described valuing a combination of regular supervisions, ongoing training and professional development, opportunities to seek out additional support when needed, and leadership staff proactively checking in on staff. Participants described how the quality and frequency of supervision varied based on the particular supervisor and changing program demands. Representing the range of experiences expressed, one participant described the significant personal growth they had experienced through supervisions and the example of leadership staff, whereas another participant said “ then the supervisor I had at the end is this huge part of why I left. Just cause I didn’t feel like I was getting support”. Further research could explore the specific purposes supervision served or what ‘support’ meant to participants. One participant mentioned the importance of the tangible support their supervisor provided for flexible scheduling: “And they’ve always been super accommodating and so, I guess that would create resiliency in the fact that I want to keep coming back, and I stay here, and I’m positive, and I enjoy the work that I do. And so I think that is a huge piece, right?”.

Training was discussed both in terms of internal and external professional development opportunities, as well as ongoing job-specific training and feedback provided by Level 3s (CYCCs who are in a trainer role). Similar to supervisions, job specific training was highly valued, but the quality and frequency of this training varied greatly. One participant described appreciating how Level 3 trainers provided ongoing feedback to both new and very experienced staff. Others described a lack of training or feeling underequipped for their role. A participant said: “in my own personal experience

with it was once you become a certain level of consistent and reliable as a staff, you get pushed to the back. Because it's like you're not causing problems, you're not requiring a ton of additional training, you're just consistent, and you're a good staff who can work with the hard kids, so you really kind of get the back burner, and training slows down, and you just start to feel not valued anymore". This describes a similar phenomenon to the lack of positive recognition theme. For both training and supervision, participants valued ongoing opportunities to learn, get feedback, and connect with more senior staff.

In terms of internal and external professional development, one participant described how these opportunities were useful for career development and made them feel valued: "It just makes it feel like you are valued and your growth and professional development is valued". Another described how it encourages a growth-based mindset: "but I do think that one of the things that I appreciate is sort of the focus on a lot of ongoing development and staff training... it helps kind of instill that growth-based mindset that we're trying to encourage for kids on ourselves as counsellors and as professionals as well". In these ways, professional development opportunities played a role in supporting staff and developing organizational culture.

#### ***4.5.4 Relationship with Co-workers***

Team and co-worker support was also brought up as an element of a supportive organization. Participants described appreciating having a good relationship with their co-workers, enjoying a sense of community, and liking the people they worked with. To help develop these relationships, some participants valued opportunities such as staff days to bond and get to know each other. Co-worker relationships could be significant sources of support: participants described the importance of sharing experiences or

“venting” with people who understand the job and you can relate to and debriefing with co-workers at the end of the shift. One participant described how great having “comradery with the team” felt and appreciating the informal support coworkers offered each other: “going through these hard situations, and going home and texting each other and being like ‘I hope you’re okay, hope you’re taking time to yourself tonight’ or ‘if you need anything, just call me, I’m happy to chat through it with you’ and having those relationships that come from these really awful situations together or these really hard days”. This support was so important that not having it could significantly affect someone’s experience at PTP, as described by another participant: “honestly it got way harder once a lot of the people who I felt were my friends at work—not that I needed to hang out, but it just felt like there’s a sense of community there too. So it was really hard once that—I felt like that left. ... So I just started to feel like I didn’t have that connection with the other people and it was a lot harder to do after that”. The challenges of navigating ‘divides’ in the frontline staff team, specifically between weekend and weekday staff members, were also briefly brought up. On the whole, participants placed significant value on the support of their co-workers, so it was important for the organization to provide spaces and opportunities to cultivate these relationships.

#### **4.6 Barriers to Organizational Support**

Overall, the participants conveyed in the interviews that Hull and PTP know how to provide good support but are not always able to do so. Participants shared: “it just shows how much if they could adhere to those things that they had set out, we’d be great. We’d be awesome” and “I think Hull as an organization they know how to do it, I think it was bad timing”. These observations were in line with the inconsistency of supervision,

training, and leadership presence described in the supportive organization themes. A variety of situational and long-term barriers were discussed that impacted the provision of organizational support.

#### ***4.6.1 Systemic Barriers***

Systemic or long-term barriers related to the nature of the job and connected systems. Busy, demanding, and highly structured shifts were described as making it difficult to find time to debrief at the end of the shift or to seek out support when needed. One participant said: “at PTP, there is so much structure and time constraints for everything. Everything feels like it has a time limit. So I just feel like in other jobs, it is easier to go find that help. Whereas when you’re at Hull, you either are coming in early, and spending your free time asking for help or talking about those things. Whereas in most jobs, there’s just time to do that”. Another participant spoke about how leadership staff also have highly demanding jobs that make it difficult for them to provide consistent support and suggested a position dedicated to staff wellness. Other long-term barriers brought up by individual participants include low pay stemming from a systemic undervaluing of helping professions, guilt and anxiety around taking needed sick days due to the impact on co-workers, and the difficulty of seeing the child welfare system fail to meet the children’s needs.

#### ***4.6.2 Situational Barriers***

Participants described a stretch of time recently in which there were significant heightened strains on the program due to especially high turnover, the stress and higher demands of frontline work during the COVID-19 pandemic, and starting a new, closely related program that took away or split the time of experienced staff members. These



challenges and staffing changes, some of which were outside of Hull's control, led to less support being provided to frontline staff. Participants shared: "I think it was really a lot of situational, and who is coming in and who is going out at the time that I was there. But there was a disconnect" and "over that time where we lost so many people, like so many people, and there was such a high turnover, the presence just felt it was not there".

Although I cannot draw comparative conclusions from a small sample size, this difficult time appeared to have a higher negative impact on less experienced staff. It is possible that staff who had been at the organization longer relied less on ongoing support and training or had greater confidence that things would improve again based on their previous experiences.

These situational challenges may have already begun to resolve as Covid-19 restrictions lessened and program and staffing changes stabilized. One participant described a brief time of experiencing less support from Level 3 trainers but said that currently they "think that we are really in a good space right now at PTP". This participant also shared about PTP's ability to "bring it back" and improve:

We always do check-ins and we always try to bring it back in, of being like okay, we are seeing that the morale is a little bit low here, what can we do to bring it back up, and how can we support the staff so they can feel more heard and taken care of. And so I think that that's what makes PTP so special is because even when it's bad, or it's gotten a little worse over time, even during covid it was a little bit worse, that's what we thrive on. Bringing it back, having the openness to having those conversations of people are feeling this way, and what are we going to do about it? What are the actions we are actually going to take, so they actually

will result in having things done for us so that we do feel supported. And then it's up to us as a team, it puts it back on them, puts it back on us that we need to also take action together to make it better. So that's really cool.

This quotation also highlights the active agency that staff can play in creating a supportive organization and work environment. Participants appreciated the opportunities they had to suggest changes or bring forward concerns. One participant also shared that there is only so much the organization can do, and staff need to take on personal responsibility to care for themselves as well. When situational factors converge as described, it appears that they can exacerbate long-term barriers and also create opportunities to adapt and grow as an organization.

## **Chapter 5: Discussion**

In this section, I will examine each research question by discussing the findings in relation to the literature. Furthermore, I will share my overall conclusions of this research, reflect on the research process, discuss implications for social work practice, share limitations of the study, and share pathways for further research.

### **5.1 RQ 1: How do Child and Youth Care Counsellors experience and understand vicarious resilience?**

The findings of growth experienced by participants best answers the first research question, how do CYCCs experience and understand vicarious resilience? I will discuss each theme of growth presented in the findings, adding further analysis and connection to literature.

#### ***5.1.1 Trauma and Violence-Informed Perspective***

Participants described how they developed an increased appreciation of the intergenerational effects of trauma, a greater understanding of the etiological factors that shape behaviour, and an enhanced awareness of their own power, privilege, and social location. I chose to describe this domain of growth using the terminology of a ‘trauma and violence informed perspective’ due to the consistencies between the perspective shift described by participants and the principles of trauma and violence informed (TVI) care, practice, or approaches. TVI approaches are universal approaches to providing care that are sensitive to the impact of trauma and promote safety, trust, collaboration, choice, and empowerment (Levenson, 2017; Wathen et al., 2023). The language of TVI represents a shift from trauma-informed care by incorporating an increased emphasis on systemic and structural violence and inequality (Ross et al., 2023). In particular, the TVI principle of

“understand[ing] structural and interpersonal experiences of trauma and violence and their impacts on peoples’ lives and behaviors” (Wathen et al., 2023, p. 262) is relevant to this domain of growth.

The growth of a TVI perspective is aligned with the current conceptualization of VR in which one of the main themes of growth is “increased racial, cultural, and structural consciousness, and awareness of relative privilege, marginalization, and oppression” (Hernández-Wolfe, 2014, p. 9). Similar growth was seen in participants’ articulation of how their awareness of their own privilege, especially their childhood as a privilege, increased through their work with the children. My findings are also very similar to Acevdeo and Hernández Wolfe (2014) finding that teachers developed an increased appreciation for trauma and challenges experienced by their students, impacting their ability to understand and respond well to the children. VR literature has specifically explored and highlighted how power, privilege, intersectionality, and awareness of equity impacts therapists’ approach to their work as well as their experiences of VR (Hernández-Wolfe, 2014). This may be influenced by how VR grew inductively out of interviews with therapists working with survivors of socio-political violence (Hernández et al., 2007; Engstrom et al., 2008; Edelkott et al., 2016), a context that lends itself to the exploration of the connections between social structures and violence.

The development of a TVI perspective in CYCCs in this research is not surprising given that PTP specifically describes itself as a trauma-informed program and uses the Neurosequential Model as a framework for practice and training staff (Hull Services, n.d.). The Neurosequential Model helps staff and the organization as a whole to consider

how past experiences of developmental trauma could be impacting behaviours (Perry, 2009). Only one participant directly referenced the Neurosequential Model so further exploration would be needed to understand how this model of training and practice influences how CYCCs process their experiences at work and understand a TVI perspective.

Previous research supports the importance of a trauma (and violence) informed<sup>2</sup> approach to Child and Youth Care. Given the significant difficulty of managing challenging behaviours without retraumatized or triggering youth, Hodgdon et al. (2013) discuss the importance of trauma-informed treatment frameworks that can be flexibly integrated into the everyday milieu of campus-based treatment programs (like PTP) and taught to all staff including frontline CYCCs. Zelechowski et al. (2013) also emphasize the importance of trauma-informed staff training that addresses the nature of trauma, educates about possible VT, and emphasizes the critical role that front-line staff play in children's treatment and healing. Research has begun to demonstrate the clinical utility of a variety of trauma-informed treatment approaches appropriate for children such as the Neurosequential Model, the Attachment, Regulation and Competency (ARC) framework, and others (Hambrick et al., 2018; Hodgdon et al., 2013; Zelechowski et al., 2013). The findings of my research point towards the possibility that the integration of a TVI approach to practice and training could also impact the VR that staff experience, cultivating increased compassion and perspective that positively impacts staffs' personal and professional lives.

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<sup>2</sup> I have chosen to use the language of 'trauma and violence-informed' to emphasis systemic violence, but the terminology of 'trauma-informed' is more common in literature about therapeutic work with children.

### ***5.1.2 Relational Engagement***

In the theme of relational engagement, participants described experiencing growth related to a push and pull between connection and boundaries as they fostered strong relationships with the children while also maintaining a professionally appropriate and protective level of detachment. The finding of CYCCs experiencing increased relational skills to connect and empathize with clients is consistent with VR literature. VR theory has a strong emphasis on relationality and VR is understood to develop through empathy and the reciprocal connection between helping professional and client (Hernández-Wofle et al., 2014; Engstrom et al. 2008). In both my research and Acevedo and Hernández-Wofle's (2014; 2020) studies of VR in teachers and community child-care providers, carers were seen to have expanded their relational skills such as patience, showing understanding, and using a strengths-based lens. This increased their ability to create strong relationships with the children they worked with (Acevedo and Hernández-Wolfe, 2014; 2020).

CYCC's adoption of an increased strengths-based lens is also supported by the positive feedback loop proposed by Silveira and Boyer (2015), which describes how using a resiliency model helped counsellors to be intentionally aware of clients' strengths. This perspective then strengthened their optimism and professional confidence and also helped support further resilience in their clients (Silveira & Boyer, 2015). Similarly, Edelkott et al. (2016) found that "therapists employing a strengths-based approach seem to be affected more by vicarious resilience" (p. 713) and that therapists developed a "new or renewed confidence in a strengths-based approach" (p. 720).

In terms of relational boundaries and appropriate detachment, participants discussed an increased ability to tolerate difficult material such as trauma stories or intense emotions. This is directly connected to VR literature; an “increased capacity for remaining present while listening to trauma narratives” (Killian et al., 2017, p. 25) is theorized to be a key dimension of VR and is included as a subscale on the VRS. Killian et al. (2017) explain that directing attention to strengths and resilience can increase therapists’ ability to stay present. Although there are many similarities, participants in my research discussed how this capacity to stay present is somewhat different in their context of child and youth care because CYCCs do not engage in direct trauma therapy and may not hear many trauma narratives directly from the children. There were still many ways that CYCCs encountered challenging trauma stories or emotions, such as through the children’s behaviours or indirectly through reading the children’s files. Participants often described the ability to stay present as using relational skills to help move the children through the emotions being experienced in a constructive manner. In this way, the element of VR focused on the capacity for staying present with trauma narratives was found to be relevant to CYCCs with some nuanced differences.

Another way that participants in this study kept emotional boundaries was by holding reasonable expectations of change for the children. This could be understood as what Weingarten (2010) describes as “reasonable hope”, which “suggests something both sensible and moderate, directing our attention to what is within reach more than what may be desired but unattainable” (p. 7). Reasonable hope is relational, can hold space for despair, and emphasizes practically working towards realistic goals (Weingarten, 2010). In this study, participants exhibited reasonable hope by discussing how they found

meaning in working towards attainable goals such as keeping the children safe or creating some good memories for them. This is aligned with developing a strengths-based lens, as participants were able to see the strengths and resilience in the children without expecting the complete eradication of challenges. Reasonable hope could also be connected to the development of a TVI perspective because having a greater understanding of the impacts of trauma and ongoing systemic failures on the children could help CYCCs to see hidden resilience and work towards reasonable goals that take into account the context of the children's lives. I view this as a pathway to connecting with the children without becoming emotionally invested in an unsustainable manner.

The push and pull between connection and boundaries found in my research has also been observed in a similar setting: Price et al. (2018) describe how the milieu at a therapeutic live-in school was developed through "a requirement that staff place themselves empathically within the children's own emotional and relational field, whilst still maintaining a reflective, observing distance" (p. 404). This idea is further supported by the concept of 'detached concern', an emotional regulation strategy in which helping professionals engage in a dynamic process of balancing sympathy and compassion for clients with emotional distance (Lampert & Unterrainer, 2017). Lampert and Unterrainer's (2017) research found that helping professionals with a 'balanced' detached concern type, characterized by high concern and high detachment, had lower burnout levels, higher positive feelings of competence at work, and exhibited the best overall mental wellness compared to other detached concern types. Employing what Hayward and Tuckey (2011) call 'emotional boundary management' to effectively control and utilize emotional distance and connection in professional helping relationships aligns



closely with what a participant shared about carefully balancing relational engagement: “you need to have enough of a personal connection to see the individuals you are working with as individuals but you need to have enough distance to be able to not take their backslides and their negative behaviours personally and take that stuff home with you”.

To my knowledge, balancing connection and boundaries in professional relationships has not been specifically discussed as an aspect of VR. In research on emotional regulation in nurses, Hayward and Tuckey (2011) discuss how emotional management can be a part of helping professionals’ growth as they develop “an inherent belief that the powerful emotions that they may initially feel (e.g. sense of tragedy or despair) holds the potential to evolve into emotions that nurture their sense of competence and belief in their self-efficacy, particularly when reflecting on the experience” (p. 1518). This quote supports a possible connection between emotional boundary management and VR, demonstrating how an ability to balance connection and detachment can support growth and transformation through reflection. There are also discussions in the literature about how empathetic engagement can lead to both VR/VPTG and/or VT (Pack, 2014; Cohn and Collens, 2013). Brockhouse et al. (2011) propose that this is because empathy reduces the distance between therapist and client, leading to a schema accommodation process that may be positive or negative. The multi-faceted impacts of empathetic engagement points towards the need to find ways to empathize while also protecting the self. The concepts of emotional boundary management or balanced detached concern present a pathway to do so. Growing in an

ability to effectively manage relational engagement represents a new and meaningful contribution to the understanding of VR.

### ***5.1.3 Toolbox of Skills***

In the theme of developing a toolbox of skills, participants described how they acquired increased skills to support themselves or others, especially self-care and regulating skills. Often these skills were developed through the act of teaching or role-modelling skills to the children. Similarly, in Silveira and Boyer's (2015) research on VR in counsellors of child and youth victims of interpersonal trauma, they found that "most of the reported changes in personal relationships were related to incorporating into their own lives what the counsellors taught and/ or encouraged in clients during treatment" (p. 521). The field of education supports the idea that teaching is an effective way to bolster your own learning, although the underlying mechanisms for this phenomenon are difficult to determine (Fiorella & Mayer, 2013; Koh et al., 2018). In this research, CYCCs described how teaching skills motivated them to draw more conscious attention to similar areas in their own lives or that the skills became so ingrained that they began to use them themselves.

Self-care came up in the interviews because it was an aspect of VR that was included in the VRS. Despite inclusion in the VRS, few articles about VR discuss a change or increase in self-care practices as a finding, and the main rationale for the inclusion of self-care in the VRS is the importance of self-care for the well-being of therapists (Killian et al., 2017; Hernández-Wofle, 2018). The primary article that does discuss self-care is Edelkott et al. (2016), in which "modified thoughts about self-care" (p. 718) was included as one of four main themes while exploring experiences of VR in a

sample of therapists. There was still great diversity in how therapists in Edelkott et al.'s (2016) study experienced changes in regards to self-care – some “therapists actively learned from their clients by incorporating new ideas into their practices and their own lives” (p. 718) whereas many therapists did not experience a significant change in their self-care practices because they already had strong self-care practices or they did not have space in their lives to practice self-care. In my findings, some participants learned self-care practices through teaching the children, whereas others found that the challenging nature of the job forced them to develop new self-care practices or draw more heavily on their already established resources.

The organizational factors that hinder and/or promote VR are highly related to this discussion of self-care. Although workers do have a responsibility to know their own needs and seek out the support they need, the concept of self-care can be problematic when it is used to individualize preventing burnout and the conversation is limited to band-aid fixes (i.e bubble baths). Instead, shifting the conversation to community care helps to focus on building true sustainability, addressing organizational and systemic issues, collectively caring for each other, and cultivating more supportive work environments (Padamesee, 2018). Padamesee (2018) writes that self-care is “a necessary and important individual daily practice- but to truly seek... healing for our communities, we need to interrupt and transform systems on a broader level” (para. 4). Supporting the relevance of community and organizational factors, Hernández et al. (2010) discuss how changes to therapists’ self-care is highly related to the training and supervision they receive. Given that some participants discussed how their capacity for self-care increased due to the high stress nature of the job, it would be significant to further explore when an

increase in self-care is a sign of VR and when it is instead pointing to the need for increased organizational and community care.

Participants' increase in skill regarding managing their own emotions and supporting others to use emotional regulation strategies speaks to the specific environment of PTP that participants were working in. The concept of 'bottom-up regulating', as understood through the Neurosequential Model and supported through a wide range of 'up' or 'down' regulating activities, is frequently taught and practiced at PTP. Bottom-up regulation uses pattern repetitive sensory activities to promote self-regulation before engaging relational and reasoning processes, mirroring how the brain develops (Perry & Hambrick, 2008). Sensory tools and emotional regulation strategies are supported in a variety of frameworks as effective therapeutic interventions for children who have experienced developmental trauma (Hodgdon et al., 2013; Zelechowski et al., 2013). The findings suggest that participants found these therapeutic tools valuable because CYCCs appreciated being more skilled in this area and sometimes applied these strategies to their own lives. This has some similarities to Engstrom et al.'s (2008) finding that one aspect of VR was therapists' reaffirmation of the value of therapeutic work. The development of professional skills that also had a personal impact mirrors the growth seen in trauma therapists in Coleman et al.'s (2021) research. The skill-based focus of this theme reflects the hands-on, engaging nature of frontline work with children.

#### ***5.1.4 Hope and Inspiration from Clients***

In the final theme of growth, participants derived significant hope and inspiration from the children they worked with. They showed admiration for the children's strengths

and resilience and described how witnessing and being a part of the children's growth was meaningful. The finding of receiving hope and inspiration from clients is frequently discussed in VR literature. The title of this theme is drawn from Killian et al. (2017), who include "client-inspired hope" (p. 24) as a dimension of VR and a sub-scale of the VRS, and Hernández-Wolfe et al. (2014), who list "increased hopefulness and client-based inspiration" (p. 9) as a VR theme.

In my viewpoint, some of the other themes of growth in this research lay the groundwork for participants' experience of hope and inspiration. A TVI perspective, especially understanding how the challenges and trauma the children have faced continue to affect their behaviours and capacity, may increase the ability to notice and celebrate small wins that are hopeful and inspiring. Within the theme of relational engagement, an increased ability to connect using relational skills and a strengths-based perspective could similarly help participants to see and feel engaged in the children's growth.

This theme is unique from the other themes of growth in that it specifically positions the children themselves as teachers. As one participant said: "let's just change our mindset and think about all the great things that these kids are teaching us. Because they are, every day, right?". This is different from the theme of developing an increased toolbox of skills, in which participants frequently learned through teaching and role modelling for the children. Centring the children as teachers emphasizes the reciprocal nature of therapeutic relationships. Reciprocity is described as a key concept underpinning VR and other ways helping professionals are positively impacted by their work (Acevedo & Hernández-Wolfe, 2014; Hernández et al., 2010; Kottler & Hunter, 2010). Hernández et al. (2010) write: "reciprocity opens up the possibility of

appreciating, attending to, and making meaning out of the process whereby therapists themselves may heal, learn, and change with clients.” (p. 74).

Another aspect of hope and inspiration was connected to viewing spirituality as a potential tool for healing. All participants commented on the sub-scale in the VRS about “increased recognition of clients’ spirituality as a therapeutic resource” (Killian et al., 2017) and described how their own spirituality did not change through their work, but that they got to see how significant and helpful spiritual or religious practices could be for the children. In this way, the children inspired them to be more open to seeing spirituality as a therapeutic resource. Edelkott et al. (2006) describe participants experiencing alterations in their spiritual beliefs due to interacting with clients’ resilience. This was not true in my findings – participants were clear that their personal engagement with spiritual beliefs or practices did not change. Rather my findings are aligned with Hernández et al. (2007) and Edelkott et al.’s (2016) description of therapists coming to see spirituality as an aspect of resilience or healing for their clients, regardless of their own beliefs. This often led to changes in therapists’ approach to trauma work (Hernández et al., 2007; Edelkott et al., 2016).

This theme speaks to a broad hope that change is possible, as differentiated from the more individually focused reasonable hope discussed in the theme of relational engagement. Participants spoke to the meaningfulness of being involved in early intervention, and how it can be easier to see hopeful growth in children. Other literature focused on people working with children also conveys a similar sense of hope. In research on community mothers, Acevedo and Hernández-Wolfe (2020) write: “the women spoke about how hope emerged in their work as they became open to be

influenced by the children's joy, creativity, honesty, and ability to forgive and forget" (p. 374). Silveira and Boyer (2015) describe how children's counsellors experienced a sense of hope, optimism, joy and reward that was connected to knowing working with young clients could have significant positive outcomes later in their lives. It would be interesting to explore if this hope also extends to seeing possibilities for change in the broader world and cycle of violence. Participants did not explicitly make this connection, but I wonder if the broad sense of hope conveyed in this theme could help to balance out the challenge of seeing and interacting with systemic issues and intergenerational trauma on a daily basis.

#### ***5.1.5 Summary and Conclusion about Research Question***

CYCCs in this study experienced growth in four domains: developing a TVI perspective, growing in relational engagement, increasing their toolbox of skills, and gathering hope and inspiration from the children they work with. These themes give insight into how CYCCs experience VR at PTP. Given the close connection between these domains of growth and VR literature, I conclude that participants did experience VR and that the current conceptualization of VR is relevant to their context. This points towards the potential relevance of VR for CYCCs more generally.

Both VR literature and the four themes of growth found in this research describe how helping professionals can experience positive benefits or transformation through their work and interaction with clients. There was great consistency between previous research and this study in the description of helping professionals developing an awareness of power and privilege, increasing relational skills, seeing spirituality as a therapeutic resource, and experiencing hope and inspiration. Some differences were noted

compared to past research, such as developing skills to support self and others in emotional regulation and not experiencing a change in spiritual beliefs. These differences may be indicative of the different context and professional role of CYCCs. The finding of emotional engagement (a push and pull between connection and boundaries) as an aspect of how participants experienced VR is to my knowledge unique within VR research and potentially represents a new contribution to understanding VR.

The themes of growth discussed in this section primarily answer how CYCCs experience VR. Examining how participants articulated their growth processes contributes to exploring how they understand VR. Participants were able to easily understand the concept of VR based on their understanding of VT and how other people and emotions can have a vicarious influence. They articulated that the VRS helped them to think through facets of VR that they may not have recognized otherwise. Complexities around understanding VR were discussed by participants, including the difficulties of measuring growth and pinpointing its source, as well as whether witnessing resilience is necessary for VR. These complexities are further examined in section 5.3 and contribute to answering the question of how participants understand VR.

## **5.2 RQ 2: What factors, including personal and organizational, contribute to and/or hinder the development of vicarious resilience?**

The second research question was focused on what factors, including personal and organizational, contribute to and/or hinder the development of vicarious resilience. This question is answered by the findings that consider growth in context, namely reflective practice, aspects of a supportive organization, and barriers acting on the organization. In this section, I will explore how these themes relate to each other and previous research.



This study does not suppose to have touched on all potential factors that could influence VR. I primarily focused on how organizational factors may influence VR so as to not overly individualize the experience of VR.

### ***5.2.1 Reflective Practice***

Reflective practices were found to mediate the growth that participants experienced. Reflection occurred either individually, informally with co-workers, or formally in organization supported spaces. Participants described how reflective practices held potential to help them notice the positive impact of their work and the ways that they are growing through interaction with the children. This is supported by some discussions in the VR literature describing the importance of reflection to develop, strengthen, or notice VR. Hernández et al. (2007) describe how VR can be strengthened by "bringing conscious attention to it" (p. 237). Tassie (2015) proposes that VR is not simply a natural occurrence in helping work, but rather requires an ongoing reflective stance. Similarly, Engstrom et al. (2008) explain that "through a process of introspection, clinicians apply lessons of client resilience to their own lives, which allows them to reframe and better cope with personal difficulties and troubles." (p. 19).

Although the importance of reflection is widely discussed, there remains little clarity and much debate on what reflection actually is and how it works (Clara, 2015; Ixer, 2011). Seeking to clarify the notion, Clara (2015) argues that reflection is descriptive (not prescriptive), and "refers to the thinking process engaged in giving coherence to an initially unclear situation" (p. 261). Similarly, Price and Devenci (2022) describe how reflection is comprised of "a critical thought process seeking to go beyond the taken-for granted" combined with "knowledge of the self" (p. 228). Reflection may

change how we act (reflection-in-action) or give us coherence or comprehension (reflection-on-action) (Clara, 2015). There is also opportunity for reflection to play a role in creating action towards personal and community empowerment (Cadell et al., 2001). Cadell et al. (2001), drawing on Freire's (1970) concept of conscientization, write: "the goal of critical thinking is to move beyond perception towards personal and social action" (p. 12). Price et al. (2008) also say that: "reflection is therapeutic work, rather than simply musing" (p. 401). In these definitions, we see reflection as a thought process that results in meaningful new understandings or makes sense of the previously incomprehensible, while also holding potential to influence action.

Considering the idea of reflection as creating coherence, I propose that reflection could serve as a way for CYCCs to make meaning out of chaos. It is possible that reflection leading to VR is a protective mechanism that helps CYCCs to find explanation and meaning while working in an environment that often faces darkness, systemic oppression, and forces beyond CYCCs' control. Tedeschi and Calhoun (2004) describe how PTG involves a process of reordering cognitive schemas and is "likely to involve a powerful combination of demand for emotional relief and cognitive clarity, that is achieved through construction of higher order schemas that allow for appreciation of paradox" (p. 15). Perhaps VR is also connected to a need to seek relief and clarity through creating a more expansive understanding of the world. This is aligned with a participant's description of how reflection can make even very challenging experiences an opportunity to build capacity. The domains of growth participants described experiencing include elements of making sense of the difficult realities they face at work – understanding the impacts of trauma, growing in relational skills that also protect

themselves, applying tangible skills that help to manage difficult situations, and looking for meaning, hope, and inspiration.

Another possible (and connected) explanation for the function of reflection is that it helps people to pay attention and change their focus towards VR. Participants shared that the concept of VR, although new to them, could be useful as a goal, inspiration, or tool for reflection. They also thought that part of the value of VR was providing language since it is easier to draw attention to and talk about a named phenomenon. One participant said: “It’s easier to be aware of all the negative things. You don’t necessarily focus on the positive parts of it other than like “yeah, I learned a lot!” but it’s nice to break it down”. Weingarten (2010) discusses that vicarious hope, like VR, “arises when we allow ourselves to be influenced by the hope that others express and to join in on the actions that they take” (p. 21). I appreciate this language, and I think that VR has potential to draw attention to the ways that we can ‘allow ourselves’ to be influenced by resilience. I see reflection as part of the way that we allow this to happen, involving a process of paying attention to and drawing focus onto resilience, hope, or joy.

