

In recent years, there has been growing awareness of the widespread prevalence of trauma experiences. The PTSD Alliance (2016) estimated that 70% of the adult population in the United States has experienced a traumatic event, and Farrell-Sabin and Turpin (2003) reported that 95% of individuals seeking mental health services have reported experiencing a traumatic event. Additionally, an estimated 20% will develop post-traumatic stress disorder (PTSD) (PTSD Alliance, 2016; Farrell-Sabin & Turpin, 2003). Trauma is prevalent among children in addition to adults, with researchers reporting that trauma was associated with 47% of childhood psychiatric disorders (McLaughlin et al., 2012). Therefore, mental health professionals need to be prepared to work with clients who have experienced trauma. Thus, the authors present an integrated approach for teaching trauma-informed care (a counseling approach that includes a trauma perspective) and trauma sensitive skills to master's level counselor education students.

Trauma

Trauma is a physiological and psychological experience where an individual experiences overwhelming fear for their life either literally or figuratively (Van der Kolk, 2014). One can figuratively fear for their life through witnessing a violent act or accident without being directly involved, such as witnessing a car accident where a person dies. Amstadter and Vernon (2008) stated that a person will likely experience a wide range of emotions during a traumatic event, with the most pressing emotion being fear. The broad nature of trauma makes it difficult to clearly define because trauma can happen in one event or it can be a chronic situation (PTSD Alliance, 2016). Adding to the complexity of defining trauma is that it is related to the subjective experience, meaning the effects of trauma can surface even when addressing issues that seem disconnected from the trauma (Elliot et al., 2005). Examples of traumatic events could be sexual assault, physical assault, natural or manmade disasters, motor vehicle accidents, murder of a loved one, child abuse,

intimate partner violence, illness or injury, and other dangerous and life-threatening events (Amstadter & Vernon, 2008; Yeager & Roberts, 2003).

The Adverse Childhood Experience (ACE) study (Felitti et al., 1998) has shaped scholars understanding about the effects of trauma on physical and mental health throughout the life span. The ACE study encompassed a survey of 17,337 patients at San Diego's Kaiser Permanente facility that focused on childhood trauma experiences, such as childhood physical or sexual abuse, substance use in the home, intimate partner violence, or divorce (Levenson, 2014). Felitti et al. (1998) found that 40% of participants experienced two or more ACEs and 12.5% of participants indicated that they experienced four or more ACEs. The ACE study exposed the widespread background of ACEs. The researchers also found a profound correlation with ACEs and significant health issues later in life (Felitti et al., 1998). The results of the ACEs study are considered the turning point for trauma awareness (Levenson, 2014); however, the majority of the participants were White, employed, and educated; and therefore, a need exists for replicating the study across various groupings of class, education, race, and ethnicity. Since this landmark study, researchers have continued to further examine the effects of ACEs through several studies (Hughes et al., 2017). In addition to further evidence about health outcomes, researchers have also found that contrary to past assumptions, children have the mental capacity to remember traumatic events that occur in early childhood (Buss, Warren, & Horton, 2015). Furthermore, researchers have also recently discussed expanded the classification of ACEs to be representative of experiences worldwide, including organized crime, arranged marriage, witnessing criminal acts, bullying, and sibling violence (Anda, Butchart, Felitti, & Brown, 2010).

The effects of trauma on the mind and body are explained in Van der Kolk's (2014) book *The Body Keeps the Score*. Van der Kolk's work highlights the critical effects of traumatic stress

on an individual's overall physical and emotional wellness (Wilkinson, 2016). Van der Kolk discusses the importance of understanding that traumatized individuals continue to live their lives as if the trauma is still happening (Wilkinson, 2016). Understanding that clients may not have awareness that the traumatic event has ended is important because this helps counselors to not internalize the client's trauma story, which helps prevent vicarious trauma.

Vicarious Trauma

Vicarious trauma is defined as one's cumulative exposure to clients working through traumatic events (Adams & Riggs, 2008). This type of trauma is a significant concern for mental health professionals, considering the high prevalence of individuals who have experienced a traumatic event, as well as the high number of individuals in counseling that have a trauma history. The presence of vicarious trauma among helping professionals creates a need for greater understanding of the occurrence, assessment, treatment, and prevention of this type of trauma. The limited understanding of how vicarious trauma occurs is through the counselor hearing and experiencing the traumatic event with their client (Cohen & Collens, 2012). McCann and Pearlman (1990) coined the term vicarious trauma after realizing there was a specific symptomology happening to practitioners who worked mainly with survivors of violence.

In examining the presence of vicarious trauma, McCann and Pearlman (1990) found novice therapists (N=188) reported being significantly affected by the trauma stories of their clients. In contrast, experienced counselors appeared to have developed ways to better cope with exposure to trauma narratives. Adams and Riggs (2008) also found therapists in training reported higher levels of distress when working with client with trauma histories. Another possible contributing factor is past personal history of trauma. Pearlman and Mac Ian (1995) found that novice therapists with a trauma history experienced more significant distress doing trauma work with clients that have

experienced trauma. However, the researchers also reported that these therapists were not receiving supervision, or they had not received trauma training. Thus, training and supervision in trauma work may help reduce the occurrence of vicarious trauma.

Researchers reported that the development of competency is a crucial strategy in alleviating vicarious trauma and distress (Baker, 2012; Pearlman & Mac Ian, 1995; McCann & Pearlman, 1990; Farrell-Sabin & Turpin, 2003; Cohen & Collens, 2012). Specifically, Baker (2012) found that among 11 master's level clinicians that had trauma histories and were currently working with clients that had traumatic experiences, the majority of participants thought a course dedicated to trauma work and coping with reactions to trauma work would have normalized their experiences and provided an opportunity for them to develop self-care practices. As an emerging professional it is important to grow awareness of vulnerabilities, establish support networks, and develop self-care plans (Killian, Hernandez-Wolfe, Engstrom, & Gangsei, 2016). Thus, offering trauma training for counselors-in-training may help promote self-efficacy in working with clients who have experienced trauma.

Counselor Self-Efficacy

A person's perceived self-efficacy is a predictor of behavior (Bandura, 1977). Application of self-efficacy to the counseling field is important when considering how to improve a counselor's belief in self. Greene et al. (2016) described the concept of counselor self-efficacy as a counselor's judgments of self as an effective clinician. When counselors believe in their abilities, they are likely to have more positive client outcomes (Reese et al., 2009). Thus, in relation to working with clients who have experienced trauma, providing training experiences for students to develop knowledge, skills, and confidence in working with this population may facilitate positive client outcomes with future clients.

Wachter Morris and Barrio Minton (2012) examined new professionals' ($N = 193$) experiences with crisis intervention preparation in both their master's program and after graduation and found that one third of the participants had no crisis intervention preparation in their master's program. Additionally, participants who took a crisis course rated their didactic experience, self-efficacy at graduation, and current crisis self-efficacy higher than the participants who did not have a crisis course. Furthermore, individuals that had some level of crisis preparation rated self-efficacy higher than individuals with no preparation. Although this study focused on crisis and not trauma training, the two topics are sometimes grouped together in training programs; and therefore, this study may be relevant to trauma training.

The authors of this manuscript found no studies focused on trauma training; however, researchers clearly articulate the need for trauma training in reporting that many counselors feel incompetent to work with client who have experienced trauma (Albaek, Kinn, & Milde, 2018). The need for trauma training is also emphasized within the American Counseling Association (ACA) 2014 Code of Ethics, as it states that counselors should work within their scope of competencies. Thus, due to the high prevalence of trauma, it is crucial that counselors-in-training have trauma training to develop competency in this area and practice ethically in working with clients who have experienced trauma. This includes training on working with clients with trauma history and preventing vicarious trauma.

Integration of Trauma Training within the Counselor Education Curriculum

In recent years, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) has begun addressing the importance of trauma training. Specifically, the 2009 CACREP standards included within the Addictions Counseling, Clinical Mental Health Counseling, Clinical Rehabilitation Counseling, Marriage Couples and Family Counseling,

College Counseling, and School Counseling domains a standard about understanding the effects of crises, disasters, and other trauma causing events on a person. In 2016, CACREP further extended the standards related to crisis response, disaster relief, and trauma by providing a more concise standard. According to the 2016 standards, accredited programs are required to teach master's and doctoral level students the effects of trauma on individuals, couples, and families over the lifespan; trauma-informed strategies; and the influence of trauma on individuals with mental health diagnoses. The inclusion of trauma within the CACREP standards signifies the need for better integration within counselor preparation programs.

Greene et al. (2016) examined the effects of infusing case studies about trauma, crisis, and disaster response within a master's level practicum course involving 24 students. The students were presented with either audio or video clips of a mock client sharing pieces of the client's story with the students then being instructed to reflect on the content to develop a conceptualization of the treatment for the client. In discussing other topics within the course, including ethics, diversity, relationship building, risk assessment, disaster counseling, clinical writing, and intakes, the topics were connected to the case studies to assist students in recognizing the pervasive effects of crisis and trauma. The researchers measured self-efficacy and crisis self-efficacy through pre, mid, and post-semester assessments and found statistically significant improvements in self-efficacy and crisis self-efficacy (Greene et al., 2016). Limitations of the study included not having a control group and a small sample size that lacked diversity. Similarly, Wachter Morris and Barrio Minton (2012) found that new professionals with some level of crisis preparation in their master's program had higher crisis related self-efficacy, which may also be relevant for trauma training.

CACREP-accredited programs may not have the space in the curriculum to add another required course (Lee, Craig, Fetherson, & Simpson, 2012). Therefore, programs may use an

infusion model to integrate trauma training within counselor preparation, which might be a more cost and time effective option for counselor education programs. Abreu, Chug, and Atkinson (2000) stated an integrated model is the most holistic form of training, but it does not negate the importance of other program efforts to improve students' competency. Thus, the integrated model is one option to use with other strategies to foster student learning.

Integrating trauma training within counselor education involves having a clear understanding of trauma-informed care. The main tenets of this approach are trust, empowerment, and empathy (Berliner & Kolko, 2016). Embracing this approach involves considering the effects of past traumatic experiences on current mental health when working with a client (Levenson, 2014). This requires specialized knowledge and skill that counselor educators may infuse within counselor preparation programs, including a focus on a variety of trauma topics, including the effects of trauma on the nervous system, personal reactions to specific traumatic narratives, and the effects of vicarious trauma.

Counselor educators may seek to address the 2016 CACREP standards (CACREP, 2015) regarding crisis and trauma through infusing this content within multiple courses within the curriculum. We propose this strategy because it may not be feasible for programs to introduce another course within the curriculum. Counselor educators may integrate this material within several courses; however, we focus on integrating this content within five specific courses: counseling theories, assessment, developmental counseling over the lifespan, family counseling, and group supervision during clinical experiences. The benefit of having trauma explored in these courses is that it provides students with an opportunity to learn how trauma is connected to all facets of their clients' lives. Additionally, the repetition may foster self-efficacy. Researchers

found that repeated integration and practice of skills across the curriculum helped increase students' self-efficacy (Hill et al., 2008).

Counseling Theories

Counseling theories is a foundational course that introduces counselors-in-training to the conceptualization of client issues. This course would provide an opportunity for students to be introduced to the process of conceptualizing clients who have experienced trauma. The introduction of trauma-informed care in a counseling theories course builds foundational knowledge of the principles that are central to trauma treatment. The counselor educator would spend a week of class dedicated to trauma-informed care, similar to other theories. In teaching students about trauma-informed care, the counselor educator emphasizes taking the perspective of “what happened” versus “what’s wrong with you.” While there is no prescriptive formula on how to treat trauma, some key principles to emphasize with students are developing and maintaining a strong, trusting therapeutic relationship that includes normalizing problematic behaviors through a trauma lens (i.e., helping the client understand the behavior is the body’s way of adjusting in a typical way to a non-typical experience), embodying unconditional positive regard, and demystifying the counseling process to help establish clear expectations. Additionally, the instructor teaches students about the integration of psychoeducation, which involves discussing the autonomic nervous system and its threat response designed to protect humans, which can become problematic after the threat has disappeared and continues to be activated. Students also learn about self-regulation skills (i.e., relaxation techniques), practicing them in class and learning how to teach them to clients. Helping clients work through trauma memories is also a crucial component and students learn how processing these memories may look different depending on their theoretical orientation. Finally, students learn about the focus on post-traumatic growth,

where growth is verbalized through identifying strengths, new life philosophies, or appreciation of life (Gentry, Baranowsky, & Rhoton, 2017).

During the course, counselor educators may have students interview counselors in the community that are engaged in trauma work (Huan-Tang, Zhou, & Pillay, 2017). Potential interview questions students could ask include (a) What is your theoretical orientation and how does trauma-informed care fit within your theory? (b) How did you develop your trauma focused theory? (c) How does trauma-informed care influence your work with clients? The purpose of the assignment is for students to learn about theories and techniques professionals are currently using and begin to contemplate how trauma work may influence their theoretical development. After the interview, students write a reflection paper about the experience and discuss how they might integrate trauma-informed care within their counseling theory. Conceptualizing clients early in their counseling coursework may assist students in understanding the effects of trauma and prepare them to work with clients who have experienced trauma when they begin their clinical experiences.

Assessment

Instructors may also focus on teaching trauma within an assessment course in two areas: (a) intake (biopsychosocial) interview and (b) instruments designed for assessing trauma. Regarding the intake interview, instructors can teach students how to ask questions to gather information about areas that may involve traumatic experiences for clients (i.e., childhood abuse, intimate partner violence, deaths), as well as how to balance gathering client information while also building rapport. This may involve brainstorming with the class different ways to ask questions to gather information about trauma experiences, and then having students practice the intake interview process in pairs, providing an opportunity to experience the role of the client and

the counselor. Through this experience, students may also become aware of their own triggers, and areas to address within their own lives through counseling.

In this class, instructors may also introduce students to instruments designed to measure trauma. This may include various types of trauma assessments (i.e., risk assessments, screening tools, interviews) that measure different forms of trauma (i.e. domestic violence, abuse). Instructors may also introduce students to trauma assessments for different age groups (i.e., Trauma Symptom Checklist [for adults], Trauma Symptom Checklist for Children [ages 8-16], Trauma Symptom Checklist for Young Children [ages 3-12]). There are several organizations that provide extensive lists of trauma assessments (i.e., U.S. Department of Veteran Affairs National Center for PTSD: <https://www.ptsd.va.gov/index.asp>). In teaching students about trauma assessments, instructors can have student critique the instruments, practice administering the assessments (i.e., ACE Questionnaire: <https://acestoohigh.com/got-your-ace-score/>) using a similar process to practicing the intake interview process described above, and discuss how they would communicate the results of the assessments to clients. Thus, students learn about assessing client trauma.

Developmental Counseling over the Lifespan

Introducing trauma material within the developmental counseling course can be useful because the influence of trauma on an individual's development is a critical piece of client conceptualization. Van der Kolk (2014) stated that a traumatic event, especially in childhood, could cause a disruption in development. This disruption often prevents further growth and requires the clinician to address areas of disruption. During this course, instructors can discuss various forms of trauma that may occur at stages throughout the lifespan, which may include childhood abuse, sexual abuse, sexual assault, death, violence, accidents, life altering experiences

(i.e. divorce, losing a job, bankruptcy), or military service. In discussing these topics, instructors focus on adverse childhood experiences, brain development, prevalence of trauma, and effects of trauma on different age groups (i.e., children, adults).

Instructors may use “The Body Remembers” by Rothschild (2000), a book that focuses on the effect of trauma on the development of the brain beginning in infancy, as a resource in the class. Discussing various trauma topics may help students begin to develop a comfort level with listening to individuals talk about their traumatic experiences. Additionally, instructors may introduce beginning level trauma interventions, such as introducing the hand brain model to help clients understand the parts of their brain that are activated during traumatic experiences and during flashbacks. Dr. Daniel Siegel has a YouTube video (<https://www.youtube.com/watch?v=gm9CIJ74Oxw>) instructors can use to teach students the different parts of the brain and then give them an opportunity to practice in pairs. Instructors may also have students read *The Body Keeps the Score* by Van der Kolk (2014) to gain greater insight about the neurological and biological effects trauma can have on an individual. Students can identify three quotes or concepts that were either meaningful, or they disagreed with from the chapter and discuss them during small and large group class discussions.

Family Counseling

A family counseling course includes content related to understanding how families function and how family members influence each other. Because there is a high prevalence of trauma experienced in childhood (Berliner & Kolko, 2016), it is likely that trauma may also affect family members. A caregiver may also have a past trauma, or the entire family unit may experience a trauma. It is important for a family to process the trauma collectively because the family system experiences effects from the trauma either directly or vicariously (James & MacKinnon, 2012).

The healing process for the family is critical because it contributes to healing for the specific family member who experienced the trauma, allowing this person to develop a sense of safety within their family or community (Goodman, 2013). Thus, the integration of family role-plays in this course may help students understand the complex ways family systems are affected by trauma, as well as provide an opportunity to practice critical thinking. Role-plays focused on trauma histories provide students with exposure to intense narratives and offer opportunities for developing awareness of areas that could be potential triggers for students. Due to the intensity of trauma stories, it is important for students to have an opportunity to work through their emotions before sitting with actual clients (Huan-Tang, Zhou, & Pillay, 2017).

James and MacKinnon (2012) proposed 10 principles for family therapists to use in adopting a trauma lens within their practice. The instructor may discuss these principles within the course to assist students in understanding how to integrate trauma-informed care within family counseling. Instructors may also address generational trauma (i.e., addiction, traumatic injuries, systemic oppression, family violence) in this course. The transmission of intergenerational trauma occurs when a caregiver transmits unresolved traumas to the next generation, creating an unhealthy pattern within the family system (Isobel, Goodyear, Furness, & Foster, 2019). Instructors may have students map out trauma experiences across generations through the development of a genogram from a case study. In creating a genogram of intergenerational trauma, students see patterns emerge, and they learn how to use genograms with future clients. Goodman (2013) discussed how to use a genogram with a family while discussing transgenerational trauma and resilience, which could serve as a resource for the class.

Supervision Course

Counselor educators may also teach students best practices for treating trauma within a supervision course when students are enrolled in clinical experiences (practicum and internship). Discussing trauma within supervision of clinical experiences may help students develop stronger self-efficacy that may lead to better client outcomes. Within the supervision course, instructors may introduce case studies to help students conceptualize clients and develop treatment plans for clients with different trauma histories. Case studies help students understanding the effects of trauma on clients without feeling inadequate in the presence of a client. Additionally, instructors may have students review their counseling theory paper from theories class and reflect on how they are integrating trauma-informed care within their theory.

With the foundation from the previous courses, the focus of teaching trauma in the supervision course is on conceptualization and techniques to work with clients who have experienced trauma. Greene et al. (2016) found the use of an unfolding case study within practicum group supervision was positively correlated with students' counselor self-efficacy at the end of the semester. Thus, counselor educators may integrate case studies that include an element of trauma within their courses to help students develop competency in trauma-informed care. This may include techniques that improve self-regulation and relaxation, involve exposure and restoring client's trauma, and cognitive restructuring with psychoeducation (Gentry, Baranowsky, & Rhoton, 2017).

Another classroom activity involves students assessing a painful memory. Instructors lead students through seven steps to facilitate this activity: (a) select a painful memory (i.e., being bullied, a break-up, parents' divorce, confrontation with friend) they feel comfortable sharing, (b) identify emotions associated with this memory, (c) recognize where in your body you experiencing these emotions, (d) identify a negative belief you concluded about yourself as a result of this

experience, (e) reflect on whether this negative belief is actually true, and (f) consider positive beliefs about the experience. Instructors may have students process the activity as a large group or in small groups and write a reflection paper about the experience. Students are reminded to practice self-care during the activity. Discussing vicarious trauma is particularly relevant during clinical experiences coursework because students are working with clients. Adams and Riggs (2008) emphasize the importance of teaching students about defense styles and helping students develop awareness of their styles and learn more adaptive/mature defense styles (i.e., sublimation, humor). Thus, counselor educators can assess and discuss defense styles during supervision and provide opportunities for students to develop and practice self-care and wellness.

The activities described above provide counseling students opportunities to develop knowledge and skills related to trauma through learning about traumatology concepts, becoming comfortable with hearing trauma stories, developing an understanding of the effects of trauma, and practicing techniques. Additionally, focusing on trauma early and often in the curriculum can help foster self-awareness and encourage students to seek counseling to address personal traumas (Killian, Hernandez-Wolfe, Engstrom, & Gangsei, 2016). Furthermore, integration of trauma training throughout the curriculum may help students develop higher levels of self-efficacy by feeling prepared to work with clients who have experience trauma (Sawyer, Peters, & Willis, 2013).

Implications

Integration of trauma training throughout the counselor education curriculum emphasizes the importance of recognizing and treating trauma, which may help improve client care, the self-efficacy of counselors-in-training, and the prevention of vicarious trauma. Additionally, teaching students about trauma is a requirement for CACREP-accredited programs (CACREP, 2015).

Through integration of trauma education throughout the counselor education curriculum, students develop a foundational understanding of the effects of trauma on clients, and its importance related to various aspects of counseling. This is crucial because psychological trauma is an aspect of client care that clinicians are exposed to throughout their careers (Webber et. al., 2017).

Counselor educators might be reluctant to integrate trauma training within courses due to their lack of trauma expertise. Watkins Van Asselt, Soli, and Berry (2016) conducted a session at an Association for Counselor Education and Supervision (ACES) conference to explore reluctance counselor educators have related to teaching trauma. The session focused on exploring self-efficacy and crisis and trauma training. They found that many attendees thought that they needed more trauma training to feel competent in teaching students about trauma. Participants expressed apprehension in sharing their concern with colleagues for fear of being judged. Considering these findings, it is understandable why counselor educators may struggle with integrating trauma education within their courses. Thus, faculty may need professional development on trauma before teaching students about trauma. This may involve conference sessions, workshops, or certification courses (i.e., somatic experiencing, EMDR).

A caution for counselor educators when teaching students about trauma is to be mindful of the affect this topic can have on students who have their own trauma stories (Pearlman & Mac Ian, 1995; Baker, 2012). Before discussing trauma topics, faculty should be intentional in creating a safe space and having resources for students if needed. A counselor educator can create safety in the course through modeling of sharing vulnerabilities or professional experiences with trauma and dedicating time at the beginning of the course focused on building trust between the instructor and the students, and the students with each other through intentional conversations. Instructors may also use mindfulness by having students identify a place or image where they feel safe and

calm; visualizing the place with specific feelings, scents, and tactile sensations; and associating a word with the place that allows the positive sensations to be present for students during times of potential triggers. Similar to the process of protecting against vicarious trauma in the counseling room, instructors should strive to minimize students being triggered in the classroom through consistent reminders for students to be doing regular honest self-reflection of their own experiences. It is also helpful for counselor educators to allow students the space to have candid conversations and to empower them to practice self-care. While engaging in trauma work with clients can be difficult, it can also be rewarding when clinicians are properly trained. A clinician may experience vicarious resilience, growth, and transformation experienced through engagement with a client's resilience (Michalachuk & Martin, 2018). Therefore, training students to work with clients who have experienced trauma is both important and meaningful.

Future research may focus on evaluating the effectiveness of teaching trauma across the counselor education curriculum. This may include the effect of training on students' perceived competency level, including knowledge, awareness, and skills. Additionally, researchers may compare the effectiveness of this approach to teaching a dedicated course on trauma.

Scholars have recognized the need for training counselors-in-training on trauma to increase students' competency and self-efficacy in working with clients who have experienced trauma. Additionally, CACREP (2015) has incorporated standards requiring the integration of trauma content within counselor preparation. Thus, it is crucial for counselor educators to integrate trauma training within the counselor education curriculum. Through the integration of trauma training, students may be less likely to experience vicarious trauma, and feel better prepared to work with clients who have experienced trauma.

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