

# Training Counselors to provide Trauma Informed Care: CACREP-Accredited Program Survey

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## Abstract

The current study examined course descriptions of 763 U.S. CACREP-accredited counseling programs to investigate the offering of Trauma-Informed Care course (TIC; stand-alone and offered alongside with another course). Results revealed only 26 programs offered a stand-alone TIC course. Future recommendations and implications in the counseling field are discussed.

**Keywords:** Trauma-Informed Care, CACREP Accredited Programs, Counselor Education, Trauma Counseling

## Introduction

*“The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery.”* (SAMHSA, 2014, pp.2)

Mental health concerns have been rapidly increasing among individuals over recent years, further exacerbated by factors such as isolation stemming from the COVID-19 pandemic, unstable economy, and sociopolitical factors (Kumar & Nayar, 2020). Ongoing stressors (e.g., unprecedented health crisis and safety concerns) negatively impact mental health, such as resulting in symptoms of depression and anxiety, and further lead to traumatic experiences (Ennis et al., 2021). To better help individual stress, ongoing stress, mental health counselors should practice trauma-informed care in counseling services. Trauma-informed care (TIC) is a system-based counseling approach, emphasizing the top-down understanding that trauma affects individual behavior in various ways (Harris & Fallot, 2001). Thus, it is important that counselors engage in TIC with due diligence to understand unique needs of their clients (SAMSHA, 2014). Trauma-informed systems endorse trauma screenings for all clients to gather important information on clients' previous experiences, trauma specific staff training to help staff learn treatment strategies, and evaluation of organizational system's policies and procedures to prevent retraumatizing clients (Harris & Fallot, 2001). Previous research suggests that there is limited training in trauma informed care in counselor preparation programs (Chatters & Liu, 2020; Kitrow, 2002). According to VanAusdale and Swank (2020), integration of trauma training in counselor education curriculum can emphasize the importance of recognizing and treating trauma. This in turn can help improve client care, increase self-efficacy of counselors-in-training, and prevent vicarious traumatization. VanAusdale and Swank (2020) further suggested that counselor educators may also

teach students best practices for treating trauma within a supervision course (such as during practicum and internship), discussing trauma within supervision of clinical experiences may help students develop strong self-efficacy that may lead to positive client outcomes.

### **Counselors and Trauma-Informed Care**

Using a trauma informed lens, a counselor assumes that any client coming to services may have experienced trauma (Knight, 2019). Frequent utilizers of mental health services often report high rates of adverse childhood experiences linked to trauma symptoms that carry into adulthood if unresolved (Sweeney, et al., 2018). TIC requires a foundational understanding of the nature of the trauma, how it affects individuals, and how clients may come to perceive the world as a result of their experiences (Ranjbar et al., 2020). The development of trauma knowledge involves basic psychoeducation regarding the physiological responses to trauma, and behavioral symptoms/reactions and emotional impacts of traumatized individuals. Counselors should understand how responses might vary dependent on the type of trauma, level of danger of the event and potential for recurrence, and the individualized perspective of the client (Cook et al., 2017; Knight, 2019; SAMSHA, 2014; Sweeney, et al., 2018). Knowledge development initially begins in the graduate level counselor education; however, the depth and breadth of this knowledge may be limited (Council for Accreditation of Counseling and Related Educational Programs, 2022). Understanding the effects of trauma may require further review of the literature as well. Examining the literature informs counselors of effective evidence-based treatment strategies and helps counselors determine best practices for treating trauma symptoms. Through thorough trauma screenings and implementation of evidence-based, culturally appropriate treatment, counselors may better understand how traumatic experiences may have shaped client's perspectives on themselves, others, and the world.