Reflection can be an individual process; some participants spoke to the importance of self-awareness and taking personal responsibility for reflection. Participants also described how reflection can be intentionally supported by others. Their experiences of growth and general positivity at work were greatly supported by debriefing with peers, having regular supervisions, and enjoying a sense of community at work. Similarly, Pack (2014) discusses how therapists’ reflective processes and search for meaning were helped by personal and professional relationships and individual and group supervision, ultimately leading to positive changes consistent with VR. Price et al.

(2018; 2020) emphasize the importance of ongoing reflective spaces for both frontline and leaderships staff working in a live-in therapeutic program for children. Recognizing the intense emotions child and youth work can bring up, they write: “as with the children, if staff can be helped, over time, to share these experiences and be heartened by witnessing others doing so, the reflective spaces provide an important place for therapeutic working through, allowing for personal growth.” (Price et al., 2018, p. 400).

Training is one way that an organization can support reflection and help to develop an understanding of the language of VR. A participant explained that training at PTP was focused on the children and their trauma, but that it could be useful to also have trainings discussing CYCC’s experience. This participant said: “I think we can definitely be more intentional of learning that new language and helping us to understand where are these feelings coming from” (3). VR literature often discusses the potential benefits of incorporating VR into teaching and professional development. Attending to VR in training can potentially support helping professionals in addressing the complex positive and negative aspects of their work, considering the reciprocal aspects of their relationships with clients, preventing burnout, and promoting reasonable hope (Hernández et al., 2010; Hernández-Wolfe et al., 2014; Hernández-Wolfe, 2018). Silveira and Boyer (2015) describe how incorporating VR into training and professional discussions can support counsellors in reframing thinking, finding positive meaning and fulfilment in their work, and counteracting helplessness. They go on to describe how introducing the vocabulary of VR can contribute to a “more inclusive view of trauma work” (Silveira and Boyer, 2015, p. 523). The role of the organization in supporting reflective practice that mediates VR will be further discussed in the next sections.

Reflective practices may mediate VR by helping CYCCs to pay attention to and be curious about the potential positive impact of their work and relationship with the children. Reflection may also influence VR by enabling CYCCs to make sense of challenging situations or complex emotions, potentially influencing future action. Both individual and collective reflective processes are important. Integrating the language of VR into reflective spaces may support people in noticing and being open to ways that they are affected by resilience.

### ***5.2.2 A Supportive Organization***

Understanding reflection as making sense out of previously incomprehensible, there is a certain level of time, space, and psychological safety needed to be able to engage in reflective processes (Ixer, 2010). Cadell et al. (2001) write that: “community is more than a buffer or protective mechanism to risk factors; it is an evolving, reflexive and fluid entity that acts as its own agent in fostering resilience and empowerment.” (p. 13). Viewing PTP as a community, this quote leads us to draw our attention to the ways the organizational structures can support the time and safety needed for reflection and dynamically foster resilience. Kahn (1993) explores the complex patterns of caregiving within human service organizations in which helping professionals care for clients and also give and receive caregiving from their organization and co-workers. I will use Kahn’s (1993) eight behavioural dimensions of caregiving to elaborate on the four themes characterizing a supportive organization that my analysis identified.

### ***5.2.3 Caring and present leadership***

One element of a supportive organization discussed by some participants was the importance of leadership presence on the floor. When leadership staff were present in

ways that demonstrated care, rather than critique, this helped to connect the staff team as a whole and showed frontline staff that they are valued. Implicit in this discussion is a desire from frontline staff for the leadership team to understand the realities on the floor; leadership presence provides a communication forum for frontline staffs' voice to be heard. This is connected to the caregiving dimension of 'attention', in which caring presence is a way for leadership staff to attend to and communicate their interest in frontline staffs' experience (Kahn, 1993). This could also enable the caregiving dimension of 'empathy' since being directly on the floor gives leadership staff the opportunity to temporarily experience the daily realities of frontline staff (Kahn, 1993). It was very negatively perceived by participants when they felt that leadership staff did not have a good sense of staff morale or what was happening on the frontlines. Being present can also enable leadership staff to be able to offer tangible support such as insight or suggestions (another of Kahn's (1993) dimensions of caregiving), though participants were clear that this was only useful if not coming from a critical lens.

#### ***5.3.4 Positive Recognition***

Another element of a supportive organization shared by participants was around positive recognition. The recognition that staff receive has powerful impacts. Karabanow (1999) describes how public praise can contribute to creating a uniform mentality amongst staff, building a specific organizational culture, and even telling staff how to feel. Participants in my research described the significant challenges they experienced due to receiving mostly negative feedback from leadership staff or positive feedback not being given with the same depth or attention. Positive recognition is closely related to the caregiving dimension of 'validation', which is about communicating "positive regard,

respect, and appreciation to other” which has the impact of communicating to others “the sense of being valued and valuable” (Kahn 1993, p. 546). This supports CYCCs’ experience of feeling undervalued when they lacked positive recognition or validation. Some participants also described how the lack of positive recognition led to feeling fearful. This could be related to an absence of psychological safety, defined as “a shared belief held by members of a team that the team is safe for interpersonal risk taking” (Edmondson, 1999, p. 350). Psychological safety in a work environment can be fostered partially by supportive leadership behaviours and helps staff to feel safe to share ideas, take risks, work together, innovate, and ask for feedback (Newman et al., 2017). One participant did share that PTP is actively working to create an environment that has more allowance for mistakes and encourages learning through them. Part of a supportive organization is using positive recognition to foster an environment of safety, validation, and feeling valued.

### ***5.2.5 Supervision and Training***

Opportunities to regularly engage in supervisions and participate in ongoing training and professional development was another important aspect of a supportive organization as described by participants. This encompassed opportunities to learn, receive constructive feedback, and have in-depth conversations with more senior staff. Some participants described how the organization’s willingness to invest in their professional development demonstrated to them that they were valued. This is supported by Price et al.’s (2018) finding that frontline staff felt that a training program offered to them concretely showed that they were valued by the organization. Confirming the importance of providing quality training, Zelechowski et al. (2013) emphasize how training

for staff working with children who have experienced developmental trauma is a vital opportunity to teach about TVI approaches and self-care, convey the direct and important role frontline staff play in therapeutic work, and provide a culture of support.

Participants discussed the value of regular supervisions as well as the importance of leadership staff checking-in on CYCCs and CYCCs being able to easily seek out additional support when needed. This is connected to the caregiving dimension of ‘accessibility’ (staff could access caregiving with relative ease), ‘inquiry’ (staffs’ experience and needs are probed and acknowledged), and ‘consistency’ (staff could trust that their needs will be met) (Kahn, 1993). The ability to consistently access or be offered support opens the doors for other dimensions of caregiving such as ‘compassion’ to be conveyed (Kahn, 1993). The combination of training and informal and formal supervisions can bolster CYCC’s sense of value and being supported, and can potentially be used as spaces to intentionally reflect on VR.

#### ***5.2.6 Relationship with Co-Workers***

The final element of a supportive organization found in this research was team and co-worker support, described as having a positive, enjoyable, and supportive relationship with co-workers. Sometimes co-worker supports develop to offset a lack of caregiving provided by leadership staff (Kahn, 1993), but in this case participants appeared to discuss co-worker relationships in a positive manner that contributed to a supportive organization and supplemented the support provided by leadership staff. Co-worker relationships were described as providing unique support based on the common experiences and lack of power differential between CYCCs: they could provide more consistent informal debriefing at the end of shifts, check in on each other outside of work



via text message, and process or vent about their shared experiences. Given the importance of these relationships, some participants further discussed appreciating when the organization intentionally created opportunities for CYCCs to better get to know each other.

In writing on PTG, Tedeschi and Calhoun (2004) explain that processing traumatic experiences in a way that may lead to growth is assisted by being able to share these experiences in a supportive social environment. Similarly, Lepore and Revenson (2014) describe how being able to disclose and receive social support leads to resilience. It is possible that this is similar within VR and that regular opportunities to talk about both challenging and positive experiences with co-workers supports processing leading to growth. Pack (2014) also states that increased communication with professional colleagues supports counsellors' "personal and professional growth" (p. 24-25). Developing a sense of community with co-workers appears to be another puzzle piece of a supportive organization that possibly mediates VR.

### ***5.2.7 Situational and Systemic Barriers***

Participants shared a variety of barriers that impacted the organization's ability to provide a supportive base for frontline staff. These included situational barriers that added heightened strains to the program (a combination of COVID-19, high turn-over, and staff being involved in starting a new program) and systemic barriers that were long-term and connected to the nature of the job (such as busy and demanding shifts, low pay, difficulty in taking sick days, and child welfare system failures). Barriers such as these are particularly exhausting for CYCCs when there is high awareness but little ability to change them – an aware but disempowered witness position (Weingarten, 2010).

These situational and systemic stresses described by participants are supported by other research. For example, high staff turnover in the field of child and youth care has long been discussed (Connor et al., 2003). A recent report entitled *The Burnout Crisis: A Call to Invest in ECE and Child and Youth Workers* found significant challenges facing Early Childhood Educators and CYCCs including systemic undervaluing of the field, low pay, staffing shortages, high turnover rates, and increased pandemic related stress (Ali et al., 2022). The systemic undervaluing of the field and low pay can be understood through a feminist lens; caring fields such as child and youth work are traditionally viewed as women's work (and remain female-dominated) and hence are underpaid and undervalued in our patriarchal society (Rubery, 2017).

In my analysis, many of the barriers shared by participants could be minimized through increased resource investment in the field. At a time when neoliberalism and related economic restraints are deeply impacting helping professionals' service delivery (Brown et al., 2022), it is important to discuss how funding and economics can impact the well-being and potential VR of frontline workers. Increased funding for staffing positions could put more CYCCs onto each shift. This could minimize stress and impact if someone needs to call in sick, create more opportunities for debriefing, and potentially spread out the load of highly demanding shifts. With more resources, it would also be important to free up more leadership time to dedicate to providing support and supervision to frontline staff. One research participant noted that the demands on leadership staff make it difficult for them to provide quality support and suggested creating an additional leadership position specifically dedicated to supporting staff wellness and giving people short breaks on shifts. Higher wages for CYCCs could help to

demonstrate the organization's valuing of staff and potentially prevent high turnover. Connor et al. (2003) found that salary increases, along with positive performance evaluations and promotions, were significantly correlated to staff retention. Naturally, a larger (and well-paid) staff team does not fix everything and could also lead to new challenges in providing support and encouraging co-worker bonding amongst a larger team. Still, it is worth noting the role that resourcing plays in the barriers described by research participants.

### ***5.2.8 Summary of Research Question***

***Relationality Within Organizations.*** The inclusion of co-worker relationships as an aspect of organizational support demonstrates that a supportive organization is not simply created through the top-down provision of support from leadership staff to their supervisees. Ungar (2013) describes how resilience stems from a combination of individuals navigating towards the support they need and their community being able to provide appropriate resources. Applied to an organizational context, there is a responsibility on the organization to provide quality support and workers also need to have capacity to engage in these supports. This is a dynamic relationship since workers' capacity to navigate towards resources may be impacted by factors like time, energy, and psychological safety which can have significant organizational influences. I do not want to position CYCCs as passive recipients of support, but rather as important players within the relational web that forms an organization. Frontline staff contribute to a supportive organization through the provision of support to their co-workers, as well as voicing their ideas and feedback, and potentially working towards organizational change.

CYCC's desire for voice within the organization was seen in the element of 'caring and present leadership'. CYCCs desired leadership staff to understand the realities of their work and appreciated regular interaction across hierarchy that reduced the divide between leadership and frontline staff. Pack (2014) discusses the importance of counsellors having their voice heard to collaboratively develop policy and practice. This is especially important to avoid replicating the powerlessness often experienced by clients with trauma backgrounds (Pack, 2014). As much as workers' voices can create change and workers do contribute to shaping organizational culture, Karabanow (1999) reminds us that "workers' effectiveness in changing rules and policies is largely contingent on the structure of an organization" (p. 354). In addition to how receptive organizational structures are to change, psychological safety also contributes to the extent to which workers feel able to suggest or work towards change. I would anticipate feedback loops to be relevant to organizational support: well supported staff are likely better able to support others within the organization and have energy to contribute to positive organizational change. In a negative feedback loop, under supported staff may lack the energy to provide support to others and are likely to stop sharing ideas if their voice is not listened to. Viewing organizational support as dynamic, multi-directional interactions mirrors the relationality and reciprocity seen in client-worker relationships and embedded in the concept of VR.

***Matching Principle.*** Well supported staff also generally provide better care to the people they work with. Kahn (1993) says: "the extent to which caregivers are emotionally 'held' within their own organizations is related to their abilities to 'hold' others similarly" (p. 540). Considering how caregivers also need to experience care within their

professional roles, the organization itself can be seen as a therapeutic milieu (Kahn, 1993; Price et al., 2018). This expands the idea of the therapeutic milieu being the environment staff create for the children to also encompass how staff are held and supported within the organization. Price et al. (2018) present Ward and McMahon's (1998) 'matching principle' which says that what is considered good practice for therapeutic work with children should be paralleled in the support and reflective spaces provided for staff. They said that "it is good practice in children's residential group living environments to provide an environment for staff that aims to be as curious, non-judgmental and supportive as that provided for the children" (Price et al., 2018, p.396 paraphrasing the work of Ward & McMahon, 1998, p.1-3). The matching principle is one way to make sense of the dynamic and relational nature of caring organizations like PTP. As CYCCs give of themselves to care for the children well, they also need support and safety within the organization, provided by co-workers, trainers, and leadership staff.

Another way to conceptualize organizational support is through what Lepore and Revenson (2014) call "resilience-promoting environments" (p. 32). Resilience-promoting environments are said to share three qualities: "a) environments that promote physical and mental health; b) environments that promote normative development; and c) environments that promote social cohesion and the development of social capital" (p. 32). These principles invite us to consider what it would take to not only focus on creating an environment that supports the health, development, and community connections of the children, but to truly center these for staff as well. The four facets of organizational support found in this research to mediate reflective practice and VR could be a starting place.

Both the matching principle and the concept of resilience-promoting environments conceptualize staff's need for holistic support that is similar to the support provided to children. It is worth further considering if this is a worthy, albeit lofty, goal, or if it is too much to ask of an organization. One participant said:

I feel like we've got folks sometimes that want to be treated as adults and professionals the same way we are striving to be treating youth and families and well I feel like that is pretty good overall, and that I would love it if the world was more like that, I also personally kind of feel like that's maybe not the world that we live in and I would hope that some of our professionals and safe adults and stuff would be doing a little bit more inward reflection and doing that self-care and taking care of themselves the way they need to without as much expectation that the organization is going to be taking care of them.

This quote suggests that some aspects of support and reflection are the workers' responsibility, and it may be unfair, impossible, or unhealthy to expect the organization to be able to meet all of CYCCs' support needs. Logically, workers and the children should not be provided with the exact same level of care. Child and youth care is a challenging job; this participant goes on to discuss the inherent risks of the job that CYCCs need to be willing to take on. I still think that providing support to staff that mirrors the support provided to the children could be a worthy aspiration goal because it draws into attention how the whole organization is a therapeutic milieu. The structured, supportive, and TVI environment PTP seeks to provide for the children could be enhanced by paying attention to how these same qualities are showing up within staff relationships.

**Conclusions.** The second research question was: *what factors, including personal and organizational, contribute to and/or hinder the development of vicarious resilience?*

Due to the small scope of this research project, it is certainly not possible to say that all potential personal and organizational factors that contribute to and/or hinder VR were explored. This research found that reflective practice, which has both personal and organizational components, mediated the experience of VR. Integrating the concept of VR into individual or communal reflection can bring awareness and language to the positive growth CYCCs may be experiencing. Participants in this research also brought forward a variety of organizational aspects (caring and present leadership, supervision and training, positive recognition, and relationship with co-workers) that begin to paint a picture of what a supportive organization looks like in this context. Situational and systemic barriers were seen to act on the organization, complicating the ability to provide good support. When organizational support is done well, it may help to increase the development of VR, though further research is needed to confirm and elaborate this relationship. Given that VR and VT can coexist, further research could also explore pathways to promoting or hindering VR as differentiated from decreasing or increasing vulnerability to VT. These findings simply point towards some aspects of organizational support that may influence VR. This discussion has also emphasized the relational nature of the organization and expanded the notion of the therapeutic milieu to include the whole staff community.

### **5.3 Contributions to Understanding the Concept of VR**

#### **5.3.1 Relationality**

In many ways, this data speaks a story of relationality, reciprocity, and co-learning. This is not a new or unique finding: Indigenous and Afrocentric approaches to research and social work practice have long emphasized the power of relationships and shown pathways to truly centre a relational worldview (Blackstock, 2011; Martin, 2012; Reviere, 2001; Wilson 2008). In my research relationality was seen through the way participants experienced significant growth through interacting with the children they worked with. They were impacted and changed through a combination of observing the children's struggles, celebrating and often playing a role in their triumphs, learning through teaching and role-modelling, and gleaning new lessons through honouring the children's wisdom and teaching. There is not a unidirectional impact of CYCCs teaching the children, but rather the power of the client is emphasized by presenting the many ways that CYCCs experience growth and perspective shifts through their relationships with the children. There is a flow of emotional impact and learning that runs both ways between clients and helping professionals. The concept of VR can cultivate curiosity around shared learning and help CYCCs to pay attention to ways they are experiencing growth.

Elements of relationality were also seen within the organizational structure while considering how VR may be mediated by reflective practices and a supportive organization. Organizational support was described as being cultivated through caring relationships between leadership staff and CYCCs as well as between co-workers. Reflective practice was often spoken about in community settings such as informal debriefs, staff meetings, and trainings. I agree with Baker's (2021) statement that "we all learn best in community" (para. 7). The community of PTP provides a rich learning



environment for both children and staff to change and grow. The findings of this research affirm and add to the conceptualization of VR as grounded in relationality and reciprocity.

### ***5.3.2 Witnessing Resilience***

My research findings draw into question whether witnessing or being a part of children's resilience is necessary for the development of VR. Some participants felt that this was a crucial aspect of VR, describing how seeing transformation in the children first-hand was an important part of how they found meaning, purpose, and growth in their job. Others believed the growth they had experienced through their job was independent of the children's resilience and was more connected to how they process the experiences. Given that the growth participants described showed significant alignment with the facets of VR, this calls into question whether witnessing or experiencing resilience in clients is truly central to VR as is often theorized to be a distinguishing factor of VR (Engstrom et al., 2008; Hernández et al., 2010; Hernández-Wolfe, 2018).

The challenges of defining resilience further complicate this question. The concept of hidden resilience (Ungar, 2013) brings forward the idea that seemingly maladaptive behaviours can still be excellent coping methods that could be classified as resilient. All the children at PTP are actively coping with significant adversity in their own ways and can be understood to be demonstrating resilience. One research participant said, referencing the children, that "they are all resilient in their own little way". Even within the VR literature, Hernández-Wolfe et al. (2014) discuss how resilience is deeply impacted by context and structural factors and may not be immediately obvious. Acevedo and Hernández-Wolfe (2014) also explore how teachers' development of a strength-based

approach led to an increased appreciation of students' hidden resources. If the development of a TVI and strengths-based perspective (as seen in the findings of growth in this research) leads to an increased ability to see even hidden resilience in the children, then where does that leave VR? Does it mean that VR is increased by seeing resilience more often, or does it risk rendering the concept of VR meaningless if resilience in clients is simply a given? I wonder if VR can be experienced through relationship with clients without needing to define resilience in them.

If the premise that VR must be based on the resilience of others is problematized, then it becomes difficult to distinguish VR from general growth or VPTG. Acevedo and Hernández Wolfe (2014) state that:

Vicarious resilience in the lives of teachers working with underserved populations *is not* the sum of all the positive experiences that teachers derive from working with children. The data from this study reveal a complex array of elements contributing to the empowerment of teachers through interaction with students' own overcoming of adversity and developing of resilience. (p. 487, emphasis added)

The trouble is, while analyzing the data, I found it impossible to separate out what growth or transformation was connected to the children's resilience. Participants were affected by the ways that they saw the children overcome adversity, but they were also deeply affected by a huge variety of factors in both their personal and professional lives. Who is to say what growth is due to being impacted by children's resilience, and what is through their general relationship with the children, or even the very challenging aspects of the

job? I do not think I could claim to make these distinctions, making it difficult to differentiate between VR and other growth.

Instead of debating the importance of witnessing resilience, or what resilience even is, what I believe is important is having specific language to describe the potential for positive growth in helping professionals as a foundation for individual and collective reflection. This language could be VR or another similar concept like VPTG. There is already significant overlap between the concepts of VR and VPTG (Silveira and Boyer, 2015). Puvimanasinghe et al. (2015) discussed how VR research may be limited by different researchers using "similar but different concepts to identify comparable study findings (e.g., V-PTG)" (p. 761).

Although there are many theoretical complexities, in my interviews VR proved to be a useful concept simply because it was easily understood by participants based on their previous understanding of VT and the way that others can have a vicarious influence. I also believe that VR holds value in that it points very directly to relationality, reciprocity, and co-learning. Even without the specifics of witnessing resilience, it still emphasizes the ways that we can be positively impacted by being a part of someone's journey. I see value in the terminology of VR, but I also see opportunity to further refine and possibly problematize the concept. I do not think that the specific language of VR is as important as moving towards having terminology that is widely integrated into discussions and training that remind helping professionals to be on the lookout for the ways that they are positively influenced in their jobs to support them in noticing and cultivating these transformations.

### ***5.3.3 Authenticity and Toxic Positivity***

After completing this research, another area of VR I believe needs further consideration is around authentic emotional expression and the possibility of toxic positivity. Youth work is inherently relational and uses CYCC's emotions, care, and relationships as therapeutic tools. As Karabanow (1999) writes: "nurses, social workers, and youth workers use their personal emotional resources to fulfill work requirements" (p. 345). Karabanow (1999) uses the concept of emotional labour to explore how workers control and manage their expression of emotions to align with organizational or job expectations. This draws us to consider the challenge of making space within an organization for authenticity in emotional expression, especially when emotions are part of job requirements. CYCCs are expected to use their attentiveness, caring, and patience as therapeutic tools with the children, even if that is not what is internally felt. As one participant said: "I remember if you weren't one hundred percent, it didn't matter. You still have to be one hundred percent. It's not actually a choice". Although there are ways to mitigate and resist the negative effects of emotional labour, they are still very real (Karabanow, 1999).

In relation to VR, this brings forward the challenge of how to promote the concept and experience of VR through organizational support, without expecting everyone to experience it or without restricting the sharing of people who do not experience VR. Otherwise, VR could be used as a form of social control or emotional restriction. Similarly, Calhoun and Tedeschi (2014) discuss concerns around popularizing the idea of PTG in a way that leaves people who do not experience PTG wondering why they have not achieved this promised positive growth. One research participant talked about how reflecting on VR in hindsight was very useful to them, but they wondered if the concept

might have felt minimizing or annoying to hear when their experience at PTP was particularly challenging. It may be a challenging balance to offer the idea of VR as a reflective tool while also honouring struggles, VT, and cries for increased organizational support.

Megan Devine (2017) describes a similar challenge in regards to PTG and intense grief and loss, explaining that PTG is a possibility of grief but presenting it as a necessary experience or reason for the loss is very damaging. She says: “when you choose to find meaning or growth inside loss, that's an act of personal sovereignty and self-knowledge. When someone else ascribes growth or meaning it diminishes your power, gives subtle shaming or who you were before, and tells you that you needed this somehow” (Devine, 2017, p. 24). This quote made me consider the importance of offering VR as a curiosity people could choose to explore if it is useful to them, but that presenting the concept as a given could be damaging. It could be dangerous to create a work environment where every experience needs to be turned into a positive learning opportunity. Even a seemingly positive organizational culture can have negative impacts if it ascribes how staff need to feel and present themselves and stifles honest reflection (Karabanow, 1999).

Furthermore, positivity can be used to deflect responsibility and stop dissent by making people believe their negative experiences are simply a problem with their outlook on life (Ehnrenreich, 2009). We can imagine how at an organizational level a focus on VR could be used to subtly stop discussions about workers’ need for better supports. It could become a problem with workers if they are not experiencing growth, rather than a possible indicator of organizational failure to meet workers’ needs. It is crucial not to individualize the experience of VR without considering the external influences that

promote it because this “risks locating the problem within the trauma worker” (Frey et al., 2016, p. 46). One of the reasons I explored how the organizational environment may affect VR in this research was to avoid situating VR within a positive psychology mindset that individualizes the pursuit of happiness (Cabanas, 2018). Engaging in this research has affirmed the importance of strong organizational support and led me to believe that VR should not be assumed but offered as a curiosity and tool for reflection. The findings also emphasize the importance of relationships and learning within community. I believe we need environments where people can honestly reflect on positive and negative experiences at work and all the grey in between.

#### **5.4 Reflection of Study Findings and Process**

In the spirit of continuing to place myself in the research, I would like to share some of my more personal reflections on the findings and process of this research. The first surprise for me in the interviews was that while reflecting on the VRS, everyone shared stories of how witnessing children’s engagement in spirituality had impacted them. Going into this study, the question about spirituality on the VRS had stood out to me as potentially not being very relevant to the CYCC population as compared to trauma therapists since many children do have as strongly developed or articulated spiritual practices. I was interested to discover that this element of VR was still relevant for CYCCs working with children.

I was also not expecting the findings to include relational engagement as a push and pull between connection and boundaries. Participants clearly and eloquently articulated this experience, helping me to understand it in new ways and conceptualize it as an aspect of VR. Additionally, I assumed participants would focus on perspective

shifts they had experienced, so it was surprising when tangible skills such as regulating techniques frequently arose in interviews. It was inspiring to hear about how CYCCs applied these skills in their own personal lives. Upon further reflection, it makes sense that these skills would be appreciated areas of growth since there is a large component of teaching and training specific skills at PTP.

I have also reflected on some of the ways that my experiences and positionality have been brought into the research. During the research process, I went back into the literature to learn more about reflective practice when it began to emerge in the data. Although I did not expect to be writing about reflective practice, I am aware that my own worldview, introspective personality, and valuing of reflection likely played a role in seeing reflective practice as an important part of the data. In my experience at PTP, the ability to regularly debrief with co-workers greatly reduced my rumination on work after shifts compared to similar roles at a different organization. My positive experience of informal reflective spaces at PTT may have further influenced my analysis in this area. I am also aware that the theme of developing a TVI perspective is conceptualized and named based on my interest in this area and my involvement in other research focused on TVI approaches. As expected, my values and worldviews are reflected in the findings of this research.

I also acknowledge that I entered this research excited to develop my research skills, fulfill my personal curiosity around this topic, and discover how this research shapes my own social work practice. It was meaningful to engage in a topic that is relevant to my future social work practice and may help me to cultivate VR and better support others in the future. I am also grateful for all that I learned about research

processes through conducting independent research. After the challenges of recruitment and deconstructing the concepts I was working with, it was very encouraging when the participants seemed to genuinely appreciate the interviews as a chance to process and share about their work from a positive angle. I enjoyed feeling so connected to the interviews and analysis process after having spent a great amount of time engaging in the literature and planning methodology. Although there can be benefits and drawbacks to engaging in research with a dual relationship, I found that it was very useful in connecting with participants and having common language around the organization and CYCC role. I think and hope that my own experience at PTP helped me to give voice to their stories with compassion and accuracy.

### **5.5 Implications for Theory, Policy, and Practice**

The findings of this research have implications for child and youth care and social work theory, policy, and practice. This study suggests that increased attention to sharing and using language like VR that emphasizes positive growth can support helping professionals to pay attention and notice these changes. Participants described that having spaces to reflect on their work and understand the ways they have been positively impacted was helpful to them. One participant said: “I’ll try to pass it along to other people who are seemingly always focusing on the bad things”. The concept of VR (or other similar terms) could be incorporated into education, professional development opportunities, and organizational spaces such as debriefs and training. Highlighting the concept of VR in both theory and daily practice could support the development of a more balanced view of the risks and benefits of helping work.



PTG has been described as a paradigm shift that moves away from a deficit-based or medical model of viewing trauma towards a more integrated understanding that includes a growth and strengths-based orientation (Baumann, 2018; Joseph & Linley, 2008). Similarly, VR has been described as “counterbalancing” the intensity of trauma work and the potential for VT (Acevedo & Hernández-Wolfe, 2014; Acevedo & Hernández-Wolfe, 2020; Hunter, 2012). This research suggests that VR (and VPTG) could contribute to changing broader societal perceptions of trauma and helping work. It presents an opportunity to centre mutuality and relationality while recognising the potential for positive growth and transformation alongside the known challenges of VT, burnout, and compassion fatigue. Further discussions of VR at the personal and organizational level could play a role in promoting this more integrated and strengths-based view of helping work.

The finding that reflective practice mediates VR suggests the importance of meaningfully integrating a variety of reflective spaces into caring organizations. Participants in this research suggested that reflection can be supported by the organization in a variety of ways, including time to debrief at the end of shifts, regular opportunity for formal and informal supervisions, and creating opportunities for staff members to bond. I am inspired by the reflective practice model at Mulberry Bush School, which includes formal reflection facilitated through regular group supervisions (manager lead) and facilitated team reflective spaces (led by senior staff outside of the team; senior staff also have their own externally facilitated reflective spaces) in addition to individual supervision (Price et al., 2020). Many caring organizations could explore

how to better integrate a culture of reflection into their policies and practices using a whole system approach.

This research's exploration of the situational and systemic barriers that at times limited PTP's ability to provide quality support to all staff points to the need for further resources within organizations so that staff have adequate time and energy to be able to care for each other. There is a need for larger structural change to invest in and more highly value child and youth care work. Ideally, we also need systems change that better supports families and communities to prevent children from even needing the intensive therapeutic care organizations like PTP offer. In a hyper-individualistic society, supporting concepts such as VR that highlight relationality and reciprocity can remind us that we are all interconnected and learning together in community.

## **5.6 Limitations**

Building on the anticipated methodological limitations shared in section 3.7, I wish to further discuss the limitations that became apparent during the process of the research study. Firstly, the use of the VRS continued to become apparent as a limitation of this research. Using the VRS at the beginning of interviews was very useful to provide a comprehension definition of VR to participants and was appropriate for the study's goal of considering if and how the current conceptualization of VR is experienced by CYCCs. Participants described how the VRS helped them to discover elements of their growth that they had not previously considered or would not have thought of otherwise. On the other hand, the data in the interviews was very much focused on the categories of VR included in the VRS, so results were likely swayed towards this direction. While

analyzing the data, I came to the conclusion that it is likely the inclusion of the VRS limited other possible elements of VR from emerging in this research.

As anticipated (and further discussed in section 5.3.2), separating out possible personal and professional influences of growth proved to be very difficult, if not impossible. Although Hernández et al. (2007) say that VR is not simply “the sum of all positive experiences that therapists remember” (p. 238), it is likely that these findings convey all positive growth that CYCCs shared as elements of VR. The concept of VR is underdeveloped, and each study finds new elements of VR. Thus, it is difficult to pinpoint what aspects of growth should be considered VR and what may not be, especially when this study has questioned the role of witnessing resilience in VR. The confusion around exactly what is defined as VR is unsurprising given the exploratory nature of the study. I have sought to honour each CYCC’s story through the findings and discussion, so I hope that presenting all the positive aspects of growth that CYCCs described as part of VR is appropriate and serves to further the discussion on VR.

Another limitation is that due to the small sample size I was unable to provide an in-depth depiction of the participants in the interest of preserving confidentiality. This may limit the transferability of the study, because a thick description of the research context and participants are needed to enable others to decide if the research is relevant to their own context (Jenson, 2008).

I may have also been able to provide a richer description of the research context if I had included informational interviews with leadership staff. I purposefully only interviewed CYCCs to amplify their voice and focus on ways that CYCCs may experience VR. I now realize that interviewing other staff in the agency including family

workers and leadership staff would have been useful in providing a more well-rounded picture of the organizational culture and how support is cultivated. Although it is important to amplify frontline workers' experience of organizational support, including more diverse voices from the organization would have been highly informative, especially given how the findings and discussion emphasized the relational nature of the organization. Future research could include a wider range of staff to enable a more holistic understanding of organizational support.

A final limitation of this research is that the methodology was not very relational and did not attempt to minimize power differentials between researcher and participants. Although my methodological choices were intentional due to the limited scope and timeframe of this study, the lack of relationality in this research process became more glaring to me when the data and literature led me to emphasize the importance of relationships between CYCCs, the children, and the whole staff community. Using member checking to help ensure that participants felt their stories were well represented would have helped in a small way to emphasize the bi-directional nature of the researcher-participant relationship. Using a transformational research paradigm and a methodology such as participatory action research could have helped to really honour the community of PTP and the relationality embedded in the concept of VR. It could be powerful for participants to be directly engaged in deciding what facets of VR and organizational support are shared and how they are articulated. Such research could more naturally lead to social change within the organization.

## 5.7 Questions for Further Research

As a small scale, exploratory study, there are many possible routes for further research to build on the preliminary findings of this study. Further research with a similar population but modified methodology is one avenue for confirming and building on the results of this study. Given the limitations of using the VRS as a discussion prompt in the interviews, it would be meaningful to repeat a similar qualitative study without using the VRS to explore if similar areas of growth are still observed in the data. Since the small sample size restricted my ability to analyze the quantitative data, it would also be interesting to do a mixed-methods study using the VRS and semi-structured interviews with a larger sample size. As mentioned in section 5.6, using a participatory research methodology could also be used to further explore the experience of VR with CYCCs.

One of the original goals of this research was to contribute to broadening the conceptualization of VR to be applicable to a wider variety of helping professionals. To continue this goal, further VR research could focus on different populations of helping professionals. It would also be important to explore the wider applicability of VR to CYCCs through a sample of CYCCs from a variety of programs and organizations. A more diverse sample of CYCCs could be used to investigate whether the type of practice framework or training employed by an organization impacts staffs' experience of VR.

This research has brought forward the question of whether helping professionals need to witness clients' resilience to experience VR. Further research is needed to examine this theoretical question and continue to define both VR and the concept of witnessing resilience with greater clarity. This research was also not able to investigate the differentiation between decreasing vulnerability to VT as compared to promoting VR.

Given that VT and VR are understood to coexist (Hernández et al., 2014) further studies could continue to study the different promoting and hindering factors of VT and VR and their relationship. The findings of this study demonstrated that organizational support may play a role in staffs' experience of VR. To my knowledge, this has not been previously focused on in qualitative VR scholarship. I believe this is an important route of research to continue to develop so that VR is not overly individualized and rather placed within a lens of community support. There is much to learn about how communities can best support people's experience of VR.

It is theorized that a greater understanding of VR may help both individuals and organizations to cultivate the experience of VR and related benefits (Hernández-Wofle, 2017). On a broad scale, I hope that the more VR is discussed and researched in a variety of contexts, the more the concept might make its way into classrooms, professional development, supervision, and casual discussions. This research has brought forward the importance of considering ways to integrate VR into training and debriefing in a way that is meaningful to helping professionals without restricting honest reflection and emotional expression or minimizing the challenges and difficult emotional impact this work can have. A next step to disseminate the concept of VR would be to use these cautions to build on Hernández et al.'s (2010) sample training exercise that is designed to encourage reflection on VR. This could include tangible and easy to use training and discussion materials specific to CYCCs, or for more general helping professional audiences. It is my hope that a more developed understanding of VR, and how we can promote it, could contribute to hope and healing for both helping professionals and the people they support.

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## Appendix A: Comparison between VR, VPTG, and Compassion Satisfaction

	<b>Vicarious Resilience (VR)</b>	<b>Vicarious Post-Traumatic Growth (VPTG)</b>	<b>Compassion Satisfaction</b>
<b>Definition</b>	VR is “a term for the positive meaning-making, growth and transformations in the therapist’s experience resulting from exposure to clients’ resilience in the course of therapeutic processes addressing trauma recovery” (Hernández et al., 2010)	VPTG is the therapist’s experiences of growth, mirroring posttraumatic growth outcomes, that result from their work with trauma survivors (Arnold et al., 2005).  Experiencing “a positive reaction to indirect trauma” (Kalaitzaki et al., 2022)	“Compassion satisfaction refers to the pleasure and satisfaction derived from working in a helping profession.” (Hernández-Wolfe et al., 2014)  “Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society.” (Stamm, 2010, p. 12)
<b>Historical Development</b>	Developed through in-depth interviews with therapists working with survivors of socio-political violence (torture, kidnapping, etc.) in Columbia (Hernández et al., 2007), the United States of America (Engstrom et al., 2008), and internationally (Edelkott et al., 2016).	Arnold et al. (2005) did in-depth interviews with therapists and found the growth they described was very similar to those who had experienced trauma directly.  There is a growing body of research related to VPTG in a variety of populations (Manning-Jones et al.,	In 1993, Stamm added compassion satisfaction to a scale on compassion fatigue. This scale evolved into the Professional Quality of Life scale (ProQOL).  Stamm’s (2010)

	<b>Vicarious Resilience (VR)</b>	<b>Vicarious Post-Traumatic Growth (VGTG)</b>	<b>Compassion Satisfaction</b>
	<p>“The concept of vicarious resilience emerged in a purely inductive and experiential manner through an inductive knowledge building process” (Hernández-Wolfe et al., 2014, p. 15)</p>	<p>2015), but there remains a lack of distinction between PTG and VPTG.</p>	<p>Professional Quality of Life model includes compassion satisfaction and compassion fatigue (burnout and secondary trauma).</p> <p>Radley and Figley (2007) proposed a model of compassion satisfaction for social workers based on the “social psychology of compassion and flourishing” (Radley &amp; Figley, 2007, p. 208).</p>
<b>Theoretical Framework</b>	<p>Resilience Theory (Hernández-Wolfe, 2018)</p>	<p>Post-Traumatic Growth (Arnold et al., 2005; Manning-Jones et al., 2015)</p> <p>No specific theoretical model to explain VPTG (Cohens &amp; Collen, 2012).</p>	<p>Professional Quality of Life (Stamm, 2010)</p> <p>Positive Psychology (Radey &amp; Figley, 2007)</p>
<b>Facilitating factors</b>	<p>Empathetic connection (Engstrom et al., 2008)</p> <p>Reciprocity in therapeutic relationship; how clients and therapist influence each other (Hernández et al., 2010)</p> <p>Witnessing client’s growth and resilience (Eldekott et al., 2016)</p> <p>Social context and social location (of both client and therapist) (Hernandez-Wolfe, 2018)</p>	<p>Empathetic engagement (Cohens &amp; Collen, 2012; Manning-Jones et al., 2015)</p> <p>“Occur as a result of challenges to cognitive schemas that lead to their adaptation” (Cohens &amp; Collen, 2012, p. 577)</p> <p>Witnessing client’s growth or PTG (Cohens &amp; Collen, 2012; Manning-Jones et al., 2015)</p> <p>Optimism and positive</p>	<p>Work environment – organizational support and workload (Stamm, 2010; Frey et al., 2016)</p> <p>Personal characteristics (Stamm, 2010); affect (positivity), resources (physical, intellectual, and social), and self-care (Radey &amp; Figley, 2007)</p>



	<b>Vicarious Resilience (VR)</b>	<b>Vicarious Post-Traumatic Growth (VGTG)</b>	<b>Compassion Satisfaction</b>
	<p>Reflective stance (Tassie, 2015)</p> <p>Strengthened through consciousness attention (Hernández et al, 2007)</p> <p>Intrinsic and external predictors including social and organizational support, personal relationships, and organization qualities (Frey et al., 2016)</p>	<p>affect (Manning-Jones et al., 2015)</p> <p>“Having a sense of satisfaction, competence, and value in one’s work was found to enhance VPTG” (Manning-Jones et al., 2015, p. 132)</p> <p>Self-care activities and personal therapy (Manning-Jones et al., 2015)</p> <p>Social support – supervision and peer support (Manning-Jones et al., 2015; Frey et al., 2016)</p> <p>Time to time to process distress (Manning-Jones et al., 2015)</p>	<p>Direct and vicarious exposure to trauma at work (Stamm, 2010 )</p> <p>Altruism, joy of helping others (Radey &amp; Figley, 2007)</p> <p>Satisfaction of watching people grow and heal from trauma (Radey &amp; Figley, 2007)</p>
<b>Changes seen or experienced</b>	<p>“Changes in life goals and perspectives” (Killian et al., 2017, p. 24).</p> <p>Hope and inspiration from clients (Killian et al., 2017; Hernández-Wolfe et al., 2014)</p> <p>Patience, motivation, and energy (Edelkott et al., 2016)</p> <p>“Increased self-awareness and self-care practices” (Killian et al., 2017, p. 24)</p> <p>“Increased capacity of resourcefulness” (Killian et al., 2017, p. 25).</p> <p>“Increased resilience and perspective taking on one’s own challenges”</p>	<p>Changes to values – putting things into perspective, increased value for family, community, or social justice (Cohen &amp; Collens, 2012)</p> <p>Changes in personal qualities and attitudes – e.g. compassion, acceptance, humility, wisdom, self-awareness, empowerment, optimism (Cohen &amp; Collens, 2012; Arnold et al., 2005)</p> <p>Changes to behaviours in day-to-day life – e.g. routines, parenting, friendships, political activity (Cohen &amp; Collens, 2012)</p> <p>Better able to understand,</p>	<p>Flourishing: “providing care within an optimal range that connotes goodness, flexibility, learning, growth, and resilience in the face of work demands” (Radley &amp; Figley, 2007, p. 208).</p> <p>Satisfaction in work, high morale (Radley &amp; Figley, 2007).</p> <p>Providing “highly competent and compassionate care” (Radey &amp; Figley, 2007, p. 208)</p>

	<b>Vicarious Resilience (VR)</b>	<b>Vicarious Post-Traumatic Growth (VGTG)</b>	<b>Compassion Satisfaction</b>
	<p>(Hernández-Wolfe et al., 2014, p. 9)</p> <p>“Increased racial, cultural, and structural consciousness, and awareness of relative privilege, marginalization, and oppression” (Hernández-Wolfe et al., 2014, p. 9)</p> <p>“Moral clarity” and “a more informed world view” (Edelkott et al., 2016, p. 718)</p> <p>“Increased recognition of clients’ spirituality as a therapeutic resource” (Killian et al., 2017, pp. 24-25); “Change/impact on spiritual beliefs” (Hernández-Wolfe et al., 2014, p. 9)</p> <p>“Increased capacity for remaining present while listening to trauma narratives” (Killian et al., 2017, p. 25).</p> <p>Renewed valuing of the therapeutic process, shift in practice models and approaches (Engstrom et al., 2008; Edelkott et al., 2016)</p>	<p>connect, and accept others: compassion and empathy, improved relationships (Arnold et al., 2005)</p> <p>Appreciation for the resilience of the human spirit (Arnold et al., 2005; Cohen &amp; Collens, 2012; Manning-Jones et al., 2015)</p> <p>More nuanced world view; increased appreciation for life (Arnold et al., 2005; Cohen &amp; Collens, 2012)</p> <p>Professional identity: valuing of work and ability to make a difference, increased competence (Manning-Jones et al., 2015; Cohen &amp; Collens, 2012)</p> <p>“Spiritual broadening” – seeing spirituality as a useful tool for healing (Manning-Jones et al., 2015, p. 131)</p>	<p>“Counterbalance[s] the intense difficulty of bearing witness to clients’ traumatic experiences” (Hunter, 2012, p. 188)</p>

## Appendix B: Vicarious Resilience Scale

### The Vicarious Resilience Scale (VRS)

Please reflect on your experience working with persons who have survived severe traumas. Since you began this work, you may have undergone changes in how you view your clients, your approach to this work, and/or your own experience or world view. Please read each of the following statements about your attitudes, experiences, and how your view of life *since you began this work*, and indicate the degree to which you disagree or agree:

For each statement, respondent indicates if they: did not experience this (0), experienced this to a *very small* degree (1), experienced this to a *small* degree (2), experienced this to a *moderate* degree (3), experienced this to a *great* degree (4), experienced this to a *very great* degree (5).

*(Changes in life goals and perspective)*

1. I am better able to reassess dimensions of problems
2. I am better able to keep perspective
3. I see life as more manageable
4. I am better able to cope with uncertainties
5. I am more resourceful
6. I have learned how to deal with difficult situations

*(Increased capacity for resourcefulness)*

7. I am more connected to people in life

8. My life goals and priorities have evolved

9. I have more compassion for people

10. I put more time and energy into relationships

11. My ideas about what is important have changed

12. I am more mindful and reflective

*(Increased self-awareness and self-care practices)*

13. I am more in tune with my body

14. I make more time more meditative, mindful, or spiritual practices

15. I am better able to assess my level of stress

16. I am better at self-care

*(Client-inspired hope)*

17. I am inspired by people's capacity to persevere

18. I am hopeful about people's capacity to heal and recover from trauma

19. I am more hopeful and engaged when focusing on strengths

*(Increased recognition of clients' spirituality as a therapeutic resource)*

20. I see my clients' spiritual practices as a source of inspiration

21. I recognize spirituality as a component of clients' survival

22. I highlight clients' spiritual/religious beliefs to promote resilience

*(Increased consciousness about power and privilege relative to clients' social location)*

23. I am more aware of ethnicity, gender, sexual orientation and religion

24. Race, class, gender, sexual orientation and privilege, access, resources

*(Increased capacity for remaining present while listening to trauma narratives)*

25. When I experience distressing thoughts I am able to just notice them

26. I am better able to remain present when hearing trauma narratives

27. I notice client trauma narratives without getting lost in them

Scale developed by Killian et al. (2017) as presented in Renyolds (2020, p. 80-81)

## Appendix C: Interview Guide

*Thank you so much for taking the time to share about your experiences with me today. There are no wrong answers, I am just curious to understand your own experiences and perceptions. If you have any questions or need clarification at any time, please ask. If there are any questions that you do not want to answer, that is no problem at all, we can just skip that question and move on. You may also take a break at any point, just let me know. As previously discussed, you are free to stop the interview and withdraw from the study at any time. Do you have any questions before we begin?*

### Part I: Professional Background

1. Can you tell me about how and why you became a Child and Youth Care Counsellor?
  - a. What is your educational background?
  - b. How long have you been in the field?
  - c. What drew you to this field?
2. Why do you continue to do this work? What keeps you here?
3. Since you began the work, what have been the most significant impacts on you personally?

### Part II: Vicarious Resilience Scale

1. Before participating in this study, had you heard of the concept of Vicarious Resilience?
  - a. What does the concept mean to you?
2. Did anything stick out to you from the Vicarious Resilience Scale that particularly resonated with your experience?
  - a. Can you tell me more about why it resonated with you?
  - b. Can you share an example of how this relates to your professional experience?
3. Did anything from the Vicarious Resilience Scale seem irrelevant to your experience?
  - a. Can you tell me more about why it did not seem relevant?

### Part III: Experiencing Vicarious Resilience

*Vicarious resilience “is a term for the positive meaning-making, growth, and transformations in the therapist’s experience resulting from exposure to clients’ resilience in the course of therapeutic processes addressing trauma recovery.” (Hernandez et al., 2010, p. 72). I am interested in understanding if Child and Youth Care Counsellors experience a similar phenomenon or not. By discussing the positive effects of helping work, I do not intend to trivialize the trauma that clients have experienced. Trauma remains a distressing event, but growth can come through processing trauma. I also recognize that vicarious trauma and burnout are common effects of helping work*

*that must be taken seriously. I view discussing the positive impacts of helping work as a way to honour how people impact each other and how relationships can lead to healing.*

1. Among the children you have worked with, have any impacted you because of how they have overcome adversity?
  - a. What about the child and their story impacted you the most?
2. Has your worldview or outlook on life been impacted by the resilience of the children you work with?
3. Has your understanding of yourself or your life goals been changed by witnessing the children's resilience?
4. Some people have found that the resilience of the people they work with has changed their self-care practices. Has this happened to you?
5. Has your ability to stay present when people share difficult things changed due to your work as a Child and Youth Care Counsellor?
6. Has your spirituality or spiritual views been impacted by the resilience of the children you work with?
7. Has your awareness of power and privilege been impacted by witnessing the children's resilience?
8. Do you think it is necessary to witness children's resilience to experience personal growth in this job?

#### **Part IV: Organizational Support**

1. What helps you to be engaged in your work?
2. What does your program or organization do to support you?
3. Is there anything you wish your program or organization did to support you that they are not currently doing?
4. What do you think could help promote Child and Youth Care Counsellor's experiences of vicarious resilience?
5. How could your program or organization support Child and Youth Care Counsellor's experiences of vicarious resilience?

#### **Part V: Concluding Thoughts**

1. Have you ever experienced vicarious trauma, burnout, or compassion fatigue?
  - a. If so, how do you think that experience interacts with vicarious trauma?
  - b. Generally, what do you think the relationship between vicarious trauma and vicarious resilience is?
2. Do you think vicarious resilience could be a useful concept for Child and Youth Care Counsellors?
  - a. If so, how could it be useful and why?
  - b. If not, why not?
3. Is there anything else you would like to share with me?