As our understanding of human experience continues to evolve, the methods utilized by the counseling profession must also evolve to best serve our clients. Recent years have illuminated the ways in which crisis (Barrio Minton & Pease-Carter, 2011; Sawyer et al., 2013), trauma (Barlé et al., 2017; Jones & Cureton, 2014; Paige et al., 2017), and grief (Ober et al., 2012; Papa et al., 2008; Worden, 2018) impact clients and society in a variety of ways. As these themes continue to emerge in counseling, many practicing counselors find themselves less than competent to support clients through the healing process.

In recent years, more attention has been given to examining how well masters' programs are training counseling students to address client needs related to crisis (Allen, Burt, et al., 2002; Wachter Morris & Barrio Minton, 2012), trauma (Cook et al., 2017), grief (Gamino & Ritter, 2012; Harrawood et al., 2011; Ober et al., 2012), and neurocounseling (Jones, 2015). In considering the educational requirements for counselors in training, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) serves as the leading accreditation body and defines the training requirements for counselors. CACREP's mission is to unify the counseling profession and protect the public by ensuring consistency in the educational preparation of counselors (CACREP, 2015). CACREP is responsible for developing and implementing standards that provide minimum requirements for content areas to achieve and maintain accreditation status.

The most recent CACREP Standards (2016) require programs to include training related to assessment and treatment of crisis and trauma (CACREP, 2015) but make no mention of training in grief or neurocounseling. CACREP programs have the freedom to choose the level of emphasis and manner in which they meet these requirements. This freedom has generated a wide variety of approaches programs use to train counselors to manage crisis and trauma. Programs may choose to infuse these topics into core courses or create separate courses addressing these topics directly.

Additionally, many programs choose to include content not required by CACREP, such as grief and neurocounseling. Because professional standards may have been only minimally addressed in these special topic areas of counseling, the goal of this study is to provide a clearer understanding of how many programs currently offer courses focusing on crisis, trauma, grief, and neurocounseling as standalone courses and/or courses that combine two or more of these topics.

Crisis Counseling

The prevalence of crises has increased tremendously in today's society (Sawyer et al., 2013), and response to crises often places demands on professional counselors to employ specialized skills. Crisis was defined by James and Gilliland (2013) as "the perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms" (p. 8). Therefore, professional counseling may be needed to help individuals increase their ability to cope with the effects of crises. A multitude of small to large-scale crises that affect individuals and communities include suicide, school shootings, drug abuse, grief and loss, sexual and physical abuse, and natural disasters (Allen, Burt, et al., 2002; Allen, Jerome, et al., 2002). Individuals as well as communities often need support in recovering from the impact of a major crisis event.

Counselors in various settings have stated that clients encounter crisis situations daily (Peters et al., 2017) and view crisis as a primary concern for their clients (Barrio Minton & Pease-Carter, 2011; Sawyer et al., 2013). Counseling professionals have reported they often deliver the first line of defense and interventions when a crisis occurs (Allen, Burt, et al., 2002; Peters et al., 2017; Sawyer et al., 2013). In fact, the American School Counselor Association (ASCA) defined the role of school counselors to include providing direct counseling service during and after a crisis incident (Allen, Burt, et al., 2002). The 2016 CACREP Standards include a requirement that

master's level counseling programs incorporate crisis counseling through four of the eight core areas of counseling. The four core areas are: (a) professional counseling orientation and ethical practice, (b) human growth and development, (c) counseling and helping relationships, and (d) assessment and testing. CACREP (2015) Standards indicate that counselors in training should be aware of their roles and responsibilities as members of interdisciplinary and emergency management teams and understand the effects of crisis, disasters, and trauma on diverse individuals. In addition, counselors need to understand crisis intervention and suicide prevention models and strategies, have the ability to assess for risk of aggression, dangers to others or self, and identify trauma and abuse (CACREP, 2015). Despite CACREP's Standards regarding crisis preparation, there is limited literature exploring crisis preparation among counseling programs.

Current literature has indicated that counseling students and new counseling professionals have felt minimally prepared or not at all prepared to address crisis situations (Allen, Burt, et al., 2002; Wachter Morris & Barrio Minton, 2012). Barrio Minton and Pease-Carter (2011) conducted the only study that explored crisis preparation methods among CACREP-accredited counseling programs. They found that less than half of programs offered a course in crisis intervention, and 66.7% offered a crisis course as an elective as opposed to 16.7% programs that required a course in crisis counseling (Barrio Minton & Pease-Carter, 2011). Allen, Burt, et al. (2002) conducted a study exploring the crisis preparation of school counselors and found that 10.6% reported having a specific class designated for crisis intervention while 5.1% reported enrollment in a crisis intervention class from another department. The lack of self-efficacy in crisis preparation among counseling professionals along with the prevalence of crises today warrants the need for master's level counseling programs to prepare counseling students to address crisis. Currently, the depth of training that counselors-in-training receive in crisis intervention is not known.

Trauma Counseling

Trauma is a term used widely in the literature and can take on different meanings. For the purpose of this study, trauma is defined as:

> The results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p.7).

The field of traumatology has expanded since the attack on the World Trade Center and the Pentagon on September 11, 2001 (Gere et al., 2009; Webber et al., 2017) and the increased prevalence of school shootings (Gere et al., 2009). Trauma is a significant public health concern due to its steady and severe impact (Paige et al., 2017). The most frequently reported traumatic events include childhood sexual assault, physical or sexual assault, natural disasters, domestic violence, and school and work-related violence (Paige et al., 2017). Given the prevalence of traumatic events, it is likely that counselors will encounter clients who have experienced a trauma (Layne et al., 2014; Paige et al., 2017; Sommer, 2008; Webber et al., 2017). Approximately 80% of clients seen by counselors have experienced at least one incident of trauma during their lifetime (Jones & Cureton, 2014). Given the frequency of clients exposed to traumatic events, the demand for trauma competent counselors is increasing.

The 2009 and 2016 CACREP Standards include the requirement of training in trauma (CACREP, 2009, 2015). The 2016 CACREP Standards state that masters-level counseling programs should address and ensure that students understand the effects of trauma on diverse individuals, trauma informed strategies, and procedures for identifying trauma and abuse (CACREP, 2015). In addition, the American Mental Health Counselors Association (AMHCA) recommends that counselors have specialized training in trauma (AMHCA, 2016). AMHCA stated that the "treatment of trauma and chronic traumatic distress is essential for the practice of clinical mental health" (p.18). Despite the standards regarding training in trauma, there is little in the counseling literature regarding how counseling programs should train students in trauma.

Prior to 2009, trauma had not been incorporated in counseling programs curriculum (Webber et al., 2017) nor were graduate courses in trauma considered a core course in the counseling curriculum (Black, 2006). The incorporation of trauma in the 2009 and 2016 CACREP requirements suggest a new area of focus for research--trauma education in counselor education. However, in a content analysis of three counseling journals (*Journal of Counseling & Development*, *Journal of Mental Health Counseling*, and *Counselor Education and Supervision*) from 1994-2014, results did not reveal any articles that focused on trauma curricula or pedagogy (Webber et al., 2017). While there is a lack of literature focused on the teaching of trauma within counselor education, this is not true for the field of psychology.

Within the journal *Traumatology*, one article (Black, 2006) explored a model for teaching a trauma course to graduate counseling psychology students, and another article presented findings of the pilot study with counseling psychology students that was conducted to increase the understanding of their experiences from taking an elective trauma course (Black, 2008). The researcher assessed the student experience in taking an elective trauma counseling course taught

using Black's (2006) model for teaching trauma. Results indicated that at the conclusion of the course, students reported feeling greater self-efficacy related to providing trauma counseling due to having learned strategies for addressing trauma in counseling, as well as healing past trauma in their own lives, thus increasing resilience while decreasing the risk of developing vicarious trauma or compassion fatigue (Black, 2008). In the same study, Black indicated that no previous literature existed on the training and teaching of trauma to counselors at the time of this article and suggested that future studies would need to explore the teaching of trauma in graduate counseling programs.

In addition to Black's studies, Cook et al. (2017) and Newman (2011) explored how trauma was taught in the classroom in psychology programs. Newman (2011) described the rationale, purpose, and process of developing a specialized course in trauma that could serve as a model for discussing future construction of a trauma course. Newman suggested that ongoing dialogue and research on effective instruction in trauma was needed that specifically included strategies, tips, challenges, and research about trauma-focused pedagogy. Cook et al. (2017) found that attention to trauma was important for the development of competent professionals; however, only one in five psychology programs offered a trauma course. This finding further supported the idea that little training in trauma is provided in graduate programs across mental health disciplines (Cook et al., 2017). The literature presented above highlights components of trauma education in the psychology field that may be helpful in the counseling field. However, the lack of literature specifically within the counseling field speaks to the gap that exists in the understanding of trauma training within counselor education. The goal of this study was to examine the extent to which courses are dedicated to the topic of trauma counseling.

Grief Counseling

Grief is the "emotion, generated by an experience of loss and characterized by sorrow and/or distress and the personal and interpersonal experience of loss" (Humphrey, 2009, p. 5). While grief is often linked to death losses, non-death losses, e.g. loss of job (Papa & Maitoza, 2012), loss of relationship (Carter et al., 2018), or loss of native country/culture for immigrants and refugees (McLellan, 2015) can also generate a grief response similar to death loss. Ober et al. (2012) reported that requests for grief counseling are and will be on the rise due to the aging population of the baby boomers generation and the successive losses that occur throughout the aging process. Additionally, veterans engaged in conflicts around the world return home and seek counseling to process the trauma and grief experienced in war (Ober et al., 2012; Papa et al., 2008). Trauma and grief can often be linked, especially in the case of traumatic death. A death may be considered traumatic if it involves violence, there is damage to the body, if the survivor witnessed the death, if the bereaved is confronted with multiple deaths, or if the survivor's own life is threatened (Barlé et al., 2017).

While humans have experienced traumatic loss throughout history, the number of violent events seem to have increased over the past 15-20 years, resulting in more individuals in need of healing from traumatic loss (Worden, 2018). The process of bereavement is often more complicated following a traumatic loss than a non-traumatic or natural death (Worden, 2018). The survivor may experience more intense grief symptoms in addition to prolonged symptoms of PTSD such as nightmares, flashbacks, sleep disturbances, difficulty concentrating, powerful feelings of guilt, and intrusive thoughts (Barlé et al., 2017). Sudden, traumatic deaths are the most common cause of death below the age of 44 (Heron, 2012). Considering the complicated nature of trauma and grief separately, trauma and grief combined represent a phenomenon that is important

for counselors to be prepared to face. Given the increase in violent events (e.g. terrorist attacks, mass shootings, and war) in the past 15-20 years (Worden, 2018), it can be presumed that most, if not all, counselors will encounter clients with traumatic loss in clinical work throughout their careers.

However, most losses do not meet the criteria for traumatic loss; nevertheless, licensed professional counselors frequently provide counseling for those who experience grief and loss. Yet, many counselors reported feeling uncomfortable discussing grief and experience low levels of empathy for clients experiencing these issues (Gamino & Ritter, 2012; Harrawood et al., 2011; Ober et al., 2012). In addition, Gamino and Ritter (2012) argued that a counselor's own experiences and responses can prevent the counselor from providing competent counseling and subsequently inflicting harm on clients. Gamino and Ritter (2012) cited unresolved personal experiences with loss, the tendency to substitute personal experience for knowledge about loss, excessive levels of death anxiety, or lack of self-awareness of their own emotional responses to loss as possible roadblocks to providing competent services. Gamino and Ritter (2009) coined the term "death competence," which they defined as "specialized skills in tolerating and managing clients' problems related to dying, death, and bereavement" (Gamino & Ritter, 2012, pp. 29-30). While death is certainly a common type of loss, the counseling profession recognizes that grief extends beyond death loss and includes a variety of types of loss, including loss of job (Papa & Maitoza, 2012), loss of relationship (Carter et al., 2018), or loss of native country/culture for immigrants and refugees (McLellan, 2015). This concept of death competence may be expanded to include client problems related to any type of loss and grief (Gamino & Ritter, 2012). Without appropriate training, counselors may engage in practice outside of one's competence and inflict

harm on clients, which violates the *ACA Code of Ethics* Avoiding Harm (Standard A.4.a.) and Boundaries of Competence (Standard C.2.a.) (American Counseling Association, 2014).

Limited literature exists that examines the teaching of grief counseling in graduate counseling programs. One study by Harrawood et al. (2011) focused on the influence of death education on the attitudes towards death for graduate counseling students. These researchers designed a death education course for counseling students and studied the impact the course had on the students (Harrawood et al., 2011). In designing the course, they intentionally provided knowledge about death and dying, as well as opportunities to emotionally process the information and cited previous studies in the medical field as evidence for emphasizing both components (Harrawood et al., 2011). Results indicated that students developed an increased willingness to explore death and dying, increased understanding of personal beliefs about death and dying, and decreased negative emotions about death and dying (Harrawood, et al., 2011). Participants in the study reported feeling better prepared to address death and dying with clients, an increased understanding of the universality of death, loss, and grief, and the recognition of the uniqueness in each loss, and decreased fear in addressing these issues with clients (Harrawood et al., 2011). These results indicated that students left the class better prepared to provide grief counseling to clients and practice within the boundaries of competence, while minimizing risk of harm.

Acknowledging that grief and loss are universal to human experience, it is crucial that counselors are equipped with the skills and training to address grief related issues. Education and training in grief counseling have been shown to increase the counselor's willingness to discuss these issues and increase their perceived level of competence in grief counseling (Chan & Tin, 2012; Gamino & Ritter, 2012; Harrawood et al., 2011). However, there are currently no

requirements for grief counseling training in counselor education programs accredited by CACREP (CACREP, 2015).

In 2019, a call to the profession was made to members of the counselor education and supervision electronic mail list (CESNET-L), ACA Connect, and the Association for Adult Development and Aging (AADA) to join the Grief Counseling Competencies Task Force (GCCTF) (E. Crunk, personal communication, February 14, 2019). This invitation identified the purpose of this task force is to develop Grief Counseling Competencies necessary to assist counseling clients facing issues of grief, loss, and end-of-life concerns (E. Crunk, personal communication, February 14, 2019). Once complete, the Grief Counseling Competencies may be used as a tool for providing grief education to counseling students. This creation of this task force appears to be a response to a growing hunger in the counseling field for more knowledge and training on providing grief counseling.

Neurocounseling

Neurocounseling is a relatively new term and has gained traction following its appearance in the December 2013 issue of *Counseling Today* magazine (Montes, 2013). Neurocounseling is defined as "the integration of neuroscience into the practice of counseling by teaching and illustrating the physiological underpinnings of many of our mental health concerns" (Russell-Chapin, 2016, p. 93). Neurocounseling can help counselors (a) better understand why and how counseling affects the brain, (b) utilize an integrative mind-body approach, and (c) help clients better understand their experiences through the use of brain-based psychoeducation, biofeedback, and neurofeedback (Field et al., 2017). In the past five years, neurocounseling has become an area of focus, leading the *Journal of Mental Health Counseling* to introduce a new "Neurocounseling" section to address the current trend of neurocounseling research (Beeson & Field, 2017). The 2016

CACREP Standards include updates addressing biological, neurological, and physiological factors that affect human development that are intended to direct the training and education of counselors-in-training (CACREP, 2015; Jones, 2015).

As neuroscience has increasingly surfaced as an area of research and application, programs have been developed to train professionals in neuroscience and application in clinical settings, yet these programs' efficacy has not been widely studied (Miller & Barrio Minton, 2016). One study aimed to explore the experience of participating in this type of training program. Miller and Barrio Minton (2016) conducted a study that explored the experience and impact of practicing counselors who completed a year-long training on Interpersonal Neurobiology (IPNB) through the Nurturing the Heart with the Brain in Mind (NHBM) program. Researchers interviewed six participants who were licensed counselors, had completed the NHBM training, and used IPNB in counseling practice (Miller & Barrio Minton, 2016). Participants reported that experiential learning and group process facilitated learning that was dynamic and engaging, the program deepened their knowledge and understanding of self and others, the program facilitated personal and professional growth, and the program had a positive impact on therapeutic practice (Miller & Barrio Minton, 2016). They described a positive impact on their therapeutic practice that allowed counselors' movement towards more secure attachment that included allowing deeper connections with clients, recognizing client issues stemming from brain, social, and emotional development as opposed to pathology, and paying more attention to and having more tolerance of emotions (Miller & Barrio Minton, 2016). The authors reported these findings to be evidence in support of training counselors in neuroscience principles as a way to improve the effectiveness of counseling (Miller & Barrio Minton, 2016).

