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Are Counselors Prepared? : Integrating Trauma Education into Counselor Education Programs

SeriaShia Chatters
Penn State University, sjc25@psu.edu

Peihsuan Liu
Antioch University Seattle, pliu1@antioch.edu

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Are Counselors Prepared? : Integrating Trauma Education into Counselor Education Programs

Abstract

Due to the high prevalence of traumatic events, counselors are likely to have clients with histories of trauma. Counselors need to be prepared to work with trauma-related issues. The Council of Accreditation of Counseling & Related Educational Programs supports the importance of trauma education in the 2016 CACREP standards. Due to the 60 credit hour requirement of counselor training programs, the authors suggest that counselor educators integrate trauma education throughout Counselor Education curricula as opposed to creating a whole course. This article elucidates the need of integrating trauma education in counseling graduate programs, and provides suggestions regarding how counselor educators can incorporate trauma education in counseling program curricula.

Keywords

Trauma Education, Trauma, Counselor Education, Counselor Preparation, Trauma Counseling

Research on trauma counseling and interventions has received increasing attention over the past decade (Goodman, 2015). Traumatic events occur in everyday life; more than two-thirds of people in the United States have experienced a traumatic event during their lifetime (Galea, Nandi, & Vlahov, 2005; Kilpatrick et al., 2013). The prevalence and commonality of traumatic events indicates that counselors have a high likelihood of working with clients who have trauma-related issues (Sommer, 2008). Various events can activate a traumatic response, such as childhood abuse, school violence, domestic violence, sexual assault, random violent crimes, mass shootings, community violence, natural disasters, anthropogenic disasters, and military-related services (Kilpatrick et al., 2013). These events trigger traumatic responses in the immediate victims and impact witnesses of the events vicariously. Vicarious traumatization, also known as secondary traumatic stress, occurs when traumatic events indirectly influence others via witnessing or learning about such events (Sommer, 2008).

Traumatic events can directly or indirectly exacerbate various mental health issues, including acute stress disorder, posttraumatic stress disorder (Alisic et al., 2014), major depressive disorder (Fowler, Allen, Oldham, & Frueh, 2013), anxiety (Hovens, Giltay, Spinhoven, van Hemert, & Penninx, 2015), and sleep disorders (Afari et al. 2014). Therefore, mental health professionals are likely to encounter clients with trauma histories. Currie, Remley, and Craigen (2014) interviewed mental health professionals who did not advertise a trauma specialty and found that these professionals had around 25% to 95% of clients with histories of trauma. Bride, Hatcher, and Humble (2009) conducted a survey of 225 substance abuse counselors and reported that 97% of counselors had clients who experienced trauma including childhood physical abuse, sexual abuse, as well as abuse in adulthood.

The significant percentage of clients with trauma-related issues indicates a need for counselor-trainees to have competence in addressing trauma-related issues. Counselors may

address trauma related issues in various ways. For the purposes of this paper, trauma education encompasses crisis counseling and providing a trauma-informed care approach. Crisis counseling is a short term method of counseling in which the primary goals are to restore a sense of mastery and control after a traumatic crisis, event, or disaster. Crisis counseling usually lasts approximately 1 to 3 sessions (American Counseling Association; ACA, 2018). Trauma-informed care counseling requires counselors to realize the prevalence of trauma, recognize trauma symptoms, respond to clients with knowledge in trauma, as well as resist re-traumatization in treatment (Substance Abuse and Mental Health Services Administration; SAMHSA, 2014).

As stated above, crisis counseling often occurs immediately following a traumatic event, trauma education prepares counselors to provide long term counseling using a trauma-informed care approach to help clients deal with the psychological and physical symptoms that may be rooted from histories of trauma (Dass-Brailsford, 2007; SAMHSA, 2014). It is important to note that some individuals who experience a traumatic event may not experience long term traumatic symptoms and will not require any care after crisis counseling has concluded. Many clients who have experienced a traumatic event do not receive short term counseling, crisis counseling, or long term counseling using trauma informed care. Therefore, it is important for counselor-trainees to recognize that some clients may have trauma histories.

Trippany, Kress, and Wilcoxon (2004) suggested that counselors are likely to work with clients with trauma histories. The Council of Accreditation of Counseling & Related Educational Programs (CACREP) also supported the importance of counselor education programs providing knowledge of the impact of trauma on human development as well as trauma-informed interventions (CACREP, 2015). The literature on how counseling graduate programs provide trauma education is very limited. Black (2006) reported that some counseling graduate programs provide crisis counseling courses; however, the majority of

counseling graduate programs does not provide a course focusing on trauma, nor consider trauma education as an integral part of the core curriculum.

