

# **TRAUMA-INFORMED COUNSELLING: SKILLS AND ETHICS REQUIRED BY COUNSELLOR TRAINEES**

**Usman Jimoh Abdulkareem (Ph.D),**

**Mrs. Subair, Bashirat Olanike**

**&**

**Abdulsalam Kehinde Musbau**

Department of Psychology and Counselling,  
Kwara State College of Education, Oro.

## ***Abstract***

*Trauma history is significantly more common in clinical samples than in the general population. A person's psychological trauma is a reaction to a severely stressful incident. Trauma, on the other hand, is a normal reaction to a traumatic experience, and the consequences might be so severe that it interferes with an individual's capacity to function normally. As a result, emotional, physical, and psychological issues have arisen as a result of this development. Help may be required in this scenario to treat the stress and dysfunction brought on by the traumatic occurrence, as well as to return the person to a condition of emotional comfort. As a result, this paper examines the ideas of trauma, trauma counselling, counsellor skills essential in treating trauma, trauma symptoms, impacts, and therapies. To obtain and analyse the required data, the researchers relied on context analysis and employed secondary data such as published and unpublished materials such as textbooks, journals, newspapers, and internet materials. Based on their findings, the researchers suggested that trauma-informed counsellors receive more training, education, supervision, and consultation. To decrease the impact of trauma on victims, the trauma-informed counsellor must also be sensitive to gender, race, socio-economic, political, and cross-cultural issues.*

**Keywords:** Trauma, counselling, skills, ethics

## **Introduction**

A person's psychological trauma is a result of a traumatic experience. Being in a war zone, seeing a natural tragedy, or being involved in a car accident are all examples. "An emotional reaction to a traumatic experience such as a car accident, rape, or natural disaster," according to the American Psychological Association (APA, 2003; 2007, 2010). While trauma is a normal response to a stressful event, the ramifications might be so severe that it impairs a person's ability to operate normally. Trauma can develop as a result of any event that is physically, psychologically, or emotionally scary or damaging to a person.

Being present at the scene of a trauma-inducing incident is often, but not always, linked to trauma. It's also possible to be traumatised after seeing something from afar. Young children are particularly prone to stress and should be evaluated psychologically following a traumatic occurrence to protect their emotional well-being (APA, 2010).

According to Turkus (2013), trauma can cause a wide range of physical and emotional symptoms. Not everyone who experiences a horrific event becomes traumatised. There are different severity of trauma symptoms. Some people may have symptoms that will last for few weeks, while others may have long-term symptoms. People can address the root cause of their trauma and develop positive coping methods through treatment.

Managing both physical and mental symptoms of trauma can be as simple as addressing the source of the trauma. A traumatised individual might experience a wide range of emotions both immediately following the event and over time. They may feel intimidated, overwhelmed and powerless, as well as surprised or unable to digest their experiences. Physical symptoms can also be caused by trauma.

According to certain researches, 60-75 per cent of adults in North America have experienced some form of a traumatic event. Bullying, harassment, physical, psychological, or sexual abuse, sexual assaults, traffic collisions, childbirth, life-threatening illnesses, unexpected loss of a loved one, being attacked, being kidnapped, acts of terrorism, natural disasters, and war are all listed by the UK charity Mind as potential causes of trauma (Rodolfa, Bent, Eisman, Nelson, Rehm & Ritchie, 2005).

Trauma can affect a person's health in the long run. It's a sign that the trauma has transformed into a mental health problem called post-traumatic stress disorder (PTSD) if the symptoms don't go away or get worse (APA, 2010).

Those who have experienced a terrible physical or emotional event frequently seek out trauma counsellors. Trauma counsellors are mental health specialists that have specialised training and expertise in helping trauma victims. Trauma counsellors frequently see patients who are experiencing negative psychological, emotional, or bodily impacts. As a result, the ideas of trauma, trauma counselling, crucial counsellor competencies in trauma treatment, trauma symptoms, impacts, and therapies are explored in this article (Rodolfa *et al*, 2005).

### **Concepts of Trauma and Trauma Counselling**

Trauma, according to the American Psychological Association (APA), is described as a person's emotional reaction to a traumatic incident. Trauma, on the other hand, is viewed as a normal reaction to a traumatic experience, the consequences of which can be so severe that they interfere with an individual's capacity to live a regular life, putting their lives in jeopardy. Help may be required in this situation to treat the stress and dysfunction produced by the traumatic occurrence, as well as to return the client to a condition of emotional comfort (APA, 2010).

A traumatic event is any unpleasant experience that an individual finds difficult to cope with afterwards. Trauma can include things like active military duty, abuse, or being the victim of a violent crime, as well as situations like the death of a close relative or friend. Trauma counsellors help people process traumatic events and create coping methods for the emotions that occur (APA,

2007). The way a person reacts to trauma is complex and varies greatly from person to person. Dealing with mental difficulties that can occur as a result of trauma can be difficult without professional help (Turkus, 2013). A trauma counsellor can help someone overcome their trauma and any remaining symptoms.

A traumatised person may feel overwhelmed, powerless, stunned, or unable to process what has happened to them. Trauma can also create physical problems. Trauma can affect a person's health in the long run. The experience may have evolved into a mental health illness known as Post-Traumatic Stress Disorder (PTSD) if symptoms persist and do not improve (APA, 2007).

According to Adams and Riggs (2008), trauma can be classified into several categories:

**Anxiety (acute)**

Acute trauma is a type of trauma caused by a single stressful or risky incident. This form of trauma can be lethal if treatment is not received promptly.

**Trauma (chronic)**

This is caused by repeated and prolonged exposure to very stressful events. Domestic violence, rape, bullying, and child abuse are just a few instances.

**Trauma Complex**

This is the result of a series of traumatic events. Complications can arise if the sufferer is not addressed by a therapist as soon as feasible.

**Vicarious or secondary trauma**

When a person comes into close contact with someone who has had a traumatic event, this sort of trauma happens. Family members, mental health professionals, and anybody who cares for those who have experienced a traumatic event might be affected by vicarious trauma (Adams & Riggs, 2008). Symptoms are often confused with those of Post-Traumatic Stress Disorder (PTSD).

**Skills and Ethics Required by Counsellor Trainees**

Trauma therapy is a sort of psychotherapy that helps people cope with, come to terms with, and recover from traumatic situations. Trauma therapists are frequently called in when someone is in pain physically, emotionally, or psychologically as a result of a traumatic experience. These specially trained mental health professionals can help someone who is experiencing difficulties as a result of a traumatic event (Adams & Riggs, 2008).

The following are the prerequisites for becoming a Trauma Counsellor, according to (Adams & Riggs, 2008):

**Education/Training**

A trauma counsellor must complete an undergraduate bachelor's degree programme from an accredited university. Some people can concentrate on counselling as part of their undergraduate studies, but psychology or sociology are also viable options. Graduate school is the next phase in the educational process, and it takes two years to complete. In a graduate degree, you can specialise in trauma counselling or just take specific trauma and psychology classes (Adams & Riggs, 2008).

**Licensure**

Each state has its schooling and licensing requirements for mental health providers. According to Turkus (2008), a graduate degree programme, a licensing examination, and a supervised practicum or internship must all be accomplished. Most jurisdictions also require supervised counselling experience of between 2,000 and 3,000 hours.

To get a license, you must meet with your clinical supervisor once a week to discuss and get advice on counselling topics. It is vital to invest time in studying various types of counselling situations and abilities. Running a group counselling session can help trainers enhance their counselling skills, and it is a typical sort of therapy for trauma patients (Turkus, 2008).

**Experience**

According to Turkus (2013), trauma counselling requires extensive experience working with people who have been victims of abuse, war, violence, or crime. It may be difficult to obtain this experience while still in the internship or licensure process. Each state also has its own set of regulations for the type of counselling experience a person should have during their training period before being licensed. However, if a trainer recognises that trauma treatment is a field that a student wishes to pursue, he or she can include it in the student's supervised training (Turkus, 2013).

**Patience**

Patience is an essential ability for any trauma counsellor. One must be able to learn to sit back and listen with one's full heart as a counsellor. Allow patients to speak their minds. Nevertheless, learning to be comfortable with taking a step back and listening rather than responding is a critical skill for any effective trauma counsellor (Adams & Riggs, 2008).

**Management of Emotions**

Aside from patience, trauma counsellors should have good emotional management skills. Trauma counsellors typically work with extremely sensitive issues and situations. They must have a professional demeanour at all times. Counsellors who work with trauma victims should avoid acting as emotional crutches for their clients. Trauma counsellors must be supportive of their clients, but not to the point of becoming emotionally involved in an inappropriate or unprofessional way (Turkus, 2013).

**Orientation in Depth**

Trauma counsellors should be meticulous in their work. While talking with patients, a trauma therapist will also be taking notes and taking care of basic record-keeping obligations. Furthermore, trauma counsellors must pay close attention to their patients' actions and behaviours. Trauma counsellors will be better equipped to find patient tactics and solutions if they pay attention to the details (Adams & Riggs, 2008).

**Symptoms and Signs of Trauma**

Trauma symptoms, according to Kessler (2000), can range from minimal to severe. Other mental health conditions, prior exposure to traumatic situations, the type and nature of the occurrence of events, and their history and manner of coping with emotions are some of the aspects that determine how a person reacts to a traumatic circumstance (Kessler, 2000).

**Emotional and Psychological Reactions**

Some of the Trusted Source feelings that a person who has suffered trauma may experience include denial, anger, fear, sadness, shame, confusion, anxiety, melancholy, numbness, guilt, hopelessness, and impatience. It also includes concentration issues. They may have emotional outbursts, struggle to cope with their emotions, or withdraw from others (Rodolfa *et al*, 2005).

**Physical Responses**

In addition to emotional reactions, trauma can cause physical symptoms such as headaches, stomach problems, tiredness, racing heart, sweating, and jitteriness. Hyperarousal Trusted Source is a condition in which a person feels that they are always on high alert (Kessler, 2000). This could make it tough to sleep. Other mental health issues, such as depression, anxiety, and substance abuse, could also occur.

Traumatic events might occur once, twice, or repeatedly. A person may be traumatised as a result of witnessing something traumatic happen to another person. People react to stressful situations in various ways. People who have witnessed the same natural disaster, for example, can react very differently, although they have experienced the same event (Rodolfa *et al*, 2005).

Another symptom of post-traumatic stress disorder (PTSD) is avoidance behaviour. If a person visits the site where the traumatic occurrence occurred or avoids its clues to avoid thinking about it, this could be a symptom of PTSD. PTSD can last for years, despite treatment, which can help patients control their symptoms and improve their quality of life (Rodolfa *et al*, 2005).

**Adversity in Childhood**

Cook and Newman (2014) claim that children are more vulnerable to trauma, since their brains are still developing. Children's bodies release stress and fear hormones during stressful experiences, making them more stressed. This type of developmental trauma can disrupt the brain's normal development (Kessler, *et al.*, 2000). As a result, trauma, especially persistent trauma, can have a long-term impact on a child's emotional development, mental health, physical health, and behaviour. The sense of helplessness and fear can continue well into adulthood. It puts the individual in a far more dangerous situation (Forbes, Creamer, Bisson, Cohen, Crow, Foa & Ursano, 2010).

**Treatment**

Trauma survivors can benefit from several treatments that can help them cope with their symptoms and improve their quality of life. Trauma counsellors often work with patients for months or even years, but this varies. Counsellors evaluate their clients' needs, traumatic experiences, and personalities to determine the most effective therapeutic plan (Foa, Hembree & Rothbaum, 2007). Although each treatment plan is unique, similar tactics and approaches can be used.

**Desensitisation and Reprocessing of Eye Movements**

A treatment used by trauma counsellors is eye movement desensitisation and reprocessing (EMDR). Eye movement desensitisation and reprocessing (EMDR), which involves reliving an event while performing a specific type of side to side eye movement, may help people with PTSD (Forbes *et al.*, 2010). This enables the person to experience more positive emotions, behaviours and thoughts. EMDR's purpose is to help people change the sensations, sounds, and images that come to mind when they remember a traumatic event.

**CBT stands for Cognitive Behaviour Therapy (CBT)**

Trauma counsellors may utilise cognitive behaviour therapy to assist patients to deal with unpleasant feelings (CBT). CBT is a sort of psychotherapy that teaches people how to change their ideas and patterns to influence their actions and emotions. According to Evidence Trusted Source, CBT is the most effective treatment for PTSD (Forbes *et al.*, 2010). Counsellors that utilise cognitive behaviour therapy help their clients alter their perceptions of their trauma and its repercussions. Trauma counsellors employ this type of treatment to assist patients to replace negative thoughts with more positive, less distressing ones. Trauma therapists may also employ exposure therapy and hypnosis as treatment and counselling strategies. Supplementary strategies, such as group therapy, may also be used by counsellors (Forbes *et al.*, 2010).

**Treatments under investigation (Experimental Therapy)**

Research suggests that a variety of therapy may be beneficial, according to Kessler (2000), but additional data is needed to validate their safety and efficacy. For example, by establishing a sense of security, the pharmaceutical version of the recreational drug ecstasy may help patients learn to better deal with their memories.

**Playing computer games**

Playing specific computer games has been linked to reduce symptoms in certain PTSD veterans, according to a 2017 study. According to the experts, computer games should not be used as a substitute for traditional therapy (Courtois & Gold, 2009).

**Self-care**

According to Shapiro (2001), self-care can help people cope with the emotional, psychological, and physical effects of trauma. The following are some examples of trauma self-care:

**Exercise**

Trauma can set off the body's fight-or-flight response. Exercise may help to reduce some of these negative effects. Aerobic exercise, according to Trusted Source, maybe a beneficial therapy for people suffering from PTSD. Individuals should aim to exercise for at least 30 minutes on most days of the week (Shapiro, 2001).

**Mindfulness**

People can avoid reliving the awful event by practising mindful breathing and other mindfulness-based techniques, which can help them stay in the present. According to research, mindfulness-based treatments for PTSD, whether used alone or in combination with other treatments, appear to be a promising strategy. Trusted Source (Shapiro, 2001).

**Other people's relationships**

Withdrawal from others is a common symptom of trauma. On the other hand, maintaining contact with friends and family is essential. According to the Anxiety and Depression Association of America, staying in touch with people can help prevent trauma from becoming PTSD (APA, 2010). It is not necessary to discuss the trauma with others if it is too difficult. Simply connecting with others has been shown to improve one's mood and well-being. Some people find it helpful to tell others about their experiences, however, this does not always succeed (Kessler, 2000).



**A healthy way of life**

A traumatised individual may find it difficult to relax or sleep soundly. On the other hand, sleep, relaxation, and food all contribute to mental health. If at all possible, a person should aim to get 7-9 hours of sleep per night, eat a balanced diet, avoid alcohol and drugs, and reduce stress with focused or joyful activities (Gold, 2004).

Trauma counsellors can also be called upon in the aftermath of natural disasters, to assist communities in beginning to recover. To provide effective and empathic assistance, without becoming too emotionally interested or committed to their clients; they must be talented individuals. The function is critical since the repercussions of trauma can last eternally if not addressed, and can have a significant negative impact on a person's life. Trauma counselling provides a safe space for people to talk about their experiences and build solutions for dealing with the problems they're having.

Trauma counsellors assist their clients in learning healthy ways to cope with feelings that may arise as a result of the trauma, regardless of the method of counselling used. This could entail assisting people in regulating intense emotions and regaining the ability to trust. Trauma counsellors also assist clients in finding and connecting with additional resources, such as support groups.

**Conclusion and Recommendations**

Trauma history is significantly more common in clinical samples than in the general population. Although the majority of people who are exposed to a single potentially traumatic event do not endure long-term negative consequences, a significant minority do (Kessler, 2000). Having been exposed to traumatic events has been linked to some trauma-related disorders. (e.g., PTSD, Acute Stress Disorder, Complex PTSD) are all conditions that are commonly seen in clinical settings (Kessler, 2000). Aside from the explicitly trauma-related disorders, a history of trauma has been linked to a variety of other psychological disorders and symptoms (e.g., dissociation, depression, anxiety, substance abuse, personality disorders) (Gold, 2004).

A history of trauma is linked to not just decreased psychological performance but also substantial health hazards (Kessler, 2000). Trauma is also linked to physical health issues (such as ischemic heart disease, chronic lung and liver diseases, and reproductive health) as well as unhealthy habits (such as smoking and severe obesity) (Coughlin, 2012). Traumatic experiences related to violence, for example (e.g., child sexual abuse, gendered or sexual harassment, rape or sexual assault of a child or adult) and PTSD can have a poor impact on reproductive health, resulting in infertility, miscarriage or an unexpected problem or forced pregnancy (Yonkers, Smith, Forray, Epperson, Costello & Belanger, 2014).

Trauma survivors, in particular, may have a variety of intra- and interpersonal challenges that negatively impact their life (Brown & Pantalone, 2019). As a result, achieving success may entail a difficult and lengthy course of psychotherapy that necessitates a nuanced grasp of interventions. To avoid compassion fatigue, there is a need for further trauma-related training, education, supervision, and consultation from a trauma-informed therapist.

Understanding and applying evidence-based evaluations and psychosocial therapies for PTSD are part of an evidence-based core competency paradigm for working with trauma survivors.

Competent trauma practice, on the other hand, necessitates additional knowledge, such as positive behavioural attitudes, additional training and special skills. A counsellor's special training skills will go a long way towards preventing situations that increase the risk of inappropriate practitioner/client boundaries being crossed.

Furthermore, it is commonly acknowledged that health inequalities or gaps in the quality of health and health treatment exist as a result of differences in socio-economic status, racial/ethnic origin and educational level, and that trauma psychology must address these issues. These disproportions can intensify the impact of trauma, requiring sensitivity and receptiveness to gender, race, socio-economic, political and cross-cultural challenges on the part of the practitioner. Age, race/ethnicity, handicap status, gender, gender diversity and identity, military/veteran status, sexual orientation and socio-economic position (SES) are all important factors to consider when practising trauma psychology.

## References

- Adams, S. A. & Riggs, S. A. (2008). An Exploratory Study of Vicarious Trauma among Therapist Trainees. *Training and Education in Professional Psychology*, 2, 26-34.
- American Psychological Association. (2003). Resolution on Poverty and Socio-economic Status. *Roeper Review*, 25, 103-105.
- American Psychological Association. (2006). APA Task Force on the Assessment of Competence in Professional Psychology: *Final report*. Washington, DC: Author.
- American Psychological Association. (2007). Record keeping guidelines. *American Psychologist*, 62, 993-1004.
- American Psychological Association. (2010). *Ethical Principles of Psychologists and Code of Conduct*. Retrieved from <http://apa.org/ethics/code/index.aspx>.
- Brown, L. S. & Pantalone, C. A. (2019). Trauma Treatment: The Need for Ongoing Innovation. *Practice Innovations*, 4, 133-138.
- Chu, J. A. (2018). The Therapeutic Roller Coaster: Dilemmas in the Treatment of Childhood Abuse Survivors. *The Journal of Psychotherapy Practice and Research*, 1, 351-370.
- Cook, J. M., Dinnen, S., Rehman, O., Bufka, L. & Courtois, C. (2011). Responses of a Sample of Practising Psychologists to Questions about Clinical Work With Trauma and Interest in Specialized Training. *Psychological Trauma: Theory, Research, Practice and Policy*, 3, 253-257.
- Cook, J. M. & Newman, E. (2014). A consensus Statement on Trauma Mental Health: The New Haven Competency Conference Process and Major Findings. *Psychological Trauma: Theory, Research, Practice and Policy*, 6, 300-307.
- Coughlin, S. S. (2012). Post-traumatic Stress Disorder and Chronic Health Conditions. Washington DC: *American Public Health Association*.
- Courtois, C. A. & Gold, S. N. (2009). The Need for Inclusion of Psychological Trauma in the Professional Curriculum: A call to action. *Psychological Trauma: Theory, Research, Practice and Policy*, 1, 3-23.
- DePrince, A. & Newman, E. (2011). Special Issue Editorial: The Art and Science of Trauma-focused training and education. *Psychological Trauma: Theory, Research, Practice and Policy*, 3, 213-214.
- Epstein, R. M. & Hundert, E. M. (2002). Defining and Assessing Professional Competence. *Journal of American Medical Association*, 287, 226-235.



- Foa, B. A., Hembree, T. F. & Rothbaum, O. S. (2007). Positive Regard. In J. Norcross (Ed.). *Psychotherapy Relationships that work: Therapist Contributions And Responsiveness To Patients* (pp. 175-194). New York: Oxford University Press.
- Forbes, D., Creamer, M., Bisson, J. I., Cohen, J. A., Crow, B. E., Foa, E. B. & Ursano, R. J. (2010). A Guide to Guidelines for the Treatment of PTSD and Related Conditions. *Journal of Traumatic Stress, 23*, 537-552.
- Gold, S. N. (2004). The Relevance of Trauma to General Clinical Practice. *Psychotherapy: Theory, Research, Practice and Training, 41*, 363-373.
- Kessler, R. C. (2000). Post-traumatic Stress Disorder: The Burden to the Individual And To Society. *Journal of Clinical Psychiatry, 61*(SUPPL. 5).
- Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L. & Ritchie, P. (2005). A Cube Model For Competency Development: Implications for Psychology Educators And Regulators. *Professional Psychology: Research and Practice, 36*, 347-354.
- Salston, M. & Figley, C. R. (2003). Secondary Traumatic Stress Effects of Working With Survivors of Criminal Victimization. *Journal of Traumatic Stress, 16*, 167-174.
- Shapiro, F. (2001). *Eye Movement Desensitisation And Reprocessing, Basