Abstract

This study provided a comprehensive definition of Secondary Traumatic Stress (STS) among Filipino counselors through the subjects’ experiences pertaining on how they developed secondary trauma. The researchers gathered information from five (5) Filipino counselors from De La Salle University - Dasmariñas who has knowledge about Secondary Trauma and had experience handling trauma clients. The researchers used interview method for gathering information needed for the study, the use of interview method allows the participants to contribute as much information they know and it allows the researchers to follow-up and clarify vague information. According to the gathered information the participants manifested effects on their cognition, behavior, physiology and affect, this effects brought about Rumination, Coping Strategies and Emotional distress.
Table of Contents

Introduction............................................................................................................................................ 3
Methodology........................................................................................................................................... 10
Results.................................................................................................................................................. 15
Discussion............................................................................................................................................. 21
  Secondary Traumatic Stress............................................................................................................. 21
  Perceive effects of Secondary Traumatic Stress among Filipino counselors.............................. 22
    Cognitive ......................................................................................................................................... 22
    Behavior & Psychology ................................................................................................................. 23
    Affect ............................................................................................................................................ 24
  Recommendations............................................................................................................................ 26
  Conclusion......................................................................................................................................... 27
References............................................................................................................................................ 29
Appendices.......................................................................................................................................... 34
Introduction

In a world in which everyday living expose us from the risk of different kinds of ordeal, it is certain that there will be an unexpected experience that breaks our innocence towards a particular subject (e.g. person, object, event). Through these “innocence shattering” experiences, a psychological effect known as trauma takes place. When trauma is present, a person tends to lose faith and trust, in the safety or security of the world that one is in. Because of the overwhelming nature of trauma, its effect is not often processed immediately by the mind and body.

Based on the general knowledge and various studies, psychological trauma or traumatic experience takes place by having a firsthand experience of a specific event that results in a devastating or disastrous conclusion. Trauma is only rooted from its primary source, the person who has the first-hand experience on the traumatic event. Based on new studies that gave focus on trauma, it is now possible that the primary source can be disregarded for trauma to be present. Psychological trauma can now be passed-down from one person to another without having the risk of experiencing or witnessing firsthand a traumatic experience. This psychological effect is known as Secondary trauma or Secondary Traumatic Stress (STS).

The psychological effects of direct exposure to extreme and traumatic stressors such as criminal victimization, natural disaster, and war and terrorism are well documented. Dozens of books and hundreds of scientific articles have been published in the major professional journals documenting the nature and dynamics of traumatic stress. Walker (1991) studied the post-traumatic stress disorder in women, specifically diagnosis and treatment of battered woman
syndrome. This study discussed issues of diagnosis, evaluation, interviewing, and treatment as well as legal implications of the battered woman syndrome. Five major areas that have been negatively impacted by the battered woman's coping skills are: manipulation, dissociation, anger, intimacy, and compliance. Weisæth (1989) reported the stressors and the post-traumatic stress syndrome after an industrial disaster. Acute and subacute post-traumatic stress reactions are reported among 246 employees of an industrial factory which was severely damaged by an explosion and fire. The frequency and intensity of post-traumatic stress reactions were linked to the severity of the stress exposure. Depressive reactions, social withdrawal, guilt, shame and irritability were less frequent, and appeared nearly always concommittant with anxiety symptoms. While the anxiety symptoms made up a tight knit syndrome, the less frequent non-anxiety symptoms were linked to the post-traumatic anxiety syndrome. The subjects' fears reflected the trauma, they feared inanimate objects, and there were hardly any paranoid ideations. Kang, Natelson, Mahan, Lee, & Murphy (2003) estimated the prevalence of post-traumatic stress disorder (PTSD) and illness resembling chronic fatigue syndrome (CFS) in the entire population of Gulf War and non-Gulf-War veterans. They also evaluated the relation between the extent of deployment-related stress and the risk of either PTSD or CFS.

However, nearly all of those reports focus solely on those who were directly traumatized, excluding those who were traumatized indirectly or secondarily. As the field of traumatic stress studies has grown, it has become increasingly apparent that the effects of traumatic events extend beyond those directly affected. The term secondary traumatic stress has been used to refer to the observation that those who come into continued close contact with trauma survivors, including counselors, may experience considerable emotional disruption and may become indirect victims of the trauma themselves (Figley, 1995).
According to The National Child Traumatic Stress (2011) network “Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD). Accordingly, individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence”.

Secondary trauma is defined as the natural consequent behavior that results from the knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from wanting to help a traumatized or suffering person (Figley, 1995). Secondary traumatic stress is acquired by being exposed to traumatic events through a third person perspective. A person is at risk if they are constantly exposed to firsthand stories about traumatic experiences.

Vicarious trauma can be used interchangeably with secondary trauma and it can occur over a long period of time or be caused by a single traumatic occurrence (Conrad & Kellar-Guenther, 2006). Secondary trauma can occur when a professional experiences stress or symptoms of trauma when working with traumatized children and families.

Transference & Counter-transference Symbolic role relationships, emotional states, and behavior Transference may be related to experiences and relationships that have occurred at any point or points in life, including traumatic experience (trauma specific transference). Counter-transference is characterized by emotional reactions that develop through helper’s inner conflicts, stories shared with them, and client’s behavior and personal characteristics (Benson & Swackhamer, 2012).
When negative reactions occur; secondary trauma can become secondary/vicarious trauma stress or compassion fatigue (symptoms mirroring PTSD and depression). Most secondary injury occurs within the first 12 - 24 hours after injury, but may also occur during the first 5 - 10 days after injury if the initial injury is very severe. Secondary injury results from physiological disturbances caused by the impact and the initial trauma and from the development of focal areas of cerebral ischemia and disruption of the blood-brain barrier.

People who are at risk for the developing secondary trauma are those who are responsible for the care of a person who has had some kind of crisis. The Child Trauma Academy (2014) listed the following as the most vulnerable persons who are in risk of secondary trauma: police officers, firefighters, emergency medical technicians, nurse, social workers, and religious leaders.

Emerging researches look at Secondary Traumatic Stress (STS) as an occupational hazard (Sprang, Whitt-Woosley, & Clark, 2007); any professional who works directly with traumatized clients, and is in a position to hear the recounting of traumatic experiences, is at risk of secondary traumatic stress. That being said, risk appears to be greater among women and among individuals who are highly empathetic by nature or have unresolved personal trauma. Risk is also higher for professionals who carry a heavy caseload of traumatized children; are socially or organizationally isolated; or feel professionally compromised due to inadequate training. Protecting against the development of secondary traumatic stress are factors such as longer duration of professional experience, and the use of evidence-based practices in the course of providing care (Sprang & Ross, 2011).

Counseling is recognized as an emotionally demanding career. Therapists or counselors are called upon to be empathic, understanding, and giving, yet they must control their own
emotional needs and responsiveness in dealing with their clients. When engaging empathically with an adult or child who has been traumatized, clinicians are at risk of experiencing a state of emotional, mental, and physical exhaustion.

There are empirical studies that support the theory that counselors who work with the traumatized clients have an increased likelihood of experiencing a change in their own psychological functioning. For instance, a study of 70 human rights workers in Kosovo who were responsible for collecting data on human rights violations revealed elevated levels of anxiety in 17.1%, depression in 8.6%, and posttraumatic stress disorder symptoms in 7.1% (Holtz, Salama, Cordozo, & Gotway, 2002). Among lay trauma counselors who had been trained to assist bank employees following bank robbers in South Africa, 10% reported secondary traumatic stress symptoms in the high or extremely high range (Ortlepp & Friedman, 2002). Further, in a study of 173 child welfare workers exposed to both traumatic imagery through the stories of clients and direct exposure to trauma such as violence and threats directed at them, 46.7% reported traumatic stress symptoms in the severe range (Regehr, Chau, Leslie, & Howe, 2002a).

As they receive information from their clients, they go through their internal process to make sense of the information given and integrate them into the counselor’s cognitive schema, during the process of integration on the other hand, is where the counselor experiences negative reaction that negatively affects the treatment process, (Canfield, 2005). Reactions may include avoidance of the trauma, feelings of horror, guilt, rage, grief, detachment, or dread, and may possibly lead to burnout and counter-transference. Additionally, these responses can impact the counseling relationship. If counselors are unaware of this stress response, they may implicitly convey a message to clients that they are unwilling to hear the details of the client’s trauma, or
be less likely to ask questions to facilitate dialogue related to the event. This can result to revictimization of individuals who often have limited environments in which telling their story is safe and acceptable (Simpson & Starkey, 2006).

It has been theorized that secondary trauma occurs because social workers or caretakers are compassionate about their work about others. It is through this compassion that they can take on the victims' symptoms and become traumatized. Individuals working in the caring professions try to change the behaviors and emotions of their client by providing emotional support (e.g. empathy), strategies for coping with emotions, or better cognitive management skills, and these interactions can be very stressful and can bring about psychological distress (Adams, Boscarino, & Figley, 2006).

The reasons why some caretakers seem to exhibit Post Traumatic Stress Disorder (PTSD) symptoms through caring for a trauma victim may instead be related to over-identification with the victim for various reasons or personal issues that cause them to take on other's pain. One reason can be that the victim's trauma reminds the healthcare worker or caretaker of their own personal past trauma, while blurred personal boundaries may also be another reason (Schuder, 2014).

Child Trauma Academy (2014) emphasized several reasons why professionals working with maltreated or traumatized children are at increased risk of developing secondary trauma such as empathizing with a child or "feeling their pain", having insufficient time to recover from hearing the traumatic incidents, counseling with unresolved personal trauma, isolation and systematic fragmentation and lack of systematic resources.

An emotional and psychological disruption suffered by the professional; the disruption would be caused as a consequence of fulfilling professional obligations to manage the traumatic
material, to achieve or pursue some helping objective for another; and, the professional obligations would involve engagement with a person (a client, a witness, or a victim) who has experienced a legally significant traumatic event. While STSD can result from acute, sub-acute, or chronic exposure to stress, the category of burnout is generally used to refer to exhaustion from the cumulative buildup of stress. It is characterized by “a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations” (Pines, Aronson, & Kafry, 1981, p. 202).

Secondary Traumatic Stress is a relatively new idea that is not known to others, even to graduating social work students and this lack of awareness increases the vulnerability to the effects of these conditions. It is important that social workers and other helping professionals to understand the risk factors and symptoms associated with STS.

Aside from understanding the symptoms and the risk factors of STS, it also important to acquire professional awareness of preventive measures that can be used personally and/or in the workplace. According to Newell & MacNeil (2010), professional self-care is the utilization of skills and strategies by workers to maintain their own personal, familial, emotional, and spiritual needs while attending to the needs and demands of their clients.

Finally, we know enough to realize that secondary traumatic stress is an occupational hazard of caring service providers—be they family, friends, or family counselors. Recognizing this, we have a special obligation to counseling students and trainees to prepare them for these hazards. We must ensure that those who work with traumatized people are prepared. But, at the same time, we have a duty to talk about the rewards; that the rewards of working with the traumatized far outweigh the costs. And this happens when we balance caring for others with caring for ourselves.
This paper focuses on the secondary traumatic stress (STS) reactions experienced by these counselors (e.g. Filipino counselors) and its effects to their work and personal lives. This study also intends to present a comprehensive description of each of the subjects’ experiences pertaining to how they developed secondary trauma upon handling traumatized clients. In line with this, the information collected would be used to extensively define secondary trauma among Filipino counselors.

**Methodology**

This study was conducted using a series of interviews through a respondent-driven, chain – referral sampling. The targets participants were Filipino counselors who have knowledge or first-hand experience about secondary traumatic stress within the Cavite area. The participants were assessed using the following criteria:

- Must be a Filipino counselor
- With experience on handling traumatized clients
- Has knowledge or first-hand experience STS
- Within De La Salle University – Dasmarinas

Comprehensive multiple explanatory case study through interview and behavioral observation was conducted to counselors who has knowledge and first-hand experience of secondary trauma. During the interview, conversations were recorded with permission from the participant. After completion of the interview, all answers were analyzed through content analysis from the categorized themes (Cognition, Behavior & Physiological, and Affect) provided by the
researchers. As a result, a thorough definition of secondary traumatic stress was generated from the gathered information.
Results

Perceived effects of STS from handling trauma clients among Filipino counselors in terms of cognition are presented in Table 1. The participants have been exposed to cases related to physical abuse, sexual abuse, suicidal case, family problems, academic-related cases and disaster cases. The participants spend different lengths of time with their clients, depending on their needs, while on the other hand, most of the clients spend about one to two hours for each counseling sessions. The number of clients that the counselors handle in a week depends on the number of referrals and walk-in clients who visit the office.

**Table 1. Cognition**

<table>
<thead>
<tr>
<th>EXPERIENCES</th>
<th>PARTICIPANT (1)</th>
<th>PARTICIPANT (2)</th>
<th>PARTICIPANT (3)</th>
<th>PARTICIPANT (4)</th>
<th>PARTICIPANT (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases that the participant often thinks about:</td>
<td>Disaster related cases</td>
<td>Pre-marital sex cases</td>
<td>Suicidal cases</td>
<td>Does not think of the client’s cases outside of work</td>
<td>One specific case: Suicidal case</td>
</tr>
<tr>
<td>Dreaming:</td>
<td>Experienced dreaming about disaster related cases</td>
<td>Experienced dreaming about rape cases</td>
<td>Does not experience dreaming about suicidal cases</td>
<td>Does not experience dreaming about suicidal cases</td>
<td>Experienced dreaming her client’s case</td>
</tr>
</tbody>
</table>
Most of the participants said that they often think about their clients’ cases outside of work and each of them have specific case that they often think about; one of them answered that she often thinks about suicidal and disaster cases, while, two participants answered just suicidal cases and another two participants answered teenage pregnancy cases.

With regard to the question on whether they have ever experienced dreaming about their clients’ case; three of the participants answered yes saying, “Siguro, pag intense [napapanaginipan]” while two of the participants have not yet experienced dreaming about their client’s case.

The handled cases of the counselors and their experiences of dreaming about their clients’ cases shows that they have constant recurring thoughts in relation with their profession that is usually unwanted especially when they are outside of work. Recurring or repetitive thoughts are commonly engaged in by most people, however, it could be considered intrusive if it affects or disturbs one’s normal activities. Repetitive thoughts could be defined as unbidden, uncontrollable, and “generally” unwanted thoughts or images of a past event, an anticipated event, or of some other stimulus or situation.
Perceived effects of STS from handling trauma clients among Filipino counselors in terms of behavior and physiology are presented in Table 2. Each participant has different answers when they were asked as to how their personal life is affected by their work. One participant experienced physical manifestations like loss of appetite, changes in sleeping habits, edgy feeling, and palpitations, while another one said she most likely brings her professional personality at home and integrates her work to her personal life. On the contrary, three of the participants said that they keep their work as professional as possible and ensure that their personal life is detached from their work. Some of the participants also said that they only accept clients if they know that they are physically and mentally fit to address the needs of the clients’, if not, they would prefer to turn them over or refer the client to other counselors.

The participants gave different ways on how they cope with the stress that comes with their profession and some of the answers they gave are in some way, related to one another. All of the participants undergo the process of debriefing or sharing their clients’ general case to their co-counselors. Other ways that helps the participants to cope with their stressful work are by changing their clinic schedule, getting physically active by jogging, finding time to relax and to take a rest, enjoying one’s working environment, and seeking support among significant others.
### Table 2. Behavior and Physiology

<table>
<thead>
<tr>
<th>EXPERIENCES</th>
<th>PARTICIPANT (1)</th>
<th>PARTICIPANT (2)</th>
<th>PARTICIPANT (3)</th>
<th>PARTICIPANT (4)</th>
<th>PARTICIPANT (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physiological effect:</strong></td>
<td>1) Physical ailments (Migraines, Heart palpitations)</td>
<td>1) Experience fatigue</td>
<td>No physiological effect</td>
<td>No physiological effect</td>
<td>No physiological effect</td>
</tr>
<tr>
<td></td>
<td>2) Easily irritated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3) Gets edgy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4) Loss of appetite</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5) Change in sleeping habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coping strategies</strong></td>
<td>1) Debriefing</td>
<td>1) Debriefing</td>
<td>1) Turn over clients to other counselors to feel less burdened</td>
<td>1) Separate professional and personal life</td>
<td>1) Set limits on her work – Turn over clients to other counselors to feel less burdened</td>
</tr>
<tr>
<td></td>
<td>2) Seek support system</td>
<td></td>
<td>2) Build positive relationship towards other people</td>
<td>2) Build positive relationship towards other people</td>
<td>2) Debriefing</td>
</tr>
<tr>
<td></td>
<td>3) Separate professional and personal life</td>
<td></td>
<td>3) Always physically and mentally prepared</td>
<td>3) Adjust with work environment if it’s becoming stressful</td>
<td>3) Adjust with work environment if it’s becoming stressful</td>
</tr>
<tr>
<td></td>
<td>3) Positive view towards profession</td>
<td></td>
<td>4) Enjoy working environment</td>
<td>4) Always physically and mentally prepared</td>
<td>4) Always physically and mentally prepared</td>
</tr>
<tr>
<td></td>
<td>3) Process emotions accordingly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Counseling as a profession is really stressful in nature which makes counselors vulnerable in acquiring STS. For the participants who already have STS, their physiological functioning can be affected, and because of that, it is important for them to know how to cope with the effects of STS and develop coping strategies.

Perceived effects of STS from handling trauma clients among Filipino counselors in terms of affect are presented in Table 3. When participants were asked if they get moody or stressed when they think about their client’s case, one participant did not specify whether she gets moody or stressed but explained that she experiences “burn out”, while two of the participants said that they get moody or stressed especially when they are placed in a stressful situation. At the same time, a counselor will get really affected by their work. On the other hand, the other two participants do not experience getting moody or stressed because either they have not been exposed to any severe cases, or they seek support from other people.

<table>
<thead>
<tr>
<th>EXPERIENCES</th>
<th>PARTICIPANT (1)</th>
<th>PARTICIPANT (2)</th>
<th>PARTICIPANT (3)</th>
<th>PARTICIPANT (4)</th>
<th>PARTICIPANT (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>prepared</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Enough rest</td>
</tr>
</tbody>
</table>
Table 3. Affect result

<table>
<thead>
<tr>
<th>EXPERIENCES</th>
<th>PARTICIPANT (1)</th>
<th>PARTICIPANT (2)</th>
<th>PARTICIPANT (3)</th>
<th>PARTICIPANT (4)</th>
<th>PARTICIPANT (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotion towards their work:</td>
<td>Moody/Stressed</td>
<td>Moody/Stressed</td>
<td>Does not get moody/stressed</td>
<td>Does not get moody/stressed</td>
<td>1) Empathize with the client</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2) Experienced “burn-out”</td>
</tr>
</tbody>
</table>

The counselors shows that there is a negative emotion present towards their profession because they are experience STS, and it is that they usually feels moody or stressed and they want to do something to alleviate the stress they feel.
Discussion

Secondary Traumatic Stress

Professionals are at risk of being traumatized by their work with those traumatized by criminal victimization. Understanding the potential effects of this impact is an important step in activating appropriate self-care. A desire to help survivors of traumatic events, exposure to the traumatic material of survivors, and empathy are foundational factors in the development of Secondary Traumatic Stress.

Secondary Traumatic Stress is an occurrence that can take place when an individual is exposed and involved with other people who are suffering from a traumatic event and mimics the same symptoms of the traumatized person. It is the stress the individual acquires from wanting to help alleviate the traumatize person’s situation. STS can be acquired without the first-hand traumatic experience and can be transferred by merely sharing intense and detailed information about the traumatic event to another person, which can be in a verbal, video, or imagery form.

Not everyone who interacts with traumatized people can acquire STS. People who are at risk of acquiring STS have distinct characteristics or experiences that make them more vulnerable in having STS, some of which are; overly exposed with traumatized people, psychologically weak, have unresolved personal trauma or history of traumatization, experiencing anxiety and depression, emotionally vulnerable, and highly empathic. Folette, Polusny, and Milbeck (1994) proposed to determine if a relationship between trauma history and psychological symptoms existed for those mental health and law enforcement professionals.
working with child sexual abuse survivors. The results indicated professionals with trauma histories from both mental health and law enforcement showed significantly higher trauma symptoms than did professionals with no trauma histories.

Perceive effects of Secondary Traumatic Stress among Filipino counselors

Cognitive

Rumination

Recurring or repetitive thoughts is a common experience shared by everyone, it is defined as a process of thinking attentively and repetitively about a specific subject or experience. However, these recurring thoughts could bring discomfort to a person and can be considered as intrusive. It is when a recurring thought intrudes one’s conscious awareness against the person’s will and it causes disruption to one’s personal life (Tripathi & Mehrotra, 2010).

Counselors who have STS experience recurring thoughts about their clients’ shared information. These recurring thoughts intrude to the individual’s conscious awareness; it is unwanted and uncontrollable, in effect the counselor’s other transactions are affected. (Tripathi & Mehrotra, 2010). As a result, these unwanted repetitive thoughts can lead to Rumination.

Rumination is defined as a persistent, recyclic, depressive thinking. It is a relatively common response to negative moods which counselors usually experience because of their clients’ personal issues. (Papageorgiou & Wells, Depressive rumination, 2004). Counselors with STS may experience a chain of ruminative thoughts, for example, “why do I react so negatively?”, “I just can’t cope with anything,” and “why don’t I feel like doing anything?”.
Behavior & Psychology

Coping strategies

It is very normal for a lot of people to experience stress, or to experience a physically and mentally exhausting situation. For students, it could be the academic pressure on their school. For parents, it could be working hard every day to ensure their children’s welfare, with that, it is important to understand that stress is normal. For counselors, however, their profession could be more demanding and exhausting as they work with different people with different issues and concerns, thus, make them more at risk of developing Secondary Traumatic Stress.

Counselors who have STS mimic the same symptoms of the traumatized person. The trauma that the counselor acquires from their clients need attention as untreated trauma may result in permanent dysfunction and re-traumatization (Whitfield & Kanter, 2014). That is why, counselor who are aware that they have STS formulate individual coping strategies for STS that work for them especially in handling cases that can possibly re-activates the manifestations of trauma. (Newell & MacNeil, 2010)

Coping strategies are defined as the person’s constantly changing cognitive and behavioral efforts to manage specific external or internal demands that are appraised as taxing or exceeding the persons resources (Redhwan, 2008). These coping strategies help the counselors to avoid or the control the effects of STS and to ensure that they could continue to be involved with their clients effectively.

Examples of coping strategies:
1. Debriefing is an early intervention or prevention that allows the counselors to re-experience their client’s traumatic event but in a controlled and safe environment to make sense of the incident.

2. Seeking support system is communicating to people that helps an individual feel more certain and in control with a situation.

3. Building positive relationships toward others through engagement with positive activities with other people.

4. Separating personal and professional life by setting limits when it comes to work.

5. Keeping a positive view towards work despite the number of case loads. It is important to find good things that come with it and focus on helping the clients.

6. Being physically and mentally prepared by doing some exercise, being active and motivating yourself.

7. Learning to adjust when something goes wrong or something occurred that is unplanned.

   Be at ease and get a grip on the situation.

8. Relaxing and finding time to participate in hobbies that satisfy your personal needs.

---

**Affect**

**Distress intolerance**

Avoiding negative emotions to live a fuller life is essential. As much as possible, people try to detach from things that would encourage negative thoughts or emotions. It is even more important for Counselors to secure themselves from negativity. In that case, counselors feel that
they have to do everything to avoid depressing or pessimistic thoughts to ensure productivity. They develop certain strategies to protect their well-being and ensure effective guidance to their clients.

Counselors who experience STS show signs of emotional distress, but they do not want to get negatively affected by their emotions because they need to be of service to their clients. Because of this, counselors who have STS may possibly experience distress intolerance, in which they feel that they need to desperately escape the uncomfortable emotions that they are feeling (Saulsman & Nathan, 2012).

Distress intolerance is more than just disliking a negative emotion, it is rather a strong feeling of wanting to escape or get rid of unpleasant emotions, and if it further develops, different problems could arise because it prevents a person to live life comfortably (Centre for Clinical Intervention, 2012).

Counselors who experience STS could be more likely to develop distress intolerance because they usually encounter intense and strong emotions (e.g. grief, anger, despair) and these could be too unbearable; thus, affecting the professional and personal life of the counselor.

Additionally, a therapist must strive to have balance within life. There needs to be a balance between home, work, self, and others. There needs to be a balance between the physical self, the emotional self, and the spiritual self in order to continually work with those who are struggling through the impact of the traumatic experience. The importance of social support cannot be overemphasized (Harris, 1995). The work one can do with oneself can include journaling any dreams, process the intrusions and integrate the memories, progressive relaxation, imagery, physical activity, appropriate diet, drawing upon spiritual strengths, and seek
involvement in an activity of interest, that brings pleasure. It is important for the therapist to incorporate those skills taught to clients in order to provide effective self-care.

**Recommendations**

The following are recommended to further improve the study:

1. Since the researchers only made use of interview and behavioral observation in gathering data for the study, other researchers can use different techniques to acquire more and varied data to make the study more dynamic.

2. The researchers recommend adding more participants to strengthen the information acquired.

3. The researchers recommend making use of individuals from other profession to identify whether they are experiencing the same experiences as manifested by the Filipino counselors.

The following are the recommendations for the field of Psychology:

1. It is highly important to make “Secondary Traumatic Stress” known to the public that is why the researchers recommend constructing a seminar about STS, guided by an expert on this subject.

2. Psychological Association of the Philippines (PAP) should build a support group to counselors who are experiencing STS to help them cope with the damaging effects of the condition.
Since “Secondary Traumatic Stress” is known to be an occupational hazard to counselors, and Counseling is a big part that makes Psychology, the following are the recommendations to Filipino Counselors.

1. The researchers recommend to construct a means of stress management by having ways to manage one’s stress, which it can lessen the risk of acquiring STS and the counselor can better perform his/her role as a helper.

2. The researchers recommend that counselors should conduct a seminar to construct prevention and intervention program about Secondary Traumatic Stress.

3. The researchers recommend that counselors should find time to know more about what Secondary Traumatic Stress is because it could lessen the risk of acquiring it.

4. The researchers recommend that counselors see regular supervision or consultation especially when working with crime victims or survivors of other traumas. The purpose of this is to process the painful client material, as well as any personal emotions or cognitions that may be experienced as overwhelming. This is a vital process in preventing STS.

Conclusion

Generally, most people have an idea on “trauma” and its effects. It is important to understand that exposure to traumatic events can cause detrimental effects, not just to the person exposed to it but to other people that he/she interacts with, and the process of transferring the
first-hand trauma to another person without experiencing the actual traumatic event is called Secondary Traumatic Stress. At the same time, STS is the stress an individual gets from wanting to help alleviate the situation of a traumatized person. Since STS can be acquired through disclosing one’s experience or information about the traumatic event or exposure to traumatized people, it is highly common for counselors to be at risk to this condition, because, counselors get highly involved with their clients’ personal lives to address their specific needs. Being a counselor is not easy, it is more than talking about their clients’ issues and addressing their needs, it is a profession that goes beyond listening and assessing their clients’ issues, it extends to real connecting, being compassionate about their clients, and really putting one’s self to other’s situation.

STS could affect an individual’s functioning the same way a traumatized person is affected by the traumatic event. It could affect one’s cognition, behavior and affect that can cause distress and alter the way one’s professional and personal life, not to mention the effect to the individual’s relationship to other people, thus; it is highly important, especially for the counselors, to have means of stress management to combat the stress that comes with their profession. It is important to remember that while counselors do their best to be of service to their clients, they are just human beings and that they have their limits that must be considered. One must be physically and mentally prepared so as not to exhaust one’s self to minimize the risk of acquiring STS and to perform better professionally.

It is not to say that counselors are the only people who are at risk in acquiring STS; everyone could experience STS, and so this study will be of great help to have an understanding or knowledge about what Secondary Traumatic Stress is, how it is acquired, and what are some of its effects.
References


Rathe, E. (n.d.). Transference and countertransference from a modern psychoanalytic perspective. NASCW. Bostford, CT.


Appendices

This section includes the formulated questions to gather as much information about Secondary Traumatic Stress and was used for the interview, the transcribed data of participants’ during the interview, the approved consent letters given by the researchers to the participants’, and individual case study of each participants’.

Participant (1)

Educational background: AB psychology, MA & PhD on Guidance and Counseling
**Work history:**  Residence Assistant first for, Counselor for girl children in difficult circumstances for the street children in Metro Manila, Counselor for the crisis center for migrant women and Multipurpose center, Counselor at School setting in Dasmarinas

**Specialization:** Training on feminist counseling and crisis counseling, Specialized in using technology on counseling

| COGNITIVE | ➢ Cases that the participant think about: Disaster cases, particularly Sendong  
➢ Do you dream about your client’s case? Yes, about flood during typhoon Reming (but it is not her case) |
|------------|----------------------------------------------------------------------------------------------------------|
| BEHAVIOR   | ➢ Debriefing  
➢ Had to debrief her own self – rode water rides at theme park to scream  
➢ Find a way to manage stress |
| AFFECT     | ➢ Do you get moody/stressed: Yes  
➢ Experience/Stories you can relate with? Glenda’s case - Suicide case. |
| PHYSIOLOGICAL | ➢ If not debriefed: Palpitate, Edgy  
➢ Sleeping habits are affected – can’t sleep  
➢ Loss of Appetite |

**TABLE 1**

The participants are handling case within the school settings and also involved in psychosocial services with the victims of calamity. She is exposed to cases related with disaster victims and suicidal cases. The participant limits her counseling sessions within less than an hour, because
according to her, counseling sessions that extend beyond an hour could be unhealthy not just for the client but to the counselor as well. The participant handles different numbers of clients in a week depending on the nature of concerns of her clients.

**Cognitive**

When asked if the participant has cases that she often thinks about, she answered, yes, and the particular case is about victims of calamities, specifically the typhoon Sendong. She was asked why, and she said that as a counselor, you cannot help but to re-experience what the client has shared and it affects her other transactions.

The participant had experienced dreaming about her clients’ cases, and it was about flood, particularly about typhoon Reming, though, according to her it is not one of her specific case but her dream was very visual.

**Behavior**

The participant found a way to manage her stress and get less affected by putting a box to keep her personal and professional life separated. Another way for her to manage her stress is to seek support system from her significant others or her co-counselors.

**Affect**

The participant usually feels moody or stressed towards her work especially if the environment she’s in is very stressful or demanding, like when they had to go to Villamor airbase, the
participant together with her co-counselors were deployed at the evacuation center, they had to stay there for a week to assist the victims and when they got back, she felt really stressed and felt the need to debrief her own self because by the time they got back, it was during Christmas break and no other counselors were around to assist her.

When asked if she has any case that she can relate with, she talked about one of her Suicidal case, the case of Glenda. Glenda committed suicide by jumping off a building. For the first month, the participant felt that Glenda lived in her and she felt vulnerable. After a few months, Glenda’s mother experienced some kind of transference towards the participant, Glenda’s mother kept bothering her to the point that she even wants to know where or what the participant is doing. The participant had to process her experience to her director. Another case that she can relate with was her cases with typhoon Sendong, because she handled cases of mothers that have children missing, and, as a mother herself, she found her clients’ stories very visual and stressful.

“Glenda, she is from cavite so, the parents talk to me, parang Glenda live in me, parang she committed suicide, she jump off the building and for a time syempre vulnerable yung first few months but after a few months, nagkaroon ng hindi masyadong in a way parang transference pero hindi naman tlaga transference pero parang ganon yung nangyare sa mother so they came to the point na dapat alam nila kung nasaan ako so I have process to the director that time. For other cases yung sendong was very heavy for me because I am also a mother and there were some cases of mother na nawala yung mga anak, so visually very stressful tapos yung stories.”
Physiological

The participant’s personal life is affected, specifically her body. During her early practice, she used to get migraines and gets easily irritated if her surroundings get too loud, also, her sleeping habits are affected, she can’t sleep most of the night and she experienced loss of appetite.

According to the participant, if she doesn’t undergo debriefing, she gets really edgy and irritated. One specific experience that she had was when they were at a theme park, she rode all the water rides to scream and release the stress she’s feeling towards her work.

“I have to do some briefing on my own kasi christmas break noon, wala akong mga counselor my family brought me to, Sta. Rosa theme park, Enchanted Kingdom, we rode lahat ng may water para lang masigaw ko, syempre non hinde ka naman pwedeng sumigaw, the day after when I came in ng ano [villamor airbase], the day after kailangan ko isigaw lahat ng ano otherwise, ang reaction saken personally parang ano edgy ako, nagpa-palpitate”

What is STS for Participant (1)

According to the Participant, STS is when an individual absorbs the trauma without directly experiencing trauma when dealing with a traumatized person.

“Secondary Traumatic Stress is usually experience by the helper/counselor, kapag nag di-deal ka sa isang client pero di ka talaga directly affected kung ano yung nag ko-cause ng traumatization, pero it becomes secondary kasi na a-absorb mo or vicariously naranasan mo rin yung trauma.”
When asked if the Participant has STS, she said yes, she experienced when she volunteered as a psychosocial counselor for Typhoon Sendong and Yolanda.

“I have experience secondary trauma, because I have volunteer as a psychosocial counselor for the survivors of typhoon Sendong and typhoon Yolanda”
Participant (2)

**Educational background:**
BS Psychology, MA in Guidance and Counseling, PhD in Counseling Psychology

**Work history:**
5 years as a professor at Leyte, 20 years as a counselor at Dasmarinas

**Specialization:**
Counseling Psychology

| COGNITIVE | Do you often think about your client’s case outside of work?  
Yes |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do you dream about your client’s case? If it’s intense (Rape cases)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>Often share her client’s general case to other counselors, Debriefing, Process emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Watching violent shows through TV – can be a source of STS, especially if emotional</td>
</tr>
<tr>
<td></td>
<td>What part of personal life is affected? None, keeps it professional</td>
</tr>
<tr>
<td></td>
<td>Feels beat up and tired after counseling session</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AFFECT</th>
<th>Do you get moody/stressed: Yes (Stressed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Experience/Stories you can relate with? Bullying</td>
</tr>
<tr>
<td></td>
<td>Emotionally affected – Compassion fatigue (Feels beat up</td>
</tr>
</tbody>
</table>
Physiological

- Experience fatigue after Counseling Sessions

**TABLE 2**

The participant handles cases at school and outside of school and she has already been exposed to Suicidal cases, Bullying, Course-related issues, early pregnancy cases and Disaster victim cases. Wherein she considers suicidal cases as the number one issue that she usually deals with. She spends minimum of an hour during her counseling session but it still depends because she has clients that needs assessments to better understand their situations.

**Cognitive**

When asked if the client has a specific case that she often thinks about, she answered yes and it is mostly about pre-marital sex cases, because according to her, she feels sorry for the client and his/her parents, assuming that the client gets pregnant. Also, the participant also has a niece that got into an early pregnancy and it felt traumatic on her part and she fears that her students might suffer the same situation. The participant often thinks about her clients’ cases outside of work and she would normally discuss the general case to her co-counselors which she finds helpful on her part.

When asked if the participant has experienced dreaming about his clients’ cases, she answered, yes especially is the case is intense, for example, rape cases; she said she have clients that are victims of rape that really breaks down and she feels sad and sorry for them because she could really see how helpless her clients’ are, to the point that they could not even properly speak...
Behavior

There are several ways that makes an individual vulnerable in acquiring STS, according to the participant, one of which is through violent television shows especially if the individual is too emotional.

The participant disclosed her ways on how to cope with the stress that comes with her profession; one is by sharing her clients’ general cases to her co-counselors, another is by debriefing, and by processing emotions effectively, along with it is crying if necessary and by finding time to relax.

Affect.

When asked if the participant feels moody or stressed when she thinks about her clients’ cases, she answered, yes and that as a counselor, you will really get affected by it especially if the counselor is practicing the profession for so many years and will have to overhear the same issues again and again while assessing how to address different issues of the clients, the participant said that being a counselor can be really stressful.

“Nas-stress ka, lalo kung matagal ka na sa profession mo, naririnig mo na paulit-ulit pero na ii-stress ka pa rin kasi syempre magi sip ka kung anong ia-assess mo tapos ano yung mga steps na gagawin mo kasi every client has a unique problem”
The participant can relate with her clients that are victims of bullying because it is a common experience that most teenagers get associated with, though not very traumatic, but still can have an impact to an individual’s life.

The participant cannot see any severe effect of her profession to her own personal life because she keeps his work professional. But she feels emotionally affected to her clients’ cases, by emotionally affected, she associates it with compassion fatigue.

**Physiological**

The Participant experiences fatigue after counseling sessions wherein she would go home from her counseling sessions feeling exhausted, she would question why she is feeling so tired when she only sits around her office and just talk to her clients without performing any physically draining activities.

**What is STS for Participant (2)**

When asked, what is STS for the participant and if it’s a new term to her, she answered that she has heard and read about it and for her, STS is like compassion fatigue wherein an individual gets stressed not to his/her own problems but rather on the concern that on wanting to help to other person’s problem.

When asked if the participant experienced STS, she said yes, because for her, STS is like compassion fatigue or vicarious trauma wherein an individual can also feel the experience shared to him/her by another individual.
“oo other term kase dyan ay compassion fatigue, yun yung tinatawag nilang vicarious trauma”

“parang emotionally affected ka lang magkakaroon ka ren ng compassion fatigue yung parang pag uwi mo sa bahay pagod na pagod ka nakaupo ka lang naman nag interview ka nag counseling ka lang nman pero pag uwi mo sa bahay parang nabugbog ka magtataka baket ako pagod na pagod? yun yung tinatawag na compassion fatigue.”

“parang Compassion Fatigue kasi na ii-stress ka hindi dahil sa sarili mong problema kundi sa problema ng iba then you want to help, so yun parang nagkaroon ng transference hindi naman totally pero may konting transference on your part, yung problema niya parang inako mo na rin.”
Participant (3)

**Educational background:** MA Psychology, Clinical Psychology

**Work history:** Twelve years in Dasmarinas as a counselor, Three years in a different school, One year in a children institution, Youth coordinator, One year in a government agency.

**Specialization:** Guidance and Counseling

| **COGNITIVE** | Cases that the participant often thinks about: Serious cases – Suicide  
|               | Does the participant think about her clients’ cases outside of work? Sometimes, Yes  
|               | Don’t dream about his client’s case |
| **BEHAVIOR** | In dealing with serious cases, prefers to turn the client over accordingly so he would feel less burdened.  
|               | Does not bring his work into his personal life  
|               | Does not see his work as a burden to his personal life or other activities  
|               | Relationship with other people: Not affected |
| **AFFECT** | Experience/Stories you can relate with? Yes, Academics cases only |
Do you get moody/stressed: No

| Physiological | No Physiological effect |

**TABLE 3**

The participant is a guidance counselor mostly handling academic related cases and exposed in handling trauma cases in institution like sexually abuse, physically abuse, and family problems. But on his practice at school setting the participant have not yet encountered any severe cases. The participant handles different numbers of clients in a week, depending upon referrals and walk-ins. The amount of time the participant spends with his clients during one session usually lasts for about 1 to 2 hours based on the clients’ needs because according to him, sometimes the client can easily get tired and feel toxic and may not succeed on disclosing his/her situation.

**Cognitive**

The cases that the participant often thinks about are life threatening cases, particularly, suicidal case, because the participant feels liable to the situation of his client and gets too concerned with the success of his sessions. When asked if the participant often think about his clients’ case outside of work, he answered yes because he usually get some thoughts of realization about his cases.

The client has not yet experienced dreaming about his clients’ case.

**Behavior**

The participant’s personal life is not affected with his profession, he still manage to stay his personal life separated from his work. The participant is currently not married and does not have
any children. When outside of work, he usually finds time to prepare and plan ahead for each of his sessions. In dealing with heavy cases that the participant thinks is too overwhelming for him, he usually refers the client to other counselors accordingly and would not force himself to handle that case. With regards to the client’s relationship to other people, he said that it is not affected.

**Affect**

When asked if the client has any experiences he can relate with, he answered that he can relate to his clients’ that are having problems academically, he usually share his personal life or other people’s shortcomings to make them realize how lucky they still are. Since the participant is not yet exposed to any life threatening cases, he does not get moody or stressed towards his profession. According to the participant, counselors that usually gets stress are those who handles serious cases like life threatening cases.

The client has not yet experienced dreaming about his clients’ case.

**Physiological**

No Physiological effect to the Participant

**What is STS for Participant (3)**

According to the participant, He is already familiar with Secondary Traumatic Stress, and STS for him, is when an individual feels burdened by another person’s shared life experience and gets affected by it.

When asked if the client has STS, he answered that he does not see himself experiencing STS so far.
Participant (4)

**Educational background:** PhD in Counseling Psychology and MA in Guidance and Counseling.

**Work history:** Counseling profession for 16 years, Psychology profession for 7 years

**Specialization:** Counseling Psychology

| Cognitive | ➢ Do you think about your client/cases outside of work? No, work is detached from home  
➢ Has different perspective on work  
➢ Do you dream about your client’s case? No |
| --- | --- |
| Behavior | ➢ Detached his work from his personal life, when at home, he is focus on his family and being a father  
➢ Talk to his students after session (work unrelated)  
➢ Comes prepared – Jogging every Wednesday with his students  
➢ Enjoy working environment  
➢ Affects him positively, he views life differently, easier to adjust, easier to handle people |
| Affect | ➢ Experience/Stories you can relate with? Boy/Girl relationship  
➢ Do you get moody/stressed: No |
Physiological

| No Physiological effect |

**TABLE 4**

The participant handles cases at school and outside of school since he has his own clinic. He already handled cases about Separation trauma family cases, suicidal cases, sexually abuse, physically abuse and annulment cases. He spends maximum of two hours with a client depending on the case, because, according to the participant, if he spends more than two hours with a client, it could get really tiring especially if the case is severe. But, it is different when he handles an annulment case because it is not really counseling but more of an interview and knowing the background of the client and the session could last half of the day. The participant handles different number of cases in a week, depending on referrals and walk-ins, he could handle up to 10 cases for a week and most of them come from walk-in clients.

Cognitive

When asked if the participant has any case that he often thinks about, he answered, “early pregnancy cases” because, according to him, he has daughters and when he handle clients who are troubled with early pregnancy, he would often think about today’s generation and he would find himself questioning what more can happen to the generation of his young daughters.

When asked if the participant think about his clients cases outside of work, he answered, no, because he always make sure that his work is detached from his home. Ever since he started counseling as a profession, he always keep in mind that when he is at work, he will make sure to stay focus and finish everything that he needs to finish and when he is at home, he is focus on his family and be a father to his daughters. Also, the participant has a different perspective on his
profession, he does not see it as a burden but instead, he is really dedicated to his work to help his clients despite how stressful his profession can get.

When asked if the participant experienced dreaming about his client’s case, he said, since he started working as a counselor, for 16 years, he hadn’t experienced dreaming about his client’s case.

Behavior

The client has different ways to cope and deal with the stress that comes with his profession, some of which are that, as mentioned earlier, he always sees to it that he keeps his work separated from his personal life; he finds time to enjoy being with his family and raising her daughters. Also, he keeps a support system through students that usually visits SWC, he would normally just chat with them in a work unrelated manner and it affects him positively because, in a way, he could adopt the student’s positive energy. In every counseling session that he has, he makes sure that he comes prepared mentally and physically, by physically, he finds time on his schedule to jog every Wednesday with his students and last, the participant enjoys his working environment otherwise, according to him, an individual might get burn out.

“I’m lucky enough na meron akong mga students na nandito na nakakusap, talagang suki na sila ng SWC, Nawawala yung pagod kasi parang ang nagiging impact nila is positive sa akin for example yesterday meron akong client for 2 hours, 2 hours talaga nag start kami 10 natapos kami ng 12 ang sabi is bat mukang pagod ka nang lalambot ka, hindi okay lang ako. Wala kwentu-kwentuhan lang kami parang kwentuhan lang parang yung pang typical day sa
kanila kung ano ngyari sa kanila after that wala na, parang kasi nakuha niya yung parang energy ko eh, diba so sa counseling session and then nandito yung mga bata na with positive energy pasok sila dito ako naman naka adopt sa kanila.”

“iba yung perspective ko sa work I’m here to help students kaya dinededicate ko na yung time ko from 8-5 dito sa school sa work ko as counselor so, expected na kapag counselor ka you’re going to deal with stress, with the problem to other students so you have to prepare for that, so, for example nag eexercise ako every Wednesday kasama ko na yung mga students nag jo-jogging na diyan sa oval ganon, parang ineenjoy mo nalang yung environment mo”

The participant’s personal life is affected by his profession positively because, according to him, his profession helped him to view life differently because he became aware as to how one thing should be processed, like for example, as a father, when he handle cases of students that has a father having an affair, he would know the effects of that situation to the client, the participant could see different scenarios quickly than other people. It also makes the participant adjust easier and handle people especially girls since most of her clients at school are girls and this also helped him as a father to raise her daughters.

Affect

The specific case that the participant identify himself with are cases about Boy/Girl relationships, because the participant had been through it, and he used to think and process the same way as his clients, because then, he was still immature and had no idea how to handle said situations.
When asked if the client feels moody or stressed when he thinks about his clients’ cases outside of work, he said “no”, because no matter how tiring his counseling sessions can get, he feels lucky to have students who he can chat with and affects him positively.

When asked if the participant experienced dreaming about his client’s case, he said, since he started working as a counselor, for 16 years, he hadn’t experienced dreaming about his client’s case.

**What is STS for Participant (4)**

The Participant associates STS, with the term “burn-out” which according to him, it is the result of stress from work.

“Burnout sa serbisyo, sa everyday na ginagawa niya nabu-burnout na siya. Nagresult ito [ng] stress within work.”

When asked if the client has STS, he said no, because he doesn’t see his work as a burden but rather a profession where he could dedicate his time on helping other people, he comes to work physically and mentally prepared and enjoys his working environment so as not to exhaust himself no matter how stressful his work can get.
Participant (5)

**Educational background:** Industrial Psychology, MA in Psychology, Double MA in Special Education, Compressed major in Educational leadership.

**Work history:** 22 years as a counselor

**Specialization:** Special Education, Educational leadership

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Cases that the participant often thinks about: The case of one Graduating student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does the participant think about her clients’ cases outside of work? Yes</td>
</tr>
<tr>
<td></td>
<td>Dreams about her client’s case</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Integrates her personality as a counselor at home (being considerate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Easily identify other people’s problems</td>
</tr>
<tr>
<td></td>
<td>Brings her work into her personal life</td>
</tr>
<tr>
<td></td>
<td>Be honest – If she can’t handle cases because of her own problem, she would not entertain cases for a while</td>
</tr>
<tr>
<td></td>
<td>Relationship with other people: Affected, talks to them lightly, should be dynamic.</td>
</tr>
<tr>
<td></td>
<td>Debriefing, Change clinic-ing time, Jogging, Rest</td>
</tr>
</tbody>
</table>
The participant is a guidance counselor and has already been exposed to different traumatic experiences, from academic related cases, she already encountered Verbally abuse clients; Verbally abused by teachers and parents, embarrassing moments, family problems, depression and loss of loved ones cases. On a much heavier case, she already encountered Physical abuse and Sexual abuse cases, including incest and Suicide cases. The participant handles different number of clients in a week, depending upon referrals of the faculty, student, staff, nurse, parents and also depending upon walk-ins. The amount of time the participant spends with her client during one session depends on the client’s need. Because, each client has different set goals and it also depends on how big or how heavy the problem of the client is. Some clients prefer “one shot counseling” because from what the participant said, Filipinos are very expressive and are capable to easily express what they are going through unlike foreign people.
The client has one particular case that she often thinks about; it is the case of a graduating student who is a cutter. During the client’s first year, she is just reporting for consultation because she is not performing well on her academics and complaining that she is just “below average” because she has a difficulty on her English subject. During her third year, she was referred to visit the SWC because someone found out that she cuts her pulse, at first, the client was hesitant to disclose her situation but as the process went on, the participant found out that the client was being abused by her father who has a military position, the client do not want her mother to find out because her mother has a heart problem and she might not process it well, also, the client gave a consent not to tell anyone and given that, she can’t just disclose the client’s situation. The participant often thinks about this particular case because she can’t believe that a father could do it to his daughter, also, she feels somewhat helpless because she can’t really offer much help to her client outside of school. Although, not all of her participant’s cases are heavy like that of the case mentioned earlier, she usually thinks about her client’s cases outside of work because the participant needs to connect with her clients to provide follow ups especially to the severe cases. And, one problem that she observed is that, at times, some clients don’t attend their scheduled session and she would feel the need to reach them through text because she is too concerned.

When asked if the participant experienced of dreaming about her client’s cases, she answered, sometimes because it is registered to the subconscious. She tends to think about her cases to prepare herself for the client’s situation.

Behavior
The participant’s personal life is affected with her profession, according to her, she most likely integrate her personality as a counselor at their home, she doesn’t have any children and so, she lives with her nieces and nephews and they would usually tell the participant that she comes off too much as a counselor even she’s at home. Some of the counselor’s characteristic or traits that the participant integrates on her personal life are that she is being too considerate because as a counselor, you must really understand the situation of your clients, also, she finds herself to easily identify people’s problem.

There are times that the client starts to question her profession and have thoughts about giving up. Mainly because, there are moments that she feels bombarded with her work and there could be a series of unsuccessful sessions and she would feel really tired. But after self-reflecting, she reminds herself that it is a part of her profession. The participant also makes it to a point to be honest to herself when it comes to her capability to counsel a client, like when her mother died, she feels really down, she did not forced herself to handle a case because she knows that she would not be of any help to the client.

In terms of her relationship with other people, it is affected because the people close to her need to remind her to go home despite of how much work she needs to finish, because of that, she reminds herself that she is just a human being. As a counselor, she talks to other people lightly and as much as possible, the participant needs to be dynamic and sensitive, the participant observe if the client really accept the help she is giving, otherwise she would feel that the client is just wearing out her energy.

With the baggage of being a counselor, the participant has different ways to manage the stress that comes into her profession, like that of debriefing wherein she sometimes share her client’s general case to her co-counselors so that she would not be the only one to absorb the client’s
situation, also, she would sometimes change her clinic-ing time, she would also get into jogging as a physical outlet and lastly, she would really find time to take a rest.

**Affect**

The participant usually empathizes with her client because she wants to understand the experience of the client and so, she puts herself into the situation. Also, the participant would feel really tired handling different cases, this would go along with the above mentioned wherein she would question her profession and would think to give up her work.

When asked if the participant has any case that she can identify herself with, she said that she mostly identify herself to her verbally abuse clients, because as a child, she was verbally abused by her mother, though, she claimed that it is not an abuse that left severe mark or consequences to her.

The participant did not state if she ever feels moody or stressed when she thinks about her client outside of work, but she explained, that when a person gets moody or stressed, it is what people called “burn out”, wherein according to her, the person would want to give up his/her profession when it gets bombarded or too much to handle.

“That is what you call “burn out”. Parang gusto mo nang igive up yung field mo pag masyado ng bombarded”

**What is STS for Participant (5)**

According to the participant, she is already familiar with Secondary Traumatic Stress and for her, STS can be acquired when the client presents a traumatic and complicated case that is associated
with different factors which is hard to settle because of lack of awareness to the particular subject of the case.

“When the problem is being presented to you by your client, for example, the experience or the situation is trauma and then if there is a case there is a complicated case or different factors associated with that problem parang ang hirap i-settle parang nakaka-trauma i-handle and then you will [get] shock na may ganon palang klase ng problem.”

When asked if the participant has STS, she said that her stand is that counselors are not shock absorbers but facilitators, and as a professional helper, counselors should not be easily affected by stress or other terms related to it, so as to fully help their clients.

“Kasi yung role natin as a counselor, di naman pwedeng schock-absorber, we are facilitator, ako yun ang stand ko. [..] Kasi how can you be a professional helper if you will be affected by the stress”
Interview Questions

Name:

Age:

Years of related experience:

Specialization:

1. What types/kinds of trauma clients do you have?

2. How many hours do you usually spend with a client?

3. How many cases do you handle in a week?

4. A) Is there any specific case that you handle and often think about?

5. B) What is/are these case/cases?

6. Are there experiences or stories about your client that you identify yourself with?

7. Do you get moody/stressed when you think about your clients when you are not working?

8. What aspect of your personal life is being affected by your work?

   Relationship with husband/wife, child/children, siblings, friends, and relative that you meet in a regular basis.
TRANSCRIPTION

PARTICIPANT (1)

Interviewer: What types of trauma do you usually deal with po?

Interviewee: In school setting? In school setting usually yung mga personal experiences, like suicide attempt very recently suicide attempt, outside my involvement with the psychosocial services with the victims of calamity, my exposure with the calamities.

Interviewer: How many hours do you spend with the client?

Interviewee: as much as possible I try to limit it with less than an hour because if you go beyond an hour it will not be healthy anymore usually for both the client and the counselor, my focus is that not to go beyond an hour, kahit nga normal napag uusap lang kapag isang oras na parang nakaka ano na, how much more if you’re talking about traumatic experience.

Interviewer: Ilan po yung nahahandle nyo per week?

Interviewee: Hindi, yung mga trauma usually dito iba yung nature ng ano ng concern, most of them are normal concern so siguro mga once a month? At times there was a year na sunod sunod, may isang concern tapos pag labas another concern, you cannot predict cases like traumatic cases, kapag sa outside work namen with the survivors of Sendong and Yolanda buhos yon.

Interviewer: Meron ba ma’am instances na you think parang tumatak sa inyo yung trauma?

Interviewee: Oo

Interviewer: Marami po?

Interviewee: Oo specially kay Sendong.
**Interviewer:** Especially po yung mga calamities?

**Interviewee:** Oo dito sa cases naman minsan dala mo sya hanggang bahay hindi lang dito, kailangan mo siya “lagyan ng kahon” para hindi sya masyadong nakakaapekto.