### **Counselors and Trauma Informed Practice**

Counselors can integrate trauma work into their practice and develop trauma-informed helping perspectives. Trauma-informed practice centers on five principles: safety, trust, empowerment, collaboration, and choice (Knight, 2019; SAMSHA, 2014). Supporting clients who have experienced trauma requires providing a feeling of physical safety and trust. Trauma informed counselors recognize that rapport building for clients who have experienced trauma takes time as they have likely experienced violations of trust and safety (Berliner & Kolko, 2016). Clearly stated disclosure and informed consent to the client at the beginning of treatment lays groundwork that allows client to know what to expect in the counseling relationship and the process of therapy. Practicing patience and consistency, as well as emphasizing the collaborative nature of the therapeutic relationship can support the development of safety and trust in clients. Clients have the right to make choices about the types of services that they wish to receive, in which parts of the therapeutic process they want to participate, the speed at which they move through the therapeutic process and have the right to terminate services at any point (American Counseling Association, 2014; Knight, 2019; SAMSHA, 2016).

With the increased need for counseling services in recent years, counselors are struggling to meet overwhelming needs. Serving numerous clients while living through the COVID-19 pandemic has been difficult for counselors who have reported compassion fatigue and burnout (Alexander et al., 2022). Counselors-in-training and novice counselors may be more vulnerable to burnout, due to limited experiences in resolving complex personal and professional challenges. If TIC training was absent in the counselor education program, new counselors would be challenged to understand the TIC approach, how

to serve clients, who have experienced trauma, or how to use trauma-informed interventions (Knight, 2019). Counselors may experience *vicarious traumatization*, as a natural emotional response to helplessness, fear, and hopelessness, while working with clients who experienced trauma (SAMSHA, 2014). Counselors with a traumatic history may be more vulnerable to vicarious trauma; vicarious trauma may trigger trauma symptoms (e.g., stress) and decrease counselor's professional ability to help others (Knight, 2019). Trauma informed counselors understand how their history of trauma affects themselves as well as their work with clients, and thus they can set boundaries to properly care for themselves and their clients (Baker & Gabriel, 2021; SAMSHA, 2014). Practical self-care skills are critical in sustaining good mental health and avoiding compassion fatigue and burnout (Baker & Gabriel, 2021; Sweeney, et al., 2018).

### **The Need for Training in Trauma-Informed Care and Practice**

Novice counselors may not have a full understanding of the personal impacts of serving those with trauma. Novice counselors may report that the client has activated symptoms and are unsure how to manage these symptoms in session. Counselors without a history of trauma may also have trouble compartmentalizing their own reactions to a client with a difficult trauma history. Novice counselors may struggle with setting boundaries and initiating effective self-care strategies. Therefore, it is essential for counselor supervisors to develop a trauma-informed supervisory practice that examines and supports vicarious trauma experienced by counselor-in-training and assists them in developing strategies to manage their reactions in session (Knight, 2019). The new draft from the CACREP Standard 2024 (Council for Accreditation of Counseling and Related Educational Programs, 2022) continues to call for the inclusion of trauma-informed education into the curriculum set in the 2016 standard (Council for Accreditation of Counseling and Related Educational Programs, 2015), and the integration of trauma-informed education across the curriculum supports this goal (Council for Accreditation of Counseling and Related Educational Programs, 2022). Although programs may be unable to find space in their curriculum for a stand-alone course (Lee et al., 2012). VanAusdale and Swank (2020) recommended trauma-informed education to be integrated into counselor education program curriculum, suggesting trauma-informed education may decrease students' chance of vicarious trauma. Failure to do so may make counselor students more vulnerable to developing vicarious trauma (Knight, 2019; VanAusdale & Swank, 2020) and ill-equipped to support a client presenting with trauma reactions. A stand-alone TIC course explores practical applications of managing trauma reactions in sessions, appropriate self-care for trauma symptoms, and concepts such as self-boundary, limit setting, compassion, fatigue, and burnout.

Research uncovered that counseling students lacked preparedness for supporting individuals with a history of trauma (Cook et al., 2019; VanAusdale & Swank, 2020). By offering trauma-informed care education, students will have the opportunity to learn the TIC perspective and interventions, increase their sense of preparedness, competencies, and inclusivity in their future counseling practice. Trauma-informed supervisors (e.g., faculty field supervisor) impose boundaries and limits for their trainee when necessary to protect both the needs of the trainee and the client they serve (American Counseling Association, 2014). Students taking the course while concurrently in practicum or internship courses would be able to process vicarious trauma issues as a part of faculty-led supervision and better conceptualize such issues.

### **Multicultural and Social Justice Considerations in Trauma Informed Practice**

It is essential that counselors develop an understanding of the intersection of diversity and trauma, to develop successful counselor-client relationship and treatment process and support clients effectively. TIC is culturally sensitive care that acknowledges and provides dignity and respect to various cultural backgrounds, values, and beliefs (SAMSHA, 2014). Individual cultural background may include race/ethnicity, nationality/origin, gender, sexual orientation, religious belief/spirituality, ability, socioeconomic status, employment status, appearance, marital status, customs, and education level of individuals and families. Counselors serving multicultural clients make the following considerations to support a trauma-focused inclusive practice: evaluating inclusivity language within their paperwork, using culturally appropriate screening instruments, selecting multiculturally normed assessments, using evaluations that explore cultural- and community-based trauma, considering cultural factors and culturally appropriate behaviors prior to diagnosis, and evaluating accessibility to services and service environments (Mahon & Jeawon, 2022). Adopting a cultural inclusive approach is useful for trauma-informed counselors to create safe and trustworthy relationships with clients. In this approach, counselor supports and validates experiences of culturally diverse clients, respecting clients' diverse experiences (although they may not fully understand their client's experiences; Ranjbar et al., 2020).

### **Trauma Informed Pedagogy**

Trauma Informed Pedagogy is discussed more since the global pandemic. Trauma Informed Pedagogy is built on the foundation of TIC and adapted for the practice of teaching and learning. By using Trauma Informed Pedagogy instructors strive to understand how trauma may impact learners and how to prevent further re-traumatization (Zingarelli-Sweet, 2021). Carello and Bultler (2015) suggested the following six key principles for Trauma Informed Pedagogy: physical, emotional, and academic safety, trustworthiness and transparency, support and connection, collaboration and mutuality, empowerment, voice and choice, social justice, resilience, growth, and change. For this research, it is important to view each of these in the context of counselor education.

### ***Physical, Emotional, Social, & Academic Safety***

In today's world of virtual and online learning, counselor education programs find ways to incorporate physical, emotional, social, and academic safety by using cohort models, in which students takes all courses together, providing opportunities for strong connections among students and with faculty (Snow et al, 2018). Peer mentoring in counselor education is another effective approach that fosters physical, emotional, social, and academic safety within the program (Murdock et al, 2013).

### ***Trustworthiness & Transparency***

By modeling a trustworthy and transparent relationship, counselor educators help counselors-in-training to create effective counselor-client relationships. Counselor educators use Trauma Informed Pedagogy by incorporating TIC into counseling theories and providing a trustworthy and transparent atmosphere of learning for counselors-in-training. An example would be using Humanistic theory to emphasize the humanistic underpinnings of the profession, and using Person-Centered theory to facilitate an open, accepting, and understanding environment for counselors-in-training in which they can direct their own learning. (Purswell, 2019).

### ***Support & Connection***

Previous research highlights the importance of adding a TIC approach in counseling, which can help to validate client's life experiences (Zyromski et al., 2018). This translates to counselor education as well. Counselors-in-training comes with varied life experiences. Classroom discussions can sometimes trigger unfinished events, or trauma related incidences. Building connections with faculty and cohort members and having a strong support network can help navigate trauma triggers. Counselor education programs need to ensure a strong support network for counselors-in-training while practicing Trauma Informed Pedagogy.

### ***Collaboration & Mutuality***

Another important foundational principle of Trauma Informed Pedagogy is collaboration and mutuality. Counselor education programs can incorporate a collaborative learning atmosphere in the classroom by including counselors-in-training in community-outreach project collaborations. Another example of Trauma Informed Pedagogy may include providing opportunities for students to have some collaborative power in assignment/classroom activities. Syllabus can have collaborative agreements with students (e.g., regarding course assignment schedule and deadlines).

### ***Empowerment, Voice, & Choice***

With the incorporation of technology into higher education post COVID-19 pandemic, we see different models of program delivery such as Hybrid, HyFlex, and the traditional online format. There is a rise in the number of CACREP counselor programs that use technology assisted program delivery, or digital delivery as CACREP calls it (Council for Accreditation of Counseling and Related Educational Programs, 2021). Trauma Informed Pedagogy can be practiced in these models, by building choices for students. Examples could be allowing students in online sections to respond to questions via chat or webcam, giving students flexibility to participate in online discussion groups, allowing students to have more choices in assignment submission options, by either submitting a paper, or a recorded presentation. All these different strategies can bring student empowerment by providing them with voice and choice.

### ***Social Justice***

Trauma Informed Pedagogy also strives to infuse social justice into training, such as through faculty dialogues. Faculty could share personal experiences with oppression, privilege, and provide individual definitions of how social justice and advocacy is perceived. One of the core classes, multicultural counseling, could be used for these dialogues between faculty and students. These discussions may encourage students to talk, share, and process their experiences (Ratts & Wood, 2011).

### ***Resilience, Growth, & Change***

Counselor education programs can make small curricular revisions to incorporate TIC and implement it through Trauma Informed Pedagogy. The TIC approach emphasizes safety, trust, and autonomy. Assessments and dispositions can be revised to prioritize these areas, which in turn may build resilience and foster growth and change in counselors-in-training (Felter et al, 2022). An example may be recognizing students' strengths and resilience, such as by celebrating student successes throughout the program.



## Methods

This study examines the existing status of TIC training in CACREP-accredited counseling programs, in the United States. CACREP is the Council for Accreditation of Counseling and Related Programs, in the United States, that sets forth high standards for counselor training programs. CACREP accreditation ensures that the content and quality of the program is evaluated and meets standards. Thus, only CACREP accredited programs were examined in this study. The research questions that guided this study were, firstly how many CACREP-accredited programs have a stand-alone trauma informed care course; secondly how many CACREP-accredited counseling programs have any content that includes trauma-informed care in their coursework.

## Data Collection and Analysis

The research assistants accessed the individual websites of 763 CACREP-accredited counseling programs, from 408 U.S. universities in various counseling programs to investigate the offering of stand-alone TIC course in universities, including clinical mental health counseling, school counseling, rehabilitation counseling, marriage, couple and family counseling and career counseling programs. Data collection period was from August 2020 to May 2021. This study utilized published CACREP directory to access public web pages of CACREP-accredited master's level counseling programs. This study investigated both private and public universities in the U.S. Data collection was performed by two master's level counseling student research assistants. The research assistants searched for some form of required trauma course listed either in the course description or curriculum of counseling programs' websites. The research assistants divided the programs based on alphabetical order. University names that started with the letters a-m were checked by one research assistant, and the rest, by the other. Both required courses and elective courses were included in this search.

Among the 763 programs, the research assistants were not able to access the course descriptions of 33 (4.3%) programs after repeated attempts. Repeated attempts were achieved through emailing the department and checking with program coordinators of examined programs. The research assistants retrieved the following information from university public websites: location of the university (i.e., city and state), specialty (program emphasis), degree offered, accreditation status, offering of TIC course (i.e., whether the program offered TIC course and whether the TIC course offered was a stand-alone course), program offering format (i.e., face-to-face, hybrid, and online), and other information. Data analysis was performed to provide descriptive information on the collected data, including mean, standard deviation, frequency, and percentage.

## Results

Data was collected from 763 master's level programs (public and private), across 408 U.S. universities. In total, 12 types of master's degree were offered by programs included: Master of Art, Master of Science, Master of Education, Master of Science in Education, Master of Art in Education, Master of Counseling, Specialist in Education, Master of School Counseling, Master of Science in School Counseling, Master of Rehabilitation Counseling, Master of Marriage and Family Counseling, and Master of Science in Rehabilitation Counseling.

The top two states that had the most CACREP-accredited programs were Texas (48, 6.29%) and Pennsylvania (47, 6.16%). The range of numbers of CACREP-accredited programs in each state was from 1 to 48,  $M = 14.67$ ,  $SD = 12.87$  (Table 1).

**Table-1 Frequency of Counseling Programs Across the different states in US**

State	F	%	State	F	%	State	F	%
TX	48	6.29	CO	14	1.83	AZ	5	0.66
PA	47	6.16	IN	14	1.83	ME	5	0.66
OH	41	5.37	WA	14	1.83	NE	5	0.66
IL	40	5.24	SC	13	1.70	NM	4	0.52
NC	39	5.11	WI	13	1.70	WV	4	0.52
VA	34	4.46	MO	11	1.44	NH	3	0.39
NY	33	4.33	MS	11	1.44	NV	3	0.39
FL	31	4.06	CT	10	1.31	PR	3	0.39
TN	29	3.80	DC	10	1.31	UT	3	0.39
AL	25	3.28	ID	10	1.31	AK	2	0.26
LA	24	3.15	AR	9	1.18	ND	2	0.26
NJ	24	3.15	MD	9	1.18	RI	2	0.26
GA	23	3.01	IA	8	1.05	VT	2	0.26
CA	22	2.88	MA	8	1.05	WY	2	0.26
MI	21	2.75	SD	8	1.05	DE	1	0.13
MN	21	2.75	KS	7	0.92	HI	1	0.13
KY	16	2.10	MT	7	0.92			
OR	15	1.97	OK	7	0.92			

Among all the counseling programs ( $N = 761$ ; two programs did not specify their specialty area), 12 specialty areas were covered; the most commonly covered specialty was clinical mental health counseling (331, 43.50%; Table 2). Other counseling programs included: school counseling, rehabilitation counseling, marriage & family counseling, college counseling & student affairs, clinical mental health & clinical rehabilitation counseling, marriage, couple and family counseling, addiction counseling, clinical rehabilitation counseling, college counseling, career counseling, clinical mental health pastoral counseling, and clinical mental health counseling with art therapy.

**Table-2 Frequency of Specialty Areas in Counseling Programs**

Specialty	F	%	Specialty	F	%
Clinical Mental Health Counseling	331	43.50	Addiction Counseling	10	1.31
School Counseling	249	32.72	Clinical Rehabilitation Counseling	5	0.66
Rehabilitation Counseling	73	9.57	College Counseling	4	0.53
Marriage & Family Counseling	33	4.34	Career Counseling	2	0.26
College Counseling & Student affairs	22	2.89	Clinical Mental Health Pastoral Counseling	2	0.26
Clinical Mental Health & Clinical Rehabilitation Counseling	18	2.37	Clinical Mental Health Counseling with Art Therapy	1	0.13
Marriage, Couple and Family Counseling	11	1.45			

Almost all (704, 92.27%) programs' CACREP accreditation status was current at the time of data collection. The rest were in the process of applying for or renewal of CACREP accreditation. Only 26 (3.4%) programs offer a stand-alone Trauma Informed Care course. A total of 560 programs (73.3%) did not offer any kind of trauma counseling course. This answers RQ-1, which focuses on the number of CACREP programs, that has a stand-alone trauma course. On the other hand, 192 counseling programs (25.1%) offered students some form of trauma course in combination with crisis counseling (e.g., trauma and crisis counseling/management/intervention/prevention, trauma and violence, and trauma, grief, and loss). This answers RQ-2, which focuses on the number of CACREP programs that have any content that includes trauma informed care in the coursework. Most stand-alone trauma informed courses (14, 53.85%; Table 3) were offered in clinical mental health programs. Other programs that had stand-alone trauma-informed courses included: school counseling, rehabilitation counseling, college counseling, clinical rehabilitation counseling, marriage, couple and family counseling, and marriage and family counseling.



**Table-3 Frequency of Specialty Areas in Counseling Programs with Stand-Alone Trauma Courses (N = 26)**

Counseling Specialty Areas	F	%
Clinical Mental Health Counseling	14	53.85
School Counseling	6	23.08
Rehabilitation Counseling	2	7.69
College Counseling	1	3.85
Clinical Rehabilitation Counseling	1	3.85
Marriage, Couple and Family Counseling	1	3.85
Marriage and Family Counseling	1	3.85

Most programs (519, 68.02%) were offered through in-person format, followed by utilizing both in-person and online format (81, 12.66%), and hybrid format (22, 3.44%). 139 (18.2%) programs did not specify the format of course offering.

**Implications for Counselor Education and Supervision**

There is a lack of literature on how trauma-informed care is integrated in courses across counselor education programs (Chatters & Liu, 2020). This disparity can potentially leave students in counselor programs uninformed and unprepared in supporting future clients who have experienced trauma. Educators and school counselors remain the highest reporters of child abuse and maltreatment (Ricks et al, 2022). This finding suggests the importance of TIC as a part of their master’s level education. Understanding trauma reactions and how counselors respond to individuals' trauma reactions are essential for protecting counselor-in-training against vicarious trauma, compassion fatigue, and burn-out. School counselors can be pivotal support within the school system for developing a supportive and safe environment for children and families experiencing trauma. Clinical mental health programs are preparing counselors most likely to confront individuals who experienced trauma and related experiences. Considerations should be made to increase equity in formal trauma-informed care education across the master’s level counseling curriculum. The inclusion of a trauma informed course would require a content faculty expert; some faculty members may need additional professional training to feel more confident in teaching TIC (VanAusdale & Swank, 2020). Teaching a course in TIC may not only activate trauma symptoms of students, but also faculty members (VanAusdale & Swank, 2020). Supporting student trauma reactions in class may be a teachable moment for students and their colleagues. It is important to set standards for trust and safety and inform students of possible triggering course content at the beginning of the course.

**Future Developments of Trauma-Informed Care**

VanAusdale and Swank (2020) called for more trauma training in counselor education and make specific recommendations for which courses should be included, how to include TIC training and why TIC

is relevant to that course. Integrating a TIC course as a core component rather than an optional/elective would improve the preparedness of counselors in training. Given the pervasiveness of mental health symptoms after COVID-19, more targeted intensive training should support counselors-in-training better understand what they to expect when they enter the field. A stand-alone TIC course allows educators to address TIC in an in-depth and intentional way, to address intersection of sociopolitical factors, multi-cultural competency, social justice advocacy and its relationship to TIC and practice. There is a need for greater exploration into how to best train counselors in TIC and how to measure TIC competencies (Cook et al., 2019). Understanding and evaluating counselor-in-training's TIC competencies will help counselor educators understand trainees' preparedness for implementing trauma informed perspective into their future practice and how to better support trainees in achieving competency in TIC. Advocacy for trauma-informed education across all counseling programs is an ongoing conversation. Stakeholders will hopefully work together to support this critical education component and develop this competency in the counselor education process.

### **Implications for Counseling Profession**

Counselors are in higher demand now than ever. The likelihood of mental health challenges among individuals increases with a presence of adverse childhood experiences, a worldwide pandemic, a socio-political environment that oppresses historically marginalized individuals, and an unstable economy with the cost of living, goods and services ever increasing (Kumar & Nayar, 2020). When there is failure to adequately prepare students and identify competencies in developing a TIC perspective and skills for trauma-informed practice, there will be a preparedness gap for emerging practitioners and increased potential for causing harm. According to the data from this research, a large percentage of programs lack a stand-alone course in trauma that specifically addresses factors that improve knowledge-based preparedness for counselors. While all counselors graduating counseling programs are still developing their skills, students without enhanced training in trauma informed care and trauma informed culturally competent care may be at a disadvantage.

During the revision of standards in 2016, CACREP included a requirement for accredited programs to include instructions on the effects of trauma on individuals, couples, and families across the lifespan, and trauma-informed interventions and strategies (Council for Accreditation of Counseling and Related Educational Programs, 2015). Presented below is a sample syllabus and explanation of activities and assignments for a stand-alone TIC class. This could benefit counselor education programs and faculty members who would like to implement TIC and/or trauma-informed pedagogy.

### **Course Objectives**

The first objective is that learners will learn about the prevalence of different types and diagnostic criteria for trauma across populations (Council for Accreditation of Counseling and Related Educational Programs, 2016). This is in alignment with CACREP standards 2.F.1.c, Clinical Mental Health standards 5.C.1.e, 5.C.2.1 and School Counseling standard 5.G.2.e. The second objective is that learners will describe the impact of trauma on individuals with mental health diagnoses. The third objective is that learners will understand the fundamental aspects of trauma informed care as a best practice philosophy to counseling and service provision (Council for Accreditation of Counseling and Related Educational Programs, 2016). These are in alignment with CACREP standards 2.F.3.g, 2.F.7.d, Clinical Mental Health standards 5.C.1.e, 5.C.2.1 and School Counseling standard 5.G.3.n. The fourth objective is that

learners will gain understanding of trauma-informed care and community-based trauma intervention strategies. These are in alignment with CACREP standards 2.F.1.c, Clinical Mental Health standards 5.C.1.e, 5.C.2.1 and School Counseling standard 5.G.3.n and 5.G.3.o.

### ***Course Topics and Classroom Activities***

Course topics may include understanding TIC, understanding trauma and its impact, types of trauma, neurobiology and the impact of trauma, resilience and trauma recovery, children and trauma, adult survivors of childhood trauma, military veterans and trauma, trauma experienced in adulthood, trauma screening and assessment, trauma specific services, understanding compassion fatigue, and trauma informed organizations and future directions in TIC.

### ***Assignments***

Assignment suggestions include an article presentation, where students select an assigned reading (journal article) and present it with discussion. Another assignment could be students complete a group submission and class presentation of a short paper (5-7 pages) that outlines recommendations for designing a trauma informed approach to care. Documentary review could be another option, where students review and reflect on two documentaries that reveal the impact of trauma of individuals and their path to recovery. Suggested documentaries include *In their boots- Angie's Story Part-1 and Part 2* and *Healing Neen*. Major assignments could be a community agency interview, where students conduct an interview (30-45 minutes) with a mental health professional trained as a Professional Counselor and licensed as an LPC or LPCMH, at a local/community agency that works with trauma cases. Interview prompts may be provided by the course instructor. Students may discuss information collected in the interview, personal reactions, and reflections (e.g., how the interview have influenced the student's career direction), as well as demonstrate an understanding of the importance of self-care strategies to avoid counselor burnout. Another major assignment/final project could be an academic/research paper, where students prepare a paper on a chosen aspect of trauma counseling, referencing a minimum of five peer reviewed references in addition to course texts. Three of the five peer reviewed references must be chosen from professional counseling journals.

### ***Limitations***

This study investigated the stand-alone trauma courses offered by CACREP-accredited institutions. Since the data collection process, programs may have added a stand-alone course to their curriculum or have plans to, which may not be reflected in the retrieved data. In addition, the researchers looked at the program curriculum for evidence of a stand-alone course in TIC. However, the researchers did not determine whether the course was a required elective course for the program. Noting the requirement of course elective may be an interesting perspective to examine in future research, to further investigate students' motivation for taking trauma-informed course. CACREP does not currently require a stand-alone course in TIC, with the existing core courses and the length of programs. The necessity to include trauma training is stated in the standards (CACREP, 2016); however, the implementation of the training will continue to vary.

## Conclusion

The emphasis on TIC education in graduate counseling programs is severely lacking. Even with more than half of clinical mental health programs offering some form of TIC, it is undetermined if the course is an optional or core curriculum requirement. In addition, there is a disparity for TIC in family, school, rehabilitation, and career counseling programs. Given that many individuals in the U.S. who have experienced trauma seek support to manage their symptoms in their daily lives, TIC and trauma informed practice is inevitable. Therefore, counselor programs not having TIC education is an unfortunate phenomenon of counseling programs today. Integration across curriculum does not provide sufficient background in TIC, nor ensures that counselors-in-trainings' competency in TIC is met prior to graduation. It is essential that stakeholders in the field advocate for appropriate inclusion of TIC to counseling programs for counselors-in-training to be prepared and confident in serving future clients who have experienced trauma.

## Authors' Biography

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