Another study examined the experience of school counselors who learned and applied neuroscience principles to adolescent brain development (Miller et al., 2018). The authors described rapid and substantial structural and neurochemical changes that occur during adolescence as responsible for positive changes such as increased creativity, openness, and learning or negative changes such as anxiety, depression, and distorted eating (Miller et al., 2018). This study identified school counselors as being on the front line in providing mental health services to adolescents through individual and group counseling, classroom guidance lessons, large-scale programming, and communication with and dissemination of information to family members, teachers, and administrators (Miller et al., 2018). The authors suggested that school counselors who have knowledge and application of neuroscience principles could better serve the adolescents in their schools (Miller et al., 2018).

The authors conducted a one-time four-hour training focused on basic brain anatomy, neurochemicals, mechanisms of brain-based change, implicit and explicit memory, brain development through adolescence, and adolescent-specific processes of pruning and myelination (Miller et al., 2018). Results of this study indicated that neuroscience was relevant and useful and a helpful explanation for adolescent behavior. The study also noted it was important to collaborate with families, teachers, and administrators. In addition, there were barriers to application of knowledge such as time to develop and implement the strategies (Miller et al., 2018). Participants noted the training helped them to explain adolescent behavior through neuroscience and shift their thinking from blame and shame to understanding and empathy (Miller et al., 2018). This change in thinking then had a positive impact on how counselors communicated with and educated the students, families, teachers, and administrators, leading to better connection between counselor and student and improved self-understanding for the students (Miller et al., 2018). The authors

presented these results as evidence to support teaching neuroscience to counselors due to the potential of positive impact in work with clients. A dedicated neurocounseling course in counselor education could provide additional time and resources to better prepare counselors to incorporate neuroscience into their counseling work before they enter the workforce.

The two studies (Miller & Barrio Minton, 2016; Miller et al., 2018) discussed above represent the beginning of research focused on the teaching of neuroscience in counseling. However, neither study focused on teaching students in counselor education programs. Due to neurocounseling being such a new focus within the counseling field, there is little information on the inclusion of this topic in the curriculum. The goal of this study was to provide a description of the prevalence of neurocounseling courses being offered in CACREP programs. These results represent a baseline for how the counseling field embraces the training of counselors in neurocounseling.

Crisis, Trauma, Grief, and Neurocounseling

Grief, trauma, and crisis are often linked together due to the manner in which an individual can experience one, two, or all three within the same event. Clients may no longer feel safe in their neighborhood, have disturbing nightmares, and feel extreme sadness after witnessing the sudden death of a loved one due to an act of gun violence in their community. This client could thus be dealing with crisis - an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms (James & Gilliland, 2013), trauma - an event experienced by an individual as physically or emotionally harmful or life threatening with lasting adverse effects on functioning (SAMHSA, 2014), and grief - an experience of loss characterized by sorrow (Humphrey, 2009) all at once. The crossover between these three areas lead to the inclusion of all three areas in this study. Additionally, neurocounseling and the integration of

neuroscience into the practice of counseling (Russell-Chapin, 2016) is connected to crisis, trauma, and grief, as these types of experiences can all impact the functioning of the body and the brain. An understanding of how neuroscience can support counselors and clients work to heal has shown to be helpful for counselors to learn (Miller & Barrio Minton, 2016; Miller et al., 2018).

Of these four areas, crisis and trauma are explicitly included and neurocounseling is implicitly included in the 2016 CACREP Standards (CACREP, 2015), but grief remains absent. Given the lack of knowledge concerning the preparation of students in the areas of crisis, trauma, grief, and neurocounseling in CACREP-accredited programs, the overall purpose of this study was to examine the prevalence of training through dedicated courses in these specialty areas. Therefore, the research question was: To what extent do CACREP-accredited counseling programs address crisis, trauma, grief, and neurocounseling through courses dedicated to these topics?

Method

The authors used a descriptive approach to examine the prevalence of training within counseling programs. This descriptive design was chosen as opposed to a survey method as survey research shows low response rates and social desirability. Response rates for web-based surveys are relatively low for various reasons including increased number of requests to participate in survey studies (Dillman et al., 2014). Social desirability occurs when participants provide answers that are socially acceptable (Dillman et al., 2014). The effects of social desirability are greater when the researcher is linked to the topic (Dillman et al., 2014). Given this information, exploratory was the best design to serve the purpose of the research, as this approach provides a much more detailed accounting of program content than depending on the limited results of a survey.

Participants

The population of interest was CACREP-accredited master's counseling programs. Information was drawn from 392 universities with counseling programs. Programs indicated the following accredited tracks: clinical mental health counseling (73.8%), school counseling (65.4%), rehabilitation counseling/clinical rehabilitation counseling (5.1%), addiction counseling (2.5%), marriage, couple, and family counseling (12.2%), career counseling (1.8%), and college counseling and student affairs (6.6%).

Procedure

Upon consultation with the Institutional Review Board (IRB), it was determined that human subjects were not involved and an IRB was not required. To establish a data base, a list of CACREP-accredited master's level counseling programs was retrieved from the CACREP's Directory of Accredited Counseling Programs. The list consisted of 776 programs in 395 institutions; however, the list included three institutions outside of the United States. The list was condensed to include the exact number of CACREP-accredited masters level counseling program in the U.S. by eliminating the three institutions that were outside of the United States, resulting in a total of 392 CACREP-accredited counseling programs. These three institutions were eliminated due to inability to translate the language of their websites.

Next, upon obtaining a final list of the CACREP-accredited counseling programs, a review of the curriculum was conducted by reviewing each counseling program's website, handbook, and the university's current academic catalog to determine whether a course was offered in crisis counseling, trauma counseling, grief and loss counseling, and neurocounseling. A cross reference of the program's website, handbook, and university catalog was used for credibility. The identification of the courses was determined by the course name and course description. Third,

after determining which of the 392 counseling programs offered any of the four courses, the information was documented on a spreadsheet that included the institution name, program type, and course type. The courses were categorized based upon the course name and description. These courses include those dedicated to a single topic (e.g., crisis, trauma, disaster, grief, neurology/brain) as well as those which present a combination of topics (e.g., grief/crisis, grief/trauma, trauma/crisis, or grief/trauma/crisis) which are labelled as combined.

Data Analysis

The authors entered the following data into an Excel spreadsheet: institution name, program type (clinical mental health counseling, school counseling, rehabilitation counseling/clinical rehabilitation counseling, addiction counseling, marriage, couple, and family counseling, career counseling, and college counseling and student affairs), and course type to further analyze the data. The frequency and percentage of each course type (crisis, trauma, disaster, grief, and neuro/brain) was calculated to determine to what extent CACREP-accredited counseling programs addressed each course type. All three authors independently checked that data for accuracy.

Results

Results indicated that 70.9% (N = 278) of all counseling programs offered some type of course that addressed one of these topic areas and 114 (29.1%) did not offer any type of these courses. Table 1 outlines the number of CACREP counseling programs that offered each dedicated course including some programs that offered more than one course. Further analysis indicates that when both dedicated courses and combined courses were included, 243 programs (62%) offered some type of crisis course; 161 programs (41%) offered some type of trauma course; 83 programs (21.2%) offered some type grief course, and 20 programs (5.1%) offered a neurocounseling course.

Many programs offered only one course in these focus areas:123 programs (31.4%) provided a single dedicated course and 59 programs (15.1%) offered a single course with a combination of topics. When only one dedicated course was offered, crisis counseling was the topic most commonly offered in their curriculum.

However, many programs included multiple special topic courses in their curriculum. Although only one program offered all four dedicated courses, 12 programs offered three dedicated courses with the combination of grief counseling, crisis counseling, and trauma being the most frequent combination (n = 7). Upon examination of courses dedicated to one topic, 40 programs offered two of these courses, with crisis and trauma offered by 17 programs and grief and crisis offered by 13 programs. Some programs offered one dedicated course and one combined course (n = 37), with the most frequent combination being grief counseling and a trauma/crisis course (n = 13). One interesting combination found was a dedicated trauma course offered along with a trauma/crisis course option (n = 12). No programs offered two combined topics courses. Table 2 provides an overview of the topics covered in courses that combined topics, with crisis and trauma being the most frequently offered course that was offered by 80 programs.

Furthermore, the data also revealed that more clinical mental health programs, followed by school counseling programs, offered crisis, trauma, grief, and neurocounseling as opposed to any other counseling program. For instance, 134 clinical mental health programs and 75 school counseling programs offered a dedicated crisis course. Seventy-one clinical mental health programs and 47 school counseling programs offered a dedicated trauma course. Fifty-four clinical mental health programs and 44 school counseling programs offered a dedicated grief and loss course. Lastly, 19 clinical programs and 9 school counseling offered a dedicated neurocounseling course.

Table 1

Distribution of dedicated courses

Dedicated Course	Frequency	Percent
Crisis	143	36.5
Trauma	67	17.1
Grief	61	15.6
Neurocounseling	20	5.1

Table 2

Distribution of combination course

Combined Course	Frequency	Percent
Crisis/Trauma	80	20.4
Crisis/Grief	8	.20
Grief/Trauma	2	.51
Crisis/Trauma/Grief	12	3.1

Discussion

The focus of this study was to discover the prevalence of special topic courses in crisis counseling, trauma counseling, grief and loss counseling, and neurocounseling in CACREP-accredited counseling programs. The results indicated that most counseling programs do offer training for at least one of these special topic areas through a dedicated course. Among the programs that offered special topic courses, most of the programs only offered a single course. This means that 31.4% of counseling programs in the United States offered a single dedicated course while 29.1% did not offer any of these special topic courses. Among the special topic courses, crisis counseling was the most common course offered followed by trauma, grief, and neurocounseling as the least common course offered.

Even though the majority of programs offered training in courses with a focus on crisis counseling, this study was unable to determine which courses were required and which were electives. Results indicated that the percentage of programs that offered courses with a crisis focus has increased since the Barrio Minton and Pease-Carter study (2011), so it might be useful to reexamine student perception of preparation in this area. In relation to the findings of Wachter Morris and Barrio Minton (2012), preparation in the area of crisis counseling was viewed as not adequately preparing them for the field. Further study is needed in this area to evaluate the impact of training from a dedicated course compared to training infused in other courses. Also, a number of programs offered a combination course instead of a dedicated course, with the most prevalent being a combination of a crisis and trauma course. This finding indicates that most programs that did offer special topic courses primarily focused on crisis and trauma as opposed to grief and loss counseling or neurocounseling. Given the inclusion of crisis and trauma in the current CACREP standards and the attention in the literature regarding crisis, trauma, grief, and more recently neurocounseling, there is evidence that counseling programs are increasingly addressing crisis and trauma counseling through focused courses. Despite the increased attention to crisis and trauma, less attention has been given to the areas of grief counseling and neurocounseling. Due to the study from Ober et al. (2012) that found training and experience were significant predictors of grief counseling competencies and Harrawood et al. (2011) that found a dedicated grief course increased students' self-efficacy to provide grief counseling to clients, more training in this area is warranted. Perhaps additional CACPREP Standards for grief counseling need to be considered for future standards. However, a new task force is being developed through the Association for Adult Development and Aging (AADA) to explore the development of competencies for working with

clients with grief and loss issues (E. Crunk, personal communication, February 14, 2019), which may lead to greater inclusion of this topic in the curriculum.

Currently, little is known about how students may benefit from training in neurocounseling given the new focus on this topic in the literature. While the 2016 CACREP Standards address biological, neurological, and physiological factors affecting human development (CACREP, 2015; Jones, 2015), the results of this study indicated that currently few programs meet this standard through a dedicated neurocounseling course. The limited research focused on the teaching and training of neurocounseling indicated that neuroscience education improves counselors' ability to incorporate neuroscience principles in counseling, develop deeper empathy, and build better connections with clients (Miller & Barrio Minton, 2016; Miller et al., 2018). These studies suggested that further education in neurocounseling could benefit the counseling profession and research focused on neurocounseling education for counselors-in-training is warranted (Miller & Barrio Minton, 2016; Miller et al., 2018). This current study demonstrated that there have been limited courses that focus on grief and neurocounseling and adds to the knowledge of how CACREP programs are addressing these training issues.

Limitations

The counseling programs that were reviewed for this study were retrieved from the CACREP directory in the fall of 2017; therefore, any programs that received accreditation or added a special topic course to their curriculum since fall 2017 were not included in this study. This implies that there may be more counseling programs that offer courses dedicated to crisis, trauma, grief, and neurocounseling than what were found. Next, CACREP programs outside of the United States were excluded from this study due to a language barrier. Again, this implies that counseling programs outside of the United States also may be addressing crisis, trauma, grief, and

neurocounseling. In addition, upon review of the counseling programs, the researchers analyzed each counseling program's website, handbook, and current catalog to determine whether a program offered any of the special topic courses; however, if a course was not included in these locations, the program was recorded as not offering any of the courses. There is the possibility that programs offered a course but had not listed it in the program's information or it was included but not offered.

Another limitation was that researchers were unable to rule out that some counseling programs may integrate these special topics (e.g., crisis, trauma, grief and loss, and neurocounseling) in their core courses instead of offering a separate course. For example, the current CACREP Standards include crisis, disasters, and trauma across the lifespan in human growth and development. In counseling and helping relationships, the current CACREP Standards include crisis interventions and trauma-informed strategies. Finally, the limited information available made it difficult to determine which courses were required and which were electives. Further investigation may reveal that few programs require this training, thus demonstrating that many counselors-in-training have not been exposed to these topics in depth.

Implications

Educators in the counseling profession have indicated that special topics such as crisis (Allen, Burt et al., 2002; Barrio Minton & Pease-Carter, 2011; Sawyer et al., 2013; Wachter Morris & Barrio Minton, 2012), trauma (Jones & Cureton, 2014; Sommer, 2008; Webber et al., 2017), grief (Chan & Tin, 2012; Gamino & Ritter, 2012; Harrawood et al., 2011; Ober et at., 2012), and neurocounseling (Beeson & Field, 2017; Miller & Barrio Minton, 2016; Miller et al., 2018; Russell-Chapin, 2016) are important for future practicing counselors. However, there is not a clear definition of how programs are expected to address these areas of training. This study offers a

snapshot of the current course offerings, which may add to the understanding of how counselor education programs addressed these topics. Counselor educators can utilize the findings from this study to enhance their counselor training programs by reflecting on how their program currently prepares students in these specific areas. Through this reflection and program analysis, programs may choose to add courses focused on crisis, trauma, grief, and neurocounseling with the goal of improving the education of their students and producing counselors who are better equipped to work with concerns shown to be prevalent in the lives of the clients they serve. Given that individual and societal exposure to crisis (Barrio Minton & Pease-Carter, 2011; Sawyer et al., 2013), trauma (Barlé et al., 2017; Jones & Cureton, 2014; Paige et al., 2017), and grief (Ober et al., 2012; Papa et al., 2008; Worden, 2018) is widespread and affects the majority of counseling clients, it may also serve the counseling profession to reconsider if these areas are "specialized" or if they are core themes within counseling. Reframing crisis, trauma, and grief as core topics may help counseling programs prioritize providing education through designated and required courses for all counseling students.

Additionally, these results indicate a focus for future research to explore how crisis, trauma, grief, and neurocounseling are addressed in the counselor education curriculum, either through designated courses or infusion in other courses. It further warrants the need for programs that are not addressing these areas of counseling to begin to provide training in these areas. Lastly, counseling programs that were not in the United States were excluded, therefore future research could explore whether international counseling programs address crisis, trauma, grief, and neuorocunseling and if so, how are they addressed in the curriculum.

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