**Interviewer:** Do you get moody or stressed when you think about your clients when you’re not working?

**Interviewee:** I do, pag I have to catch myself pagka may [...] Yung Sendong, ang Yolanda kase parang medyo Malaki yung gap [...] we [are] only seeing at the Villamor Airbase sa survivor, yung participation ko hindi directly to the survivor, so we get debriefing to the counselors pero hindi ako yung direct contact but with sendong it happened a week after naman tas very ano yun, dahil iniwan kami sa evacuation center so we were deployed at the evacuation center, after one week when I got back, talagang ramdam mo sya I have to do some briefing on my own kasi christmas break noon wala akong mga counselor, my family brought me to Sta. Rosa theme park, Enchanted Kingdom, we rode yung lahat ng may water para lang masigaw ko, syempre, hindi ka naman pwedeng sumigaw, the day after when I came in, day after kailangan ko isigaw otherwise, ang reaction saken personally, edgy ako [and] nag pa-palpitate.

**Interviewer:** What aspect of your personal life is being affected?

**Interviewee:** My body yun yung una agad, My husband understand my work as a counselor because I used to work to NGO, alam nya yung nature ng trabaho ko so he knows how to understand, here I used to work with counselor [...] so it is usually the body and yung before yung medyo bata pa ko yung, I have migrane na tratraumatized ako nung I have migrane, I get irritated kapag nagkakasabay sabay yung boses like if had to listen to you kailangan walang music, kailangan walang sumisigaw kase naiiritate na agad ako.
**Interviewer:** Have you experienced STS?

**Interviewee:** Yes, on certain time.

**Interviewer:** Naapektuhan po ba yung relationship niyo with your family?

**Interviewee:** Yes, when I came back to Cagayan De Oro, yung kay Sendong I was working with a case napakalight ng tulog ko parang ganon delivery, physically naapektuhan, my sleeping and my eating ayaw kumain, hindi ako nakakatulog but I find a way to manage the stress kase kailangan namin yon kasi kung hindi namin ma-manage, kawawa naman yung next case hindi namin maha-handle ng maayos and we have [to] sign off so pagkatapos ng mabigat na kaso. Hindi naman sa sinasabe na hinde kame pumasok [it] means na pag may dadating wag na muna ikaw ang mag handle, ibang counselor muna ang mag handle.

**Interviewer:** Do you dream about the same case with your client?

**Interviewee:** I do not really consider [it] STS naipapanagnipan ko yung flood sa tv, yung nag flood, was it on bicol? Reming yung nag baha parang naipapanagnipan ko yung madadaganan ko na pero hindi ko case yun so very visual kasi pero other cases I cannot recall na naipapanagnipan.
FOLLOW UP QUESTIONS

Participant (1)

Interviewer: Ano pong educational background niyo?

Interviewee: Okay my undergrad is AB psychology my masters in guidance and counseling and my PhD are also in guidance.

Interviewer: and yung sa work history po?

Interviewee: I started working when I graduated in the 90’s as a residence assistant, first for the dormitory so I work in UP so with the rehab a dormitory for freshmen the Kalayaan dorm so when I was finishing my master’s degree I work as a resident assistant, one of my function then was do counseling for the freshmen residence in the dormitory and after finishing my master’s I was already working with the [...] During my master’s I work as a counselor for girls children in difficult circumstances for the street children in Metro Manila and then I move on to work as a counselor for the crisis center for migrant women and yung multipurpose center that was on early 90’s 1992, I work there as a crisis counselor returning oversees workers women need a shelter program from those who retire, those who [are] already not in their mental state is not normal so we pick them out to the airport, we let them in the shelter for some time and then we do family reintegration so we contact the families for all over the Philippines from there, I moved to work as a counselor for here school setting here in La Salle Dasma up to the present.

Interviewer: Meron po ba kayong mga special training or specialization?

Interviewee: when I was in the crisis center for women I have training on feminist counseling and crisis counseling, when I was working with the children my training there was on street education and a CISD the critical incidence stress debriefing because at that time when I was working with children I was also a volunteer counselor in UP yung time na yon so my training
was in CISD although I know lately CISD is under fire by simply and then working with student in college I kinda [kind of] specialized in using technology in counseling so my dissertation is actually cyber counseling.

**Interviewer:** Ano po yung tingin nyo sa STS? hanggang saan po yung alam niyo doon?

**Interviewee:** I have experience secondary trauma, because I have volunteer as a psychosocial counselor for the survivors of typhoon Sendong and typhoon Yolanda and prior to that among counselors we’ve had during our case conference, we’ve had [a] talk about vicarious traumatization specially with our work with the sexually abuse with children no in the guidance office but during our volunteer work outside.

**Interviewer:** During the last interview you said na hindi po dapat nalagpas ng 1 hour yung session kase may risk, pwede po paki elaborate po yung mga risks?

**Interviewee:** Una yung risk for the clients kase if you [have] been sitting in one place for an hour that’s already worth a time specially for teenagers, that’s already too much sitting listening or sharing for an hour, it can already cause overload in terms of information overload in terms of feelings especially, kapag you are dealing with strong feeling, strong emotions for the counselor same way pero more than that it is more for the client because If you’re the counselor you can always call a time in, parang teka lang break muna or you might want to let me go pero for the client minsan, ano siya sa sinasabe how the counselor is leading him or her to a certain level, parang namamanhid ka na nabibingi ka na sa mga sinasabe.

**Interviewer:** you said that you experience secondary traumatic stress during Sendong, baket po kaya yun yung parang tumatak?

**Interviewee:** you cannot help it even if you are in counseling even if you’re just listening you get to experience , re-experience or relieve on what has been being shared so that’s what gets in
to your system also and if you are not aware you can actually affect it will affect your other transactions.

**Interviewer:** During the last interview, ano po yung ibig sabihin niyo sa pag “lalagay ng kahon”

**Interviewee:** I make it a point not to bring cases at home because when you get home you have another set of concerns.

**Interviewer:** You mention that you work on NGO.

**Interviewee:** Yes that one with the children and migrant women, I am sure about the crisis center for women I work there for 4 years for children about numbers of years.

**Interviewer:** Paano niyo po nahahandle yung stress from work?

**Interviewee:** Support system, support from my significant others, support not in necessary treat me nicely but it’s more that they understand that they did know how to keep distance or how to assist me parang ganon, from my significant others especially my husband and my two grown up kids support also, [also] from my colleagues like if I’m handling a difficulties like I would like to call for assistance or back up and they are readily given, may unstated understanding na if you need help, somebody can come in or one or two counselors come to assist.

**Interviewer:** Is there any an experience or stories about your client that you can relate with?

**Interviewee:** There was [a] case, it’s not me relating to the case the family there was somebody from Abudabi or Dubai who jumped off from the building. Glenda, she is from Cavite so nagkaroon ng I read the parents talk to me, parang Glenda lived in me, she commited suicide she jumped off the building and for a time syempre vulnerable yung first few months but after a few months parang nagkaroon ng hindi masyadong in a way parang transference pero hindi naman tlaga transference pero parang ganon yung nangyari sa mother, so they came to the point na dapat alam nila kung nasaan ako so I have [to] process that to the director [at] that time. For
other cases yung Sendong was very heavy for me because I am also a mother and there were
some cases of na yung mother na nawala yung mga anak, may mga anak na wala yung mother,
a na identify nila yung mga ganon so visually very stressfull tapos yung stories.

TRANSCRIPTION

PARTICIPANT (2)

Interviewer: Ma’am ano po yung types of trauma na na hahandle niyo po?

Interviewee: Pag dito sa school pag most session karamihan suicide, number one yan, tapos
mga bullying, mga simple lang naman yan eh kase traumatic din yan sa estudyante tapos yung
ma kick out sa course, tapos yung mabuntis, iwanan ng boyfriend yung mga ganon andaming
mga constant mga traumatic experiences ng mga estudante talagang nahahandle tapos yung
pinagalitan ng teacher, diba traumatic yon.

Interviewer: Ma’am how about outside?

Interviewee: Pag outside, na-handle namen yung kay Yolanda, pumunta kame sa pasay
complex, Yung malapit sa airport kase dun nakaconfine yung lahat ng victims ng Yolanda tapos
nag conduct kame ng stress debriefing, counseling tapos yung iba dinala dito yung may mga
kamag anak dito dinala ditto sa cavite tapos nakipag coordinate sa [...], ininvite kame tapos
kame din yung nag conduct ng stress debriefing, counseling dito kapag may nasunog din kasi
traumatic din lalo na kung may namatay sa family.

Interviewer: Ma’am how many hours do you spend with your client?

Interviewee: Minimum mga 1 hour, not unless mag conduct ka ng assessment yung test para
may support ka talaga na ito yung nangyari sa kanya kagaya ng, anxiety medyo kasama yon para
ma-assess mo [yung] level ng kanyang anxiety and depression sa mga estudyante, pero sa
outside wala ng test talagang sabak na.

**Interviewer:** Ma’am is there any specific case na nahandle nyo na that you often think about?

**Interviewee:** Pre-marital sex, traumatic lalo na yung karamihan sa kanila parang laro laro lang
tapos nung nabuntis na yun na very traumatic na.

**Interviewer:** Is there any cases that you identify yourself with?

**Interviewee:** Makaka-identify, oo, lalo na pag baguhan ka.k.a katulad ng bullying diba hindi
naman maiiwasan yan pag grupo grupo pag napag tripan ka ibubully ka although hindi naman
ganon ka traumatic pero kapag hindi ka sanay , […], Teacher,s may mga teachers na asarin ka o
diba may mga teachers na trip lang nya mang okray

**Interviewer:** Ma’am may time ba na nagiging moody kayo or stressed when you think about
your clients?

**Interviewee:** Oo maapektuhan ka din kaya karamihan ng mga chair ayaw nila mag handle ng […]
yung parang doon pupunta ang parent para mag complain.

**Interviewer:** Ma’am may time ba na iniisip mo yung story ng client nyo?

**Interviewee:** Oo tapos para medyo ishashare mo sa kapwa counselor mo kasong general dapat may
share din sya yung formal conference kase nakatulong sya pag shinashare mo eh ..

**Interviewer:** Ma’am ano po yung mga naapektuhan sa inyo personal [ly]?

**Interviewee:** So far naman wala parang professional lang.

**Interviewer:** Ma’am kunyare may na share sa inyo yung client nyo napapaginipan nyo naman
po ba?

**Interviewee:** Siguro pag intense, kase parang sanay ka na e
Interviewer: Hindi, before po?

Interviewee: Parang emotionally affected ka lang magkakaroon ka ren ng compassion fatigue yung parang pag uwi mo sa bahay pagod na pagod ka nakaupo ka lang naman nag interview ka nag counseling ka lang nman pero pag uwi mo sa bahay parang nabubog ka magtataka baket ako pagod na pagod? yun yung tinatawag na compassion fatigue.

Interviewer: Have you experienced STS?

Interviewee: Oo other term kase dyan ay compassion fartigue yung tinatawag nilang vicarious trauma feeling mo naramdaman mo den yun pero secondary ka na lang.

Interviewer: Ma’am yung katulad sa TV media can we consider that na pwerde ka mpasahan?

Interviewee: Oo napapasa sya oo lalo na kung emotional ka lalo na pag mahilig ka na manuod ng shows na karumaldumal patay patay, kase maapektuhan ka talga don eh kung baga hindi mo naman sya kamag anak o ka ano ano pero more or less maapektuhan ka pa den wag ka manuod ng mga nirape mga ano karumadumal na rape dapat iwasan mo. ngayon marami nnang technique how to counter yung comapassion fatigue pag guidance counselor ka katulad nung mga madre ang mga madre pala bago sila tanggapin mag undergo muna parang bago ka makatulong kung meron kang dinadala pag nag share yung client mo pareho na kayong dalawa pareho na kayong nag iyakan dapat na preprocess yung ganon bago ka maging counselor effective yung ma preprocess yung mga bagay na […] maganda yung naproprocess. Yung mga madre pala approve according to process marami silang emotional […] hindi nila ma let go so kase pag madre ka na dapat wala ka ng connection parang manhid ka na kase dapat marunong ka na mag handle marunong ka mag counter kung ano yung mga effective after the session marerelax ka pwede kang umiyak den yung mga ways pano ma counter.
FOLLOW-UP QUESTIONS

PARTICIPANT (2)

Interviewer: [Sa] traumatic cases na palagi niyo po iniisip, ang sinagot niyo po yung premarital sex bakit po?

Kasi naaawa ako sa mga, number one dun sa bata na pag nabuntis diba traumatic sa kanila yung mag sabi sa parents, diba hindi mo naman masabi sa parents, dun muna sa mga classmates, mga friends bago mag sabi sa parents the last one to know is the parents diba pag lumaki na ang tiyan, so, nakakaawa din ang parents kasi nag eexpect sila na maka graduate ang bata. Tapos may mga pamangkin din ako na nabuntis parang nakaka trauma, on my part na baka sa inyo rin mang yari.

Interviewer: May time po ba na nagiging moody kayo o stress?

Interviewee: Stress

Interviewer: Dahil po?

Interviewee: Dahil sa mga Interview na cases na ha-handle mo. More or less maapektuhan ka rin. Pero moody? Hindi naman.

Interviewer: Stress lang po talaga

Interviewee: Nas-stress ka lang, kasi parang lalo kung matagal ka na sa profession mo naririnig mo na paulit-ulit, pero na ii-stress ka pa rin kasi syempre magi sip ka kung anong ia-assess mo tapos ano yung mga steps na gagawin mo kasi every client has a unique problem, kasi marami pa siyang mga nag sanga sangang mga problema kunwari yung isang estudyante about premarital sex tapos din na siya papasukin ng parents niya so gusto niya pumasok pa rin siya pero gusto mag working student pero hindi niya kaya kasi buntis. Yung iba naman nabubuntis tapos hindi pinanagutan ng lalaki, so may kanya kanyang uniqueness ang mga problema ng mga bata. Yung
isa naman pinapalayas ng parents. Ang main issue lang is buntis pero merong mga nag sanga 
sangang mga problema sa bawat isang cliente so hindi mo masabi na “ah buntis pare-pareho 
lang yan”. May kanya kanyang uniqueness bawat problema ng bata. So kagaya ng kunwari nag 
fail siy, bakit siya nag fail? yung isa kasi tamad, di nag aaral ng husto, yung isa nag fail kasi 
nahubog sa internet games, yung isa naman nag fail kasi family problem, tapos yung isa naman 
nag fail kasi hindi niya type yung course na pinili niya kasi napilitan lang siya so, ano lang 
superficial lang yung nag failed pero if you go deep inside may deeply rooted na reason.

**Interviewer:** last time po nung tianang po namin kayo kung may mga experiences po kayo ng 
client niyo na napapanaginipan niyo tapos ang sinagot niyo po “siguro pag intense” ano pong 
mga cases yun?

**Interviewee:** Yung rape may mga cases ako na rape, kasi may mga clients ako na walang 
ginawa kundi umiyak ng umiyak parang nakakawa na hindi sila makapag salita ng maayos 
hanggang ngayon, parang pati ikaw mapaniginipan mo na rin marami akong cases na handle 
about rapenakakaiyak.

**Interviewer:** So madalas niyo pong naiisip yon?

**Interviewee:** Oo yung rape. Kaya protective ako sa anak ko, over protective ako, yung gala gala, 
siya lang mag isa kasi tapos yung mga kapit bahay may mga cases na ganon diba ni rape lang ng 
karpintero kapit bahay lang yon, ni rape lang ng lolo. May mga cases ako na na-handle na ganon. 
inaabuso ng uncle, inaabuso ng tatay mismo. So, nakakatakot kayo kayo pag nag asawa kayo 
may mga anak kayo ingatan niyo mga anak, kahit kayo ingatan niyo sarili niyo kasi alam mo 
naman lalo na sa mga pag nag rarape.

**Interviewer:** Yung educational background niyo po?
Interviewee: Bs Psychology tapos sa Cebu ako nag graduate University of San Carlos, sa masteral dito na Master of arts major in guidance counseling tapos yung doctoral ko phd dito rin counseling Psychology.

Interviewer: Work history niyo po?

Interviewee: Sa Leyte ako before nagturo college din government for 5 years nung nag asawa ako lumipat kami dito na ako nag work for 20 years.

Interviewer: Specialization niyo po?

Interviewee: Counseling Psychology

Interviewer: Para po sa inyo? Ano po yung Secondary Traumatic Stress?

Interviewee: Yung sinabi ko yung parang Compassion Fatigue kasi na ii-stress ka hindi dahil sa sarili mong problema kundi sa problema sa iba then you want to help, so yun parang nagkaroon ng transference hindi naman totally pero may konting transference on your part yung problema niya parang inako mo na rin.

Interviewer: para po sa inyo bago po yung term na yun sa inyo o hindi?

Interviewee: hindi, parang ano narinig ko na siya nabasa ko na siya pero yun yung akma para sa akin the best definition about stress trauma, Compassion Fatigue.
TRANSCRIPTION

PARTICIPANT (3)

Interviewer: Ilang taon na po kayo?

Interviewee: 38

Interviewer: Educational background?

Interviewee: MA Psychology, Undergrad Clinical Psych.

Interviewer: Work history?

Interviewee: This is my fourth work experience. Twelve years here in Dasma as a counselor. Three years in other school. One year in institution with children. Youth coordinator. One year in a government agency.

Interviewer: Specialization?

Interviewee: Right now, Guidance and Counseling.

Interviewer: What types or kinds of trauma clients have you handled?

Interviewee: Nothing so serious, right now. When I was in institution, there are a lot of cases of street children. Different kinds of trauma experienced by street children. Basically pag nag share sila ng life experience nila like sa street and sa family, syempre different from their school. so, ano bang gusto mong malaman?

Interviewer: Lahat po. Ano po yung mga cases sa institution?

Interviewee: Maraming cases don, may sexually abuse, may physically abuse, may iniwan ng magulang, may lumayas sa bahay dahil sa hirap and a lot more.
**Interviewer:** Dito po sa school?

**Interviewee:** Basically, ang mga na-counsel ko lang dito, nothing so serious right now. Mostly kasi academics yung naha-handle ko, so mostly normal lang naman yun sa mga estudyante, Lalo na sa mga hindi nag aaral masyado. So, yun hindi ko alam kung traumatic yon sa kanila. Pero kung nag hahanap ka ng serious case wala pa talaga akong na-handle na talagang too serious.

**Interviewer:** Sir yung about po sa institution yung mga traumatic cases dun?

**Interviewee:** Marami

**Interviewer:** Pano niyo po nasabi na traumatic cases yun?

**Interviewee:** Pag ini-interview naming sila, isang team kami ng mga social workers. So sometimes, syempre pag institution minsan all in one ka, minsan ikaw na yung house parent, minsan ikaw na yung social worker, ikaw na yung psychologist. So nakikita mo yung mga cases nila.

**Interviewer:** as traumatic po?

**Interviewee:** Oo traumatic kasi kaya nga namin dinala sila sa institution para mawala sila sa street. Kasi sa street diba nga maraming nangyayari. And before sila dumating sa street marami ng nangyari sa kanila along the way dun sa family nila, sa community nila. So ayun, basically you don’t have to compare yung sa school and sa street kasi kakaiba dun.

**Interviewer:** How many hours do you usually spend with a client?

**Interviewee:** Depende, kasi pag sa estudyante may limitation kasi minsan may klase so kailangan mong mag cut kasi may klase pa.

**Interviewer:** Mga umaabot lang po ng 1 hour?
**Interviewee:** Usually dapat 1 to 2 hours lang kasi minsan na kakatoxic din yun sa isang client.

**Interviewer:** bakit po naka-katoxic?

**Interviewee:** Syempre pinapa kwento mo yung nangyari sa kanya. Eh sinasabi nga niya ayaw niya ipaalam. It means ayaw niya talagang irefresh ulit yung mga pangayari kasi trauma nga yun, so ayun ayaw nila magkwento ng magkwento. Usually napapagod din sila. Minsan may mga ganong pagkakataon.

**Interviewer:** How many clients do you handle in a week?

**Interviewee:** Depende eh walang specific, kunwari pag may dumating na referral from the teachers. So dadalhin sa opisina. Mostly hindi nag papa-pasok, niri-refer yun. So hindi mo alam kung ilan yung darating sa isang linggo, isang araw, isang buwan. So ayun may mga finafollow up naman kami na mga concerns sometimes hindi naman sila pumupunta. Kasi ang pagpunta sa student wellness center hindi naman siya involuntary, so kung hindi mo feel hindi ka pupunta. So walang pilitan. Yun yung problema dahil voluntary at hindi nila nakikitang need yun so hindi sila pupunta. So yun yung problema, hindi pa ganon ka oriented yung mga bata or yung mga clients, yun yung problema ayaw nila ikwento ayaw nila ipaalam sa iba.

**Interviewer:** Meron po bang specific case na hinandle niyo na madalas niyong iniisip?

**Interviewee:** Siguro pag may mga serious case, halimbawa, pag yung case mo ay suicidal syempre hindi mo naman pwedeng isa walang bahala lang yun ah. Halimbawa, dumating yun sa case ko hindi mo pwedeng iwanan yan sa bata kailangan ma- turn over mo yan sa magulang, sa relatives na ganito yung case niya na baka anytime may gawing siyang hindi maganda. Syempre minsan kargo mo yan, so pag na turn over mo na mas mawawala yung burden mo. Yun lang
naman yung cases na nakakatakot pag naiwan mo na hindi mo maayos na naiturnover. Syempre iisipin mo yun.

**Interviewer:** Sa case niyo po?

**Interviewee:** Sa case ko wala pa naman akong ganon. Pero sa mga ibang case nakikita ko. Kasi nag di-discussion sila. Hindi mo pwedeng iwan basta basta kasi nga baka bukas deads [dead] na yan. So may liabilities ka kasi hinandle mo tapos hindi mo na properly turn over sa magulang or sa relatives. Syempre kasi kasama nila yon babantayan nila yon. So yun yung nakakatakot lang pag life threatening.

**Interviewer:** Do you think about your clients experience/story when you are not working?

Interviewee: Sometimes oo, kasi pag inaanalyze mo, iisipin mo lang kunwari may session ka nagpaplanong ka rin kase ahead of time. Kasi pag uwi mo dun ka palang mag paplano pag uwi mo lalo na kung nasa psychotherapy ka, kailangan may nakaplanong ka na kung anong gagawin mo sa next session. So pa-planuhin mo siya kasi after ng mga session nagdocumentation ka eh.

**Interviewer:** So iniisip niyo parin po?

**Interviewee:** Oo, kasi after ng session inaanalyze mo kasi nagdo-documentation ka eh.

**Interviewer:** Kahit wala na po kayo sa work niyo?

**Interviewee:** Sometimes kung meron kang mga realization. Minsan kasi pag nakauwi kana akala mo okay kana iwan mo na yung trabaho mo dito. Syempre may preoccupations ka parin. Sometimes yun nga vina-validate mo pa yung documentation na gagawin mo. Tapos vina-validate mo din yung sessions na ginawa mo tinitignan mo kung consistent ba yung mga statement niya, mga kwento niya. Tinitignan mo din, so nag pi-play pa yun sa mind mo. So di mo rin talaga basta basta maiwasan. Lalo na kung serious case yon.
Interviewer: May mga cases po ba na napapanaginipan niyo po yung mga experience ng client niyo?

Interviewee: Ako wala pa naman. I don’t know with the other counselors kung meron silang napapanaginipan.

Interviewer: Are there experiences/stories of your client that you identify yourself with?

Interviewee: Pag sa academics, kini-kwento ko lang din yung life ko nung highschool [and] nung college. Para magkaron din sila ng realization na minsan mas fortunate ka pa pala compare sa kausap mo kasi siya nagsumikap lang tapos ikaw pinagpala ka na. So parang ganon, na talagang hinanap niya talaga yung opportunity na ganon at nung nahanap niya di na niya pinakawalan. Na yan nga, kahit may ganito akong problema very fortunate parin ako unlike with others na talagang they work hard para lang ma-achieve yung goal nila. So may mga ganung sitwasyon na kahit may ganung kang problema mas fortunate ka parin kasi nandito ka. Lalo na sa school. Lalo na kayo.

Interviewer: Do you get moody or stressed when you think about your clients when you are not working?

Interviewee: Siguro masstress ka lang if you have a very serious case like yung mga life threatening.

Interviewer: pero sa case niyo po?

Interviewer: What aspect of your personal life is being affected by your work?

Interviewee: So far wala naman.

Interviewer: Sa relationship niyo po sa wife or mga anak niyo po.

Interviewee: Single pa naman ako. Di ko naman nakikita yung work ko na nagiging burdern sa buhay ko or sa personal life ko, di ko pa naman naeexperience na yung work ko ay burden sa akin or sa personal life ko and other activities. So pag nasa bahay ako, like weekends, ayun na yung personal life ko.

Interviewer: Ah so kumbaga hindi niyo na po dinadala yung work niyo sa personal life niyo?

Interviewee: Hindi na, maaaring naiisip mo pero minsan lang.

Interviewer: Para po sa inyo ano po yung secondary traumatic stress?


Interviewer: Sir bago po ba yon sa inyo?

Interviewee: Hindi matagal na yan, lalo na kung very toxic yung work mo. Sometimes yung nga kahit tapos na yung office hour parang bitbit mo parin yung trabaho mo hanggang sa other personal life mo. Kaya minsan affected ka, hindi kana makapag function ng maayos katulad nang dati. So parang dala dala mo pa.Para sakin ah, yun yung nakikita ko kasi nga diba nakikita niya na very toxic yung buhay, hindi nila na ma-manage ng maayos kung ano man yung workload na
sasabihin niya. Kasi pag uwi niya sa bahay iba na naman yung role niya na maaaring anak kayo, so hindi mo siya napoportray ng tama kasi nga dala mo parin yung work mo sa bahay niyo. Kaya nagkakaroon ng hindi magandang epekto pati sa ibang mga activities mo. So ayun, hindi na sya bago.

**Interviewer:** Have you experienced STS?

**Interviewee:** Hindi ko pa sya nakikita na, na-experience ko yung secondary traumatic stress, so far wala pa naman.

---

**TRANSCRIPTION**

**PARTICIPANT (4)**

**Interviewer:** What types or kinds of trauma do you usually handle?

**Interviewee:** Sa office? Kasi actually meron akong sariling office, may clinic din ako, pero are we going to talk about dito lang sa school?

**Interviewer:** Sa school and outside

**Interviewee:** Sa school, we’re handling counseling kasi na sa counseling psychotherapy courtesies kami, medyo malalalim yung cases sa amin, like for example, last week meron mga, separation trauma family, separation ng mother and father so they tend to attempt to commit suicide, tapos meron din kaming trauma in terms of sexual abuse, naka handle na rin ako ng cases this school year sexual abuse, yung separation, tapos physical abuse sa parents. And then what else this sem [...] pero sa outside kasi I’m handling annulment cases so mas malalim yung trauma, kasi doon talaga nandun lahat eh physical, sexual lahat ng abuse na mae-encounter namin.
Interviewer: How many hours do you usually spent with a client?

Interviewee: For counseling ah, it depends on the case, kapag medyo malalim, hanggang 2 hours and then pinapabalik ko nalang.

Interviewer: Isang session po yun?

Interviewee: Isang session, oo.

Interviewer: 2 hours.

Interviewee: Ang pinaka maximum ha, maximum of 2 hours, kasi after 2 hours, pagod ka na, especially kung ang kaso ay medyo malalim pero kapag sa mga annulment cases, iba kasi procedure yan eh hindi siya counseling eh, so more on interviews and then knowing the background of the client inaabo yun ng half day interview lang yun.

Interviewer: Half day?

Interviewee: Oo, interview palang yun.

Interviewee: Ganon katagal, so, different situation yun. Kasi kapag sa annulment cases from childhood up to the present hahalukayin mo yun, pero pag dito sa school syempre may mga klase din kayo so, inaano din naming yung schedule kung ilang oras pero babalikan nalang namin siya.

Interviewer: How many cases do you handle in a week?

Interviewee: In a week? Hindi naman siya actually consistent, for example this week may 10 kami, majority kasi na naha-handle ko for this school year walk-ins, madami akong walk in’s compared to referral, for example, last week I handled 3 cases na malalim, major case like suicide, dalawa dun suicide atleast. And then may isa naman dun physical abuse. Pero this week,
meron lang akong 2 pero yung 2 na yun separation ng parents yung isa nman over protective
yung parents so, depende kung ilan yung napunta.

**Interviewer:** So, meron po bang specific na case na madalas niyo pong naiisip?

**Interviewee:** Yung mga early pregnancy, yun ang mejo kasi meron din akong anak na girls lahat
ng anak ko babae so, syempre habang nag ka-counsel ka syempre, eto na yung generation
[ngayon], what more mas bata sila.

**Interviewer:** Yung mga stories po ng client niyo madalas niyo bang naiisip yun kapag wala na
po kayo sa trabaho niyo?

**Interviewee:** Actually hindi, kasi I’ll make sure na pagdating sa house detached na ko sa school.

**Interviewer:** So, kapag sa work, work lang.

**Interviewee:** Work, work kung work lang pero pag dating sa house family, family yan. So,
talagang dine-detached ko. Since nag start ako sa counseling profession I’ll make sure na
hiwalay talaga, pag dating sa bahay, focuson the family and then pag sa work, dito ko tatapusin
lahat kunwari kailangan ko mag document kailangan ko ng mag plan kung anong gagawin ko sa
next counseling session., lahat dito yun sa office, pag after 5:30 wala na yun, tatay na ko, pag
Saturday, Saturday sa office ko dun ako iba naman ako dun.

**Interviewer:** Do you dream about this experience or stories?

**Interviewee:** Wala nman, since nag start ako ng counseling for 16 years [in] counseling
profession, wala wala wala.

**Interviewer:** Are there experiences or stories about your client that you identify yourself with?
**Interviewee:** Yung mga boy/girl relationship yun matatawa ka nalang eh, kasi syempre na experience ko rin yun before, yung mga pa petty quarrels with your significant others, for example, yung sa girl friend mo nagpa-pacounsel na ganon yung boy/girl relationship matatawa ka nalang kasi pinagdaanan mo na yun eh, parang alam mo na it’s a small problem lang para sa kanila big deal na pero makikita mo na ganun din pala ako before kasi by that time yung time na yun syempre immature ka pa tapos hindi mo pa alam kung paano ihandle so, matatawa ka nalang.

**Interviewer:** Madalas po ba kayo nagiging moody or stressed kapag naiisip niyo po yung mga experiences ng clients niyo kapag hindi po kayo nag work?

**Interviewee:** Hindi kasi for example dito sa school, after the counseling session syempre minsan naglalambot ka pagod ka, for example for 2 hours nag counseling session ka pagod ka talaga. I’m lucky enough na meron akong mga students na nandito na nakakusap na talang anong sila dito suki na ng SWC, nawawala yung pagod [ko] kasi parang ang nagiging impact nila is positive sa akin, for example yesterday, meron akong client for 2 hours, 2 hours talaga, nag start kami 10 natapos kami ng 12 ang sabi is bakit mukang pagod ka? nang-lalambot ka, hindi okay lang ako. Wala kwento kwentuhan lang kami parang kwentuhan lang parang yung pang typical day sa kanila, kung ano nangyari sa kanila after that wala na, parang kasi yung energy ko eh, diba sa counseling session and then nandito yung mga bata na with positive energy. [pa]pasok sila dito ako naman naka adopt sa kanila.

**Interviewer:** Ano po yung aspect ng personal life niyo na na-apektuhan ng work niyo?

**Interviewee:** Positive aspect mas nakikita ko, for example nga, meron kaming mga clients na students na may problems with the family with the parents so, so ako, as a father, for example
may other woman yung tatay niya, alam ko magiging resulta kapag ginawa ko to, at sa magiging resulta sa anak ko, maaaring maging ganon, as a counselor nakikita ko yung different scenarios.

Interviewer: Yung work niyo po hindi niyo siya nakikita as negative na nakakaepekto?

Interviewee: Hindi, as positive, and also madali ako mag adjust with my daughter kasi nga, nalalaman ko yung mga bagong trends, sa school alam ko yung mga bagong trends ng mga bata, kasi ganon yun eh habang nalaki yung anak ko yung daughter ko naga-adjust din siya sa akin, ako nag aadjust din ako sa kanya because syempre ibang generation na kami but, sa work ko sa nature ng work ko nakikita ko kung ano yung mga bago, kung ano yung mga nag babago sa mga bata, kung ano yung mga hilig ng mga bata kung ano yung bagong trends. So, I can easily adopt sa kanya, like for example sa music, ano yung mga bagong in na music ngayon, maririnig ko nalang diyan tapos minsan kinakanta nila alam ko kung ano yung mga bago nakaka-relate ako sa kanila nakaka-relate ako sa mga daughters ko. And then, yung kung paano mag handle ng girls, kasi na handle ko is med bio majority, panay babae so, ang daughter ko is 13 years old kayo nasa 16, 17, 18, so hanggang early 20’s so yung gap is konti lang, parang alam ko na -ihandle ngayon pag nag dalaga siya. So positive siya.

Interviewer: Have you experienced STS?

Interviewee: hindi pa naman, kasi I know some counselors na encounter ko na parang everyday nalang na papasok sa work Monday pa lang pagod na sila, they see na their work as burden sa kanila, well, sakin hindi, iba yung perspective ko sa work I’m here to help to help students, kaya dinededicate ko na yung time ko from 8-5 dito sa school sa work ko as counselor so, expected na kapag counselor ka you’re going to deal with stress, with the problem to other students so you have to prepare for that, for example nag e-exercise ako every Wednesday kasama ko na yung mga students nag jojogging na diyan sa oval, inenjoy mo nalang yung environment mo kasi
from 8-5 nandito ka 5 days a week so you have to enjoy your environment, kasi kung for example you consider this as secondary traumatic na parang wala na, nasa peak ka na ng ano mo, you need to get out of the system or to get out of the school kasi burn out ka na.

TRANSCRIPTION

PARTICIPANT (5)

Interviewer: Ang topic po namin is Secondary traumatic stress among Filipino counselors. So yung first question po naming is what types/kinds of trauma clients have you handled?

Interviewee: Trauma clients.. Since I have been a guidance counselor.. so if I still remember may mga cases tayo ang pinaka most traumatic is more on mga sexually abuse, yung mga incest pati mga physically abuse yung mga ganon. Tapos in terms of traumatic, in terms of interrelated to academic sometimes, yung mga nasigawan, verbally abuse by their teachers, verbally abused by their parents mga traumatic yon, mga embarrassing moments as part of their traumatic experience. Or the death of love ones, the loss of their love ones like parents, mga sudden problems within the family that is the most traumatic experience by our students here in La Salle.

Interviewer: How many hours do you usually spend with a client?

Interviewee: It depends upon in the nature of the problem encountered by the students. If the student is willing to undergo an intervention, for example it depends upon the set goals by the clients. If the clients felt that they really need a big help. It depends upon kasi sa problem, how is the client coping. Sometimes the client will just ask for ‘one shot counseling’ kasi we the Filipino, we are very capable, we are very expressive unlike in the different setting in the different cases like in U.S they really need to talk about their issue. In Filipino once we had
expressed it, done. Like if you had attended the seminar in PSSP Samahan ng Sikolohiyang Pilipino then, [Dr. C of UP Diliman], presented his model ‘how the Filipino carrying their problems’. This man [Mr. C], presented a theory among counselors that we can use.

**Interviewer:** Yung mga cases po na nahahandle niyo mga ilan po sa isang week?

**Interviewee:** It depends upon the referral. Referral of the faculty, referral of the student, referral of the staff, referral of the nurse, referral of the parents. And it depends upon the walk-in. All is depend upon. Since we have required initial interview among the first year. The first year are required to see their counselors for initial interview. And based from the initial interview the counselor will depend that this person is experiencing a unique problem or based from the student initial survey she filled up, we will call the attention of the student. It depends upon. But here, the most common is depression you will notice that we have suicide cases.

**Interviewer:** Is there any specific case that you handle and often think about? Yung parang tumatak po sa inyo talaga.

**Interviewee:** Yes, I have a student before. She is graduating student. And then she cut herself here [pulse] and although from first year she is always reporting to me for consultation. She’s not performing well on her academics. And I just encourage her to study and said ‘Ma’am mejo ano yata ako below average’ kasi sinasabi nya mahina ako sa English. And then nung 3rd year second sem, nirefer sya dito kasi nakita na nagcut sya dito [on her pulse]. Hindi mo naman pwedeng pilitin ang isang tao during counseling session to open up. Then as we go along the process yun pala sya ay victim siya ng sexually abuse by her father. And then her father has a position in military tapos hindi siya pwedeng sabihin sa nanay. Kasi ang nanay niya ay may heart problem. Nagtatak talaga sa akin yun casi I couldn’t believe that this man can do this with his daughter diba. Dinala ko sa bahay nila hinatid ko sya. Maganda sana yung pamilya nila tapos
anak mong bunso gagawin mo sa kanya. Tapos hindi ko sinasabi dun sa father, kasi sabi nung
pamilya wag ko nalang daw.. saka ang consent ng client ko ay ayaw niya ipasabi so against sa
consent yun and sa ethics. It depends upon pag sinabi ng client na ‘ah sige Ma’am pede mo
sabihin’ kasong ayang niya natatakot sya sa pwedeng manyari baka mamatay ang nanay niya. So
I’m the one who talk with the eldest brother of the client. Sabi niya siya na daw yung bahala.
She’s still now living and already successful in Australia. Pero pag ano naman hawak mo yung
case, andyan yung itext ka nya na ‘Ma’am sorry this is really the end of my life’ so hindi mo
naman siya hawak no..except kung nandito ako sa school. Yun talaga yung hindi ko malimutang
case. So I did my best.

**Interviewer:** Do you think about your clients experience kahit wala po kayo sa workplace
naiisip niyo parin po yun?

**Interviewee:** Yes, you cannot avoid those things. Minsan nga sasabihin sa iyo sa bahay wag mo
nang dalahin yung problema. Pero di naman maiwasan kasi gagamitin mo parin naman yung
phone mo, magpafollow up ka parin. Hindi maiiwasan pero as much as possible as counselor pag
nasa field of vicinity iiwanan mo nalang. Then pag dating sa bahay lahat ng mga case mo close
mo na yan. Pero kailangan pag may mga unfinish na kailangan ifollow up, like yung mga severe
cases kailangan padin mag ano 24/7. Pero pag mga slight cases pwede naming hindi. Kasi may
session naman kayo. Ang problema nga lang ditto naobserve ko, inischedule mo yung estudyante
tapos ang ganito ang setting niyo, eto yung arrangement tapos hindi dadating. Tapos ikaw pa
yung text ng text na ganun ka kaconcern.

**Interviewer:** So minsan po ba napapaniginipan niyo yung mga ganung story?

**Interviewee:** Sometimes. Kasi nagreregister yan sa subconscious mo. Kasi lalo na nag iisip ka ng
the best halimbawa naghanda kana ng case conference among counselor. For conferences with
different person involve, the faculty, parents or other staff. Syempre kung kailangan mo ng psychiatist pede mo syang irefer. Tapos kailangan mo siyang irefer sa medical practitioner irerefer mo siya. Kasi kailangan mo din ng linkages and networking.

**Interviewer:** Are there experiences or stories about your client that you identify yourself with?

**Interviewee:** Yes, minsan halimbawa maganda din yun na nakikita mo na yung naging problema ng estudyante halimbawa yung verbally abuse by their mother. Ako verbally abused ng mother ko pero hindi naman ako nag mark parang nakita ko lang yung sarili ko sa ganung scenario. So matutulungan mo rin sya. Yung embarrassing moments syempre as counselor meron kaming maiishashare sa kanya parang kami yung role model niya. There is an empathy kasi naiintindihan mo yung yung naexperience ng client mo, putting yourself to other person. Nakikita mo lang kung pano niya yung mga ganito ganyan halimbawa yung mga parents separation makikita mo yung dinadanas nung kliyente mo. Nakikita mo rin sa kanya yung halimbawa napagalitan ng teacher. Halimbawa tayo, estudyante tayo, napagalitan tayo, nagkaproblema ka sa kapatid nagkasamaan kaya ng loob. May mga kaso din na ganyan.

**Interviewer:** Do you get moody/stressed when you are think about your clients when you are not working?

**Interviewee:** That is what you called the burn out. Parang gusto mo nang igive up yung field mo pag masyado ng bombarded. Kaya minsan pag ano ka nga you have change your clinicing time or your debriefing or you need to share it with your co-counselor para atleast hindi ikaw yung nag absorb. kailangan mo mag jogging dyan, or pumunta sa ganyan para hindi ka maburn out. Tapos pag sunod sunod yan tapos hindi siya successful, halimbawa suicide inano mo sa depression nagkaroon kayo ng session for how many days then after that naging successful yung pagssuicide parang kiniqueestion mo na. Pero it’s the choice of the person kasi take it or leave it

**Interviewer:** What aspect of your personal life is being affected by your work?

**Interview:** Naapply mo rin or naiintegrate mo yung iyong personality yung character and traits mo kasi counselor na counselor yung dating mo sa bahay. Kasi ako wala kong anak so sa mga pamangkin ko. Tapos pag dating mo sa bahay sasabihin nila bat counselor na counselor yung dating mo. So nadadala ko pala yung personality ko doon. Tapos nagiging considerate ako masyado yung ganon. Kasi counselor so iniintindi ko palagi yung tao. Tapos madali akong makapag identify ng pinagdadaanan ng isang tao kasi nga counselor tayo oh diba. So yun nadadala mo parin. Minsan naman parang ang galing galing mo mag ano ng problema kasi alam mo na yung pinagdadaanan ng tao ganun yung aking observation.

**Interviewer:** Pero Ma’am yung personal relationship niyo with your husband, siblings

**Interviewee:** Pag ganyan pagsasabihin ay gabi na umuwi kailangan mo pa magkaroon ng home visit tapos kailangan mo pa tawagan yung mga ganon so naapektuhan din tayo. Nakakaapekto rin siya kasi yung inaano natin the condition we’re just a human being kasi tao ka na may buhay. As a counselor kailangan maging light yung pakikipag usap mo. Naapektuhan din sometimes. Pero as much as possible we should be dynamic. Dati nga nung bago bago palang ako pati mga form inuuwi ko sa bahay dun ko tinatapos. Pero ngayon pag dating ko dito lahat ng problema na sinabi sakin ng estudyante dito nalang. Ngayon yung problema pag nga nagtext tapos sinasabi ko
nalang na ‘see you on Monday’, ‘Please see me at my office I’ll be there by 8am’ mga ganun. Kasi para din alam niya na may pahinga ka rin naman kasi minsan hating gabi yung parang uubusin yung oras mo. Siguro kayo as a future counselor mag iiingat kayo sa mga nang uubos lang oras mo. Yung kinukuhan lag yung lakas mo may mga ganun ding client. So oobeserbahan mo kailangan maging sensitive ka. Parang inubos yung buong araw mo kasi nakinig ka tapos sya naman pag after two days after 3 days, same issue parin.

**Interviewer:** Do you consider yourself as secondary traumatic stress?

**Interviewee:** Kasi yung role natin as a counselor we are.. di naman pedeng schock-absorber we are facilitator ako yun ang stand ko. Kung ako yung nakakaano ng trauma niya na secondary traumatic stressed ako hindi dapat.Kasi how can you be a professional helper if you will be affected by the stress mga ganun. Halimbawa naiyak sya tapos naiyak ka din, so hindi pede yun. Kung galit siya hindi ka rin dapat magagalit.

**Interviewer:** So hindi niyo po talaga kinoconsider yung sarili niyo as secondary traumatic stressed?

**Interviewee:** As secondary trauma? Ang ano ko lang pag may problem ako nagiging honest ako sinasabi ko sa mga kasama ko. Halimbawa nung first week nung January kamamatay lang nung mother ko so hindi ko kaya humawak ng mga case na ganun nung time na yun. Kasi down na down ako alam ko yung dinadala ko. Pero after one week nagreflect ako sa sarili ko na eto yung trabaho ko, nandyan yung mga estudyante ko.
FOLLOW UP QUESTIONS

PARTICIPANT (5)

Interviewer: educational background niyo po?

Interviewee: i graduated bachelor of industrial Psychology my undergrad and then afterwards i took up my master in Psychology and then i decided na mag double MA Master in special education kasi gusto ko matuto about developmental dissabilities,tapos kumuha din ako ng units na.. I'm already done with my academics and passed my compress major in educational leadership.

Interviewer: ilang years na po kayo sa work niyo?

Interviewee: 22 na

Interviewer: Para po sa inyo ano po yung Secondary traumatic stress?

Interviewee: sa akin ang secondary stress yung.. When you.. The problem is being presented to you by your client for example the experience or the situation is trauma and then if there is a case there is a complicated case or different factors associated with that problem parang ang hirap i-settle parang nakaka trauma i-handle and then you will shock na may ganong palang klase ng problem so yun ang post traumatic and secondary post.. Sa bali dalawa na yung iaaddress mo dun diba.

Interviewer: Para po sa inyo bago lang po ba ang sts?

Interviewee: hindi naman, dahil may mga previous studies na rin related to post secondary traumatic disorder
TRANSCRIPTION

PARTICIPANT (6)

**Interviewer:** Pwede po ba na yung secondary trauma sa isang tao sir na may secondary trauma na po sir, yung secondary trauma po ba sir ay pwede po bang mapasa ulit?

**Interviewee:** Yes.

**Interviewer:** So sir, it’s possible na multiple transfer po yung ahh… mangyayari?

**Interviewee:** Yeah, it’s possible. Especially if you’re vulnerable. Kaya nga sa isang… like katulad sa ginagawa mo dapat malalim yung self-awareness. Naka handa ka kasi usually maraming gustong maging trauma counselor kasi it’s all here (point at his right temple) panay cognitive lang ibigsabihin nun they know how kung paano makaka-impact ang trauma [and] ano yung mga indicators ang trauma. But usually kapag nasa community, what is important in the community to connect with your client is here (points on the left side of his chest) not here (points at his right temple).

And, usually people who help [with] here (points at his right temple) hindi sila nakaka-connect, and sometimes dalawa yung implication nun. One is that, yung impact ng well yung research or nung help nila is not effective kasi hangang cognitive level lang siya. Pangalawa they do not know that the more they intellectualize [or] rationalize so they can also be… possible… na sila din nakaka-incur ng trauma because it’s all here (points at his right temple) in the cognitive. Though… sa theory ng trauma uhh… that’s my opinion (he takes credit for the two impaction that he has just given) but sa totoong theory ng trauma na totoo rin yung una kong sinabi, uhh kaya may trauma it is because the experience itself hindi siya umabot ng cognitive aspect.
So Ibig-sabihin nun hindi siya umabot ng cerebrum yung processing nung trauma so ibigsahin nun ahh biologically ahh… usually nasa amigdala aspect lang siya. You know those things? So ibig-sabihin nun uhhmm… kaya nato-trauma ang isang tao kasi yung dapat na information na dapat ma-process ng cerebral process natin hindi siya umaabot. So kaya trauma can be very emotional. Kasi remember tha amigdala, yung sa reticular formation? So sa line na yun, nandoon lang yung information kaya a person who is traumatized is basically emotional and physical… emotional, ibig-sabihin nun ahh nag ha-heighten yung emotion o di kaya na-numb or physical, ibih-sabihin nun magiging ahh… yung flight-fight response? Uhh your talk..

**Interviewer:** Sir [I’m] not familiar with the terms sir, sorry.

**Interviewee:** When you speak about trauma, kapag ikaw yung nag research ng trauma, you should know this thing because yun yung pinanggagalingan ng trauma. Flight-fight response eto yung physiological reaction. Sinabi ko kanina na physical kasi diba makikita mo like kapag yung typical na example nila, yung nabubuhat mo yung ref (refrigerator).

**Interviewer:** Ahh Sir.

**Interviewee:** So physical but physiological. So ibig-sabihin nun, hindi na gumagana yung utak. So ibig sabihin nun gumagalaw lang uhh… impulsively yung katawan. After nun, “anong ginawa mo?” “hindi ko matandaan eh”. So basically, manifested lang siya ng emotional and physiological. So ibig-sabihin nun uhhmm… when we work with trauma and we are not aware about this, so baka tayo, go-go-go lang and then eventually hindi natin alam na tayo pala ay kung ba ay traumatized. Kung baga nakukuha nadin natin yung traumatization. Especially yun nga kapag in terms of psychological profile you’re also weak, like you are also have [a] history of traumatization. Tapos yun nga, we also have anxiety and depression, so ibig sabihin nun
vulnerable din tayo sa [trauma] but of course lahat tayo kasi ang impact ng trauma or when we are exposed to traumatic conditions, there’s only four. One is that there’s [a] traumatic event.

**Interviewer:** Yes sir.

**Interviewee:** There’s [a] traumatic event, pwedeng okay ka in the short term. In the long term, okay ka pa din. ‘Cause you wouldn’t know the impact of trauma, like talking to me or talking to a survivor, kasi ganun din yung impact mo. Like katulad ko, there’s a typhoon, a strong typhoon Yolanda. So apat lang yung magiging reactions ng tao. So 1) in the short term, everything is okay. So kung baga walang symptoms, walang manifestations ng trauma. So ang ibig-sabihin nun, ang pagtulog mo normal, ang appetite mo normal or your social functioning is normal. In the long term, it’s still normal. So ang ibig-sabihin nun you’re not part of the traumatized people.

May iba naman, right after the disaster their normal but in the long term slowly manifestations [of trauma] will come out. So what’s long term? It can be two years, it can be one year, it can be five years, it can be twenty years. May iba naman right after the traumatic event; short term, ang daming lumabas na manifestation which is usuall among [disaster/calamity] survivors. In the long term, no impact. Kung baga they became normal. The last one, right after the disaster there’s an impact so talagang totally affected tapos in the long term there’s still affected.

**Interviewer:** So sir, base po doon sa mga nabangit na information, malaking bagay po ba ang cognitive processing ng isang tao pagdating sa pagha-handle ng trauma?

**Interviewee:** Yeah, [as] part of the coping.

**Interviewer:** So yun po sir, base sa mga sinabi niyo…emotional vulnerability is an aspect rin po? It’s a possibility na kung vulnerable ka po emotionally pwede ka ring magkaroon ng trauma?
Interviewee: Yes. Like in one of our expedition in Tacloban, may kasama kami at that time [...] may sakit siya sa tuhod. Ang ibig-sabihin nun he’s not functioning well kasi iniinda niya yung tuhod niya. So ang ibig-sabihin nun every time may mag di-disclose […] na nasugatan. […] Napansin na lang naming [na] hindi gumagaling ang tuhod niya. So we found out na yung absorption ng katawan niya base from the stories, every time na nasabing “nasugatan”, “napilayan sila”, it’s about physical pain (the stories that were being shared).

So yung physical pain niya tuwing gabi nadadagdagan ng nadadagdagan. Tuwing matatapos yung session […..] tuwing gabi […..] tuwing pinapa-process naming siya, nababawasan (pertains to the leg pain of one of the volunteers). Nung first night, napansin niya na nabawasan. Second day, so ganun nadadagdagan habang nakikinig siya ng kwento. So on the second night […] napansin niya tuwing [deni-debrief] siya ng group, nababawasan. So you can see the impact. And then in our Bicol experience, were talking about emotional vulnerability. So [this] person physical ailments yung kanya but look at the emotional pain kung baga nadadagdagan. Kasi diba kung may pain ka or nilalagnat ka, emotionally vulnerable ka nyan.


Interviewer: So sir, yung emotional vulnerability nagmaninifest po siya through physical pain?

Interviewee: Yeah. Kasi ganun naman lahat ng mga trauma. Not all here (points at his right temple). So naapektuhan talaga diyan ang the whole self. And ang common among survivors and traumatized emotional vulnerability. But there are people na malakas yung cognitive nila, tanda lahat […] makikita mo pag nakausap mo na they can rationalize everything.
Like my client now that is a survivor on domestic violence kasi she’s a teacher. So kaya niya lahat i-intellectualize. When you start talking about her husband, maybe-breakdown siya. But when you talk about teaching, [...] work in the community, what are her plans? So cognitive lahat it’s okay. Kung hindi mo alam yung itatanong sa kanya and you talked about her husband okay lang [but] when you know the buttons that you have to push, magka-crumble down na siya. [...] Iiyak nanaman, babalik nanaman yung ginawa sa kanya. So kita mo yun? Ang trauma kasi pwede siyang itago but the impact of trauma it’s like scars, hindi na yan mawawala. It’s like, katulad nun, yung abuse na ginawa sa kanya ng husband [niya], yung pangbubugbog, [naging] twisted na yung notion niya sa mga lalake. So ibig sabihin nun hindi mo na yung matatanging sa kanya. Until such time na ma-manage. [...] Yung mga nagse-self harm, kasi cause din ng trauma, yung nagcucut. So basically hindi mo na tatangal sa kanila yung pagka-cut pero eventually may substitute, yung pag slap [na lang sa wrist] or yung goma hinihigpitan na lang nila yung kapit. [...] Kung impact yun ha. There are two things why they cut kung trauma ang pinangalingan. One is, it’s the manifestation of trauma, self harm. So they cut. But kung coping mechanism nila yun, matatangal yun.

**Interviewer:** Okay po sir. So kung coping mechanism yun matatangap pa?

**Interviewee:** Yes but kung manifestation yun ng trauma, hindi. Remember soldiers [na] warshock. Yung kapag gabi bumabangon sila (as if they were in the middle of a battle field)[...] Kung impact yun ng trauma ha I just want to be clear.

**Interviewer:** Hindi na po siya mawawala.

**Interviewee:** Kung baga it’s the new normal for them. Like katulad sa mga soldiers whenever they hear kahit na firecrackers lang, they hide. So impact yan ng trauma, hindi na yan matatangel sa kanya. If that’s an impact pero kung coping siya, matatangal. So ang trauma is like nasugatan
ka nagka-peklat siya. So pwede yung sugat nag hilom pero yung peklat will always be there.

Ibig-sabihin nun yung behaivoir ng isang tao that’s now the new normal. […] Tuwing umuulan kung ang manifestation sa kanya ay magtatatakbo siya, so sa atin abnormal [pero] sa kanya normal. And one way for him to be helped is to normalize it (the reaction that he gives when it rains). Ipatangap sa kanya na that’s normal, […] there’s nothing silly about it. But for people na nakakakita sa kanya [pwedeng masabi na] “kakatuwa siya mukha siyang baliw” but for that person, that’s now the new normal. If it’s that’s the manifestation pero kung yun yung coping lang niya, that can be modified.