Due to the increased understanding of traumatic events as well as how trauma impacts people, counselor-trainees need to be prepared to work with clients with trauma-related issues (Courtois & Gold, 2009).Therefore, counselor educators should initiate changes that incorporate trauma education in graduate training programs. In this conceptual paper, the authors will discuss various types of traumatic events, provide a rationale for the integration of trauma education into counselor education courses, and discuss recommendations for the integration of trauma education in counselor education curricula.

Types of Traumatic Events

Traumatic events can occur on a collective scale, impacting a large number of individuals simultaneously (e.g. natural disasters, anthropogenic disasters, war-related disasters) or on an individual scale (e.g. child abuse and neglect). Learning about different types of traumatic events and effective interventions during counseling graduate programs helps counselor-trainees be better prepared to work with clients with histories of trauma. In this section, the authors will briefly review various types of traumatic events and how counselors need to be prepared to meet the needs of clients from different type of trauma.

Disaster-Related Trauma

According to Federal Emergency Management Agency (2015), there were total 641 cases of natural disaster declared in the United States between 2010 and 2014. Natural disasters include earthquakes, winter storms, flooding, tornadoes, hurricanes, wildfire, and industrial and transportation accidents. Individuals impacted by natural disasters may experience a myriad of long term psychological issues including posttraumatic stress disorder (Arnberg, Bergh Johannesson, & Michel, 2013) and depression (Beaudoin, 2007; Malhotra, Chan, & Østbye, 2010). Counselors should be prepared with specialized knowledge and skills

to work with clients who have experienced natural disasters (Gilliland & James, 2013). Counselors should be familiar with the core issues in addressing disaster-related trauma such as enhancing safety, educating coping strategies to regulate emotion, promoting self-efficacy and connectedness, as well as instilling hope and resources (Hobfoll et al., 2007).

Childhood Trauma

The Adverse Childhood Experiences (ACEs) Study found that people who experienced childhood adversities were more likely to have physical and mental health issues in adulthood (Felitti et al., 1998). After the original ACEs study, many studies started to examine the impact of childhood trauma on physical and mental health (Centers for Disease Control and Prevention, 2019). Childhood trauma includes child abuse and neglect, as well as traumatic experiences due to family dysfunction. Trauma negatively impacts the mental health of children and adolescents (Cohen, Mannarino & Deblinger, 2006). Research has shown that children who were abused or neglected were more likely to experience poor social skills, internalizing and externalizing behavioral problems, posttraumatic stress symptoms, anxiety, and depression (McLeer et al. 1998; Shonk & Cicchetti, 2001). Studies also indicated that adults who had histories of childhood trauma were more likely to experience psychological distress including depression, anxiety, somatic complaints, and PTSD (Allen, 2008; Hovens et al., 2015; Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003).

The ACEs study indicated that around 67% of the participants experienced at least one type of childhood adversities (Felitti et al., 1998). Whether working with children or adults, counselors need to be mindful that childhood trauma may be the underlying cause of the presenting concerns that clients bring to counseling (Hovens et al. 2015). Counselors need to be competent in assessing client's trauma histories as well as providing interventions and treatment plans that help clients heal from childhood trauma.

Violence-Related Trauma

Children and adults are impacted by violence-related trauma, including domestic violence, sexual assault, community violence, as well as school violence and anthropogenic disasters. Violence-related trauma has shown to have negative outcomes on people's mental health, including posttraumatic stress disorder (Martin, Revington, & Seedat, 2013; Perez, Johnson, & Wright, 2012), anxiety (Loxton, Schofield, & Hussain, 2006), aggression (Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009), depressive symptoms (Bonomi et al., 2006; Hertweck, 2010), poor academic performance (Mathews, Dempsey, & Overstreet, 2009), and suicidal ideation (Ellsberg et al., 2008; Lambert, Copeland-Linder, & Ialongo, 2008). Counselors need to be well-trained to provide services for clients who experienced violence-related trauma as well as to help clients cope with the aftermath of manmade disasters. Through the application of crisis counseling, counselors can address safety plans, provide resources, as well as encourage empowerment while working with the traumatic stress (Perez et al., 2012). It is also important for counselors to provide long term trauma-informed counseling for clients who may develop trauma-related issues after the traumatic events.

Military-Related Trauma

Military personnel and veterans may suffer from mental and physical health issues such as posttraumatic stress disorder, depression, anxiety, substance use, relationship difficulties, as well as somatic symptoms (Hoge, Terhakopian, Castro, Messer, & Engel, 2007; Monson, Taft, & Fredman, 2009; Steenkamp, Litz, Hoge, & Marmar, 2015; Trevillion et al., 2015). With the increasing number of military personnel returning from combat operations in Iraq and Afghanistan, counselors need to be prepared to work with military personnel and veterans who suffer from PTSD-related symptoms as well as other mental health disorders (Zalaquett & Chatters, 2016). Counselors need to gain a better understanding of the unique needs of military culture and how military-related trauma affects military personnel, veterans,

and their families. Counselors need to adopt a strengths-based approach and focus on establishing therapeutic relationship, advocacy, and encouraging family engagement when working with veterans and their families (Carrola & Corbin-Burdick, 2015).

Vicarious Trauma

Traumatic events can create a ripple effect in individuals who have experienced trauma and close associates such as spouses, children, family members, as well as mental health professionals who are working with the client (Figley, 2002; Newell & MacNeil, 2010). Research indicated that counselors working with clients who have experienced trauma have higher chances of suffering elevated trauma symptoms, cognitive distortion, and depressive thoughts (Sommer, 2008). If counselors are not well-educated about vicarious trauma, counselors may develop secondary traumatic stress symptoms that impair their personal wellness and their professional ability to assist clients, resulting in poor counseling service and work turnover (Bride et al., 2009; Sommer, 2008).

Due to the nature of work in counseling professional, counselors need to be mindful of the work-related stress and to utilize skills to address the emotional and psychological risks from providing service for clients with history of trauma. Figley (2002) referred professional self-care as strategies utilized by counselors to maintain their mental health and personal needs. Counselors need to receive knowledge and education regarding to vicarious trauma as well as to establish self-care practice to ameliorate the level of vicarious trauma (Newell & MacNeil, 2010; Sommer, 2008).

Shared Trauma

Counselors may experience shared trauma when both the counselor and the client experience a traumatic event at the same time (Saakvitne, 2002). Shared trauma can occur during natural or anthropogenic disasters. Boscarino, Figley, and Adams (2004) found that 25% of the social workers in New York reported symptoms similar to PTSD after the

terrorism of September 11, 2001. When shared trauma occurs, counselors need to deal with their own trauma and loss issues while, simultaneously, working with clients' trauma issues (Faust, Black, Abrahams, Warner, & Bellando, 2008). The process of counselors having to work through their own trauma and working with clients at the same time can have a negative impact on counselors and challenge their personal well-being (Faust et al., 2008). Counselors need to be mindful of their own shared trauma and to implement self-care strategies to cope with shared trauma (Bell & Robinson, 2013).

The Need for Trauma Education in Counselor Curricula

The preceding section illustrated the variety types of trauma that counselors may encounter in practice. However, counselor education programs do not always prepare counselor-trainees to provide crisis counseling or trauma-informed care treatment. Bride et al. (2009) found that a significant number of substance abuse counselors felt unprepared to provide services for clients with histories of trauma. Other research indicated the lack of trauma-related training to treat survivors of child abuse (Kenny & Abreu, 2015). For example, a study examining 40 CACREP-accredited programs and 48 non-accredited programs indicated that out of the 64 graduate-level counseling programs who responded, only 25% of the surveyed counseling programs provided one course or more to address child sexual victimization (Priest & Nishimura, 1995). Kitzrow (2002) surveyed 136 CACREP-accredited graduate-level programs and found that only 9% indicated that their programs provided a mandatory course for addressing sexual abuse. Up to date, literature about trauma education in counseling graduate programs is very limited and other mental health professionals also started to pay attention to the importance of teaching trauma in graduate programs (Black, 2006; Black, 2008; Bowman & Roysircar, 2011).

Counselors also reported feeling unprepared and incompetent in crisis counseling (Barrio Minton & Pease-Carter, 2011; Morris & Barrio Minton, 2012). A study surveying

193 professional counselors who graduated from counseling programs within two years found that the majority of the surveyed counselors reported engaging in providing crisis counseling on a regular basis; however, only around 20% of the participants completed a course in crisis counseling during their graduate programs (Morris & Barrio Minton, 2012). Barrio Minton and Pease-Carter's (2011) conducted another study to evaluate 52 CACREP-accredited master's programs and found that less than half of the surveyed programs offered a course in crisis interventions to prepare students. These studies indicated the lack of training of crisis counseling, which is a part of trauma education.

The ACA Code of Ethics (ACA, 2014) requires professional counselors to practice counseling after receiving relevant education and training (Standard C.2.a and Standard C.2.b.). Standard A.1.c indicates that counselors should develop treatment plans that "offer reasonable promise of success and are consistent with the abilities, temperament, developmental level, and circumstances of clients." Standard C.7.a notes that counselors should use "techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation." Clients with trauma-related issues are a special population with maladaptive coping mechanisms and perspectives due to how their bodies adapted to survive traumatic experiences (SAMHSA, 2014). Counselor educators and supervisors might contribute to ethical problems if they do not provide adequate training for counselors-trainees regarding to trauma education (Sommer, 2008).

The proliferation of different types of traumatic events indicates that counselors in all specialty areas need to be well-trained to provide counseling services for clients with history of trauma. Therefore, a well-developed trauma education curriculum should be incorporated into counseling training programs to increase counselor-trainees' competency in working with trauma-related issues. Since counseling graduate programs are considered one of the most comprehensive master-level programs with 60 credits requirement, the authors are

suggesting integrating trauma education strategically throughout counselor education curricula as opposed to offering a specific trauma course. This paper provides directions and suggestions of integrating trauma education in counseling programs.

Strategies of Integrating Trauma Education in Curriculum

Trauma education can be integrated into different graduate courses without having to offer an additional trauma course. The authors provide the following suggestions of how counselor educators can integrate trauma education in counseling graduate program through (a) introducing specialized knowledge for different types of trauma throughout different courses; (b) incorporating education of neurobiology of trauma into human development, child, or adolescent counseling courses; (c) providing review of evidence-based trauma treatments in practicum and internship courses; (d) addressing self-care and vicarious trauma throughout the graduate program. In the following sections, the authors provide specific strategies of how counselor educators can integrate trauma education in each suggestion.

Introduce Specialized Knowledge for Different Types of Trauma

Clients who experienced different types of traumatic events have different counseling needs. Thus, specialized knowledge and interventions for various types of trauma should be provided to counselor-trainees throughout different courses to help counselor-trainees understand how to provide counseling services for different population. An example of a core course to incorporate trauma education could be Individual Counseling Skills, where counselor educators can teach crisis interventions techniques such as suicide assessment, violence assessment, as well as stabilization skills that counselors can implement to help clients in the immediate aftermath of crisis. For example, counselor educators can introduce Psychological First Aid (PFA; National Child Traumatic Stress Network, 2006) to prepare counselors to competently work with clients right after natural or anthropogenic disasters. Counselor educators can teach core elements in providing PFA such as enhancing safety and

comfort, addressing immediate needs through linking to services, as well as providing coping skills. Counselor educators can help students practice coping skills such as grounding techniques, progressive relaxation, diaphragmatic breathing, and safe place visualization so that counselor-trainees can provide these skills to help clients stabilize after the crisis (Baranowsky & Gentry, 2015).

Internship and Practicum seminar courses are other courses that counselor educators can integrate trauma education. Sommer (2008) recommended that counselor educators integrate trauma education in internship course by having students do topical presentation on trauma. Through different presentations on trauma-related topics, counselor-trainees get the chance to learn the specialized knowledge and needs of clients that experienced different types of trauma. Counselor educators can also invite clinicians in the community that work with trauma survivors to class to share their professional experiences and to connect counselor-trainees with the resources and trainings in the community.

Trauma education could also be incorporated into course like Diagnosis in Counseling. When teaching diagnosis, counselor educators can help counselor-trainees learn the Adverse Childhood Experiences Study (Felitti et al., 1998) and to make connection between trauma and mental health disorders. For example, childhood trauma such as physical abuse and emotional abuse has shown to be connected with the anxiety disorder and depression in adulthood (Hovens et al., 2015). Learning that trauma might be the root of presenting problems can help counselor-trainees conceptualize client's issues using a strength-based perspective as opposed to the pathological mindset (SAMHSA, 2014). Courses such as Child Counseling or Adolescent Counseling are potential courses in which trauma education could be integrated. Counselor educators can integrate knowledge of trauma that children and adolescents may experience, including child maltreatment, complex trauma, domestic violence, community violence, as well as school violence since these traumatic events

impacts children's mental health issue. Trauma education is also important in school counseling courses because there is an increased attention on the needs of trauma-informed schools (Overstreet & Chafouleas, 2016). School counselors need to learn how to work with children who have experienced trauma and provide trauma-informed comprehensive school counseling program (American School Counselor Association; ASCA, 2016). In addition, school counselors need to be prepared to take the leadership in building a trauma-sensitive school to provide a physically and psychologically safe environment for students to learn (ASCA, 2016).

The suggestions above are some examples of how counselor educators can infuse trauma education into counselor education curricula. The integration of trauma education into different courses can help counselor-trainees gain specialized knowledge and techniques to work with clients with history of trauma. Being well-informed can help counselor-trainees be prepared to provide interventions from a holistic lens that considers physical, psychological, cognitive, and neurological perspectives to meet the needs for each individual client who may be experiencing trauma or have a history of trauma.

Incorporate Education of Neurobiology of Trauma

With the growing research of how trauma affects the brain for children and adults (van der Kolk, 2003), the knowledge of how traumatic events impact neurodevelopment should also be included in trauma education. The development of brain is based on experience and stimuli from the environment. When a child is chronically under traumatic events such as physical abuse or sexual abuse, the brain adapts its structure and function in order to survive the traumatic experience (Perry, Pollard, Blaicley, Baker, & Vigilante, 1995). Learning about the neurobiology of trauma can help counselors conceptualize clients' issues from a more holistic approach and to develop appropriate treatment plan for clients with histories of trauma. Courses that can incorporate neurodevelopment include Human Growth

and Development, Child Counseling, and Adolescent Counseling so that counselor-trainees can learn how traumatic events impact human development.

In order to help counselor-trainees learn the neurobiology of trauma, counselor educators can adopt resources from different websites and books. For example, counselor educators can utilize the videos and articles from the website of Center on the Developing Child at Harvard University (2018) to help counselor-trainees learn the brain and the neurobiology of trauma. In addition, counselor educators can assign counselor-trainees to read trauma-related books such as *The Boy Who Was Raised as a Dog* (Perry & Szalavitz, 2006), *The Body Keeps The Score* (van der Kolk, 2015), and *The Deepest Well* (Harris, 2018). Counselor-trainees can learn how trauma impacts the brain and body from clinical experiences and case studies that were introduced from those books. Counselor-trainees can also do presentations on book chapters to introduce neurobiology of trauma from the books to the whole class. Counselor educators can then facilitate class discussion and conversations that counselor-trainees bring through presenting materials from those books.

CACREP (2015) supported the importance for counselor-trainees to learn about neurodevelopment and trauma. According to CACREP standards, all entry-level counselor education graduates need to learn "biological, neurological, and physiological factors that affect human development, functioning, and behavior" as well as "effects of crisis, disasters, and trauma on diverse individuals across the lifespan" (CACREP, 2015). The CACREP standards indicate the importance of counselor education programs to incorporate the neurodevelopment content into counseling graduate courses.

Provide Review of Evidence-Based Trauma Treatments

CACREP standards require counseling-trainees to learn and to provide "evidence-based counseling strategies and techniques for prevention and intervention" (CACREP, 2015). Interventions and treatments that have been shown to be efficacious and effective can

improve clients' lives as well as to lower the cost of non-effective treatments. Some examples of evidence-based treatments for treating trauma survivors include biofeedback and neurofeedback (Tan, Wang, & Ginsberg, 2013), Eye Movement Desensitization and Reprocessing (van den Berg & van der Gaag, 2012), as well as Trauma-Focused CBT (TF-CBT; Cohen et al., 2006). Certification in different models of psychotherapy usually takes a long time for getting training, supervision, and consultation. Therefore, counselor-trainees cannot acquire the whole training of those evidenced-based trauma treatments during graduate program. However, counselor educators can introduce these trauma treatments so that counselor-trainees are informed of what specific treatments they can pursue official training if they want to develop specialty in trauma in the future.

Courses such as Practicum and Internship are suited for counselor educators to help counselor-trainees get informed with evidence-based trauma treatments. Counselor educators can invite clinicians who practice those evidenced-based trauma treatments to class to introduce different treatment modalities to counselor-trainees. Take EMDR for example, counselor educators can find EMDR therapists through EMDR official website directory and contact the EMDR therapists in the area for inviting them to speak in class. With the advanced technology nowadays, counselor educators can also invite clinicians who are certified in EMDR, neurofeedback, or TF-CBT in other areas to speak to students through Zoom or Skype. Regarding neurofeedback and biofeedback, counselor educators can also contact the mental health agency in the area that provides neurofeedback services to see if the whole class can go to the agency for learning how neurofeedback or biofeedback works. In addition, counselor educators can assign counselor-trainees to read through the official websites of different evidenced-based trauma treatments, and then counselor-trainees can do brief presentations to introduce different trauma treatments to the whole class. Through these brief presentations, counselor-trainees can be informed about the options of different trauma

treatments and be familiar with the certification process with each treatment modality. Even though counselor-trainees cannot acquire the evidence-based trauma treatment training in graduate programs, counselor educators can encourage students to pursue official training in trauma treatments after they graduate if they are interested in developing specialty in trauma counseling.

Address Self-Care and Vicarious Trauma

The increasing body of research about vicarious trauma indicates that counselor-trainees need to be mindful of how working with clients who have experienced trauma may affect themselves; otherwise, counselor-trainees may develop trauma symptoms, which deteriorate counselor-trainees' and clients' wellbeing and counseling effectiveness. The knowledge about vicarious trauma and self-care strategies should be incorporated into different courses throughout graduate program. Sommer (2008) suggested counselor educators can teach techniques such as breathing, guided imagery, and progressive relaxation to help counselor-trainees implement self-care strategies. These self-care strategies help counselor-trainees learn how to be aware of their body and feeling, as well as how to relax.

Self-care and wellness can be emphasized in the foundation courses that counselor-trainees take in their first semester such as Introduction to Counseling or Individual Counseling Skills. It is imperative to incorporate self-care and wellness in the foundation courses so that counselor-trainees can implement self-care strategies from the beginning of the graduate program and to be mindful of their progress throughout the program. Counselor educators can create assignment for students to develop their own wellness plans at the beginning of the semester and then have students follow through the plan throughout the semester, and students can do brief presentation at the end of the semester to reflect how the wellness plan has been implemented in the semester and what they want to do for the rest of the graduate program. Counselor educators can also assign students to interview licensed

professional counselors in the community to learn about how different counselors implement self-care strategies as well as how they deal with the stress and difficult emotions when working with clients.

Courses such as Practicum and Internship are suitable for integrating self-care and wellness since counselor-trainees are providing direct counseling services. Counselor educators can incorporate lecture to help counselor-trainees learn about the risk factors of burnout, compassion fatigue, and vicarious trauma as well as how to take proactive approach to prevent them. Counselor educators can also incorporate different self-care strategies such as mindfulness activities, meditation, progressive muscle relaxation, and didactic breathing to help students regulate themselves in classes. In addition, counselor educators can utilize assessments such as Professional Quality of Life (ProQOL; Stamm, 2009) to help counselor-trainees measure the level of compassion satisfaction, burnout, and secondary trauma when they are in practicum and internship.

Self-care and wellness should be incorporated in clinical supervision as well. It is important that supervisors emphasize wellness and self-care and to facilitate the conversation with counselor-trainees regarding to how they take care of themselves as well as how they can deal with the emotional distress arose from working with clients. In addition, students might experience emotional difficulties when learning trauma-related materials in class (O'Halloran & O'Halloran, 2001); therefore, counselor educators need to teach students how to help themselves feel grounded if they get triggered by trauma-related materials and how to implement self-care strategies when they get triggered by clients' issues as well.

Reflection and Future Research

With the understanding of the difficulties in adding a trauma course in CACREP-accredited program, the authors suggested that counselor educators should integrate the materials of trauma education into different courses so that counselor-trainees can receive a

well-developed trauma education intentionally and systematically throughout the counseling graduate program. In this article, the authors provided strategies of how counselor educators can incorporate trauma education in counseling curriculum through introducing specialized knowledge of different types of trauma, incorporating neurobiology of trauma, providing review of evidenced-based trauma treatments, as well as addressing self-care and vicarious trauma. In order to break the trauma education into different courses systemically, counselor educators within the program need to have a well-discussed plan regarding to which trauma unit should be covered in which course. A thorough trauma education in counseling programs should be a bridge between counselor preparation and the clinical practice so that counselor-trainees can be competent and well-trained in addressing trauma-related issue.

Up to date, the literature on how trauma education is integrated in counselor education program is very limited. Therefore, future research will focus on examining how counselor educators can effectively integrate trauma education in counseling graduate programs as well as the difficulties that counselor educators encounter in address trauma-related materials. Since not every counselor educator has a specialty in trauma, therefore, how to effectively help counselor educators be prepared to incorporate trauma materials in counseling graduate programs will be further examined in the future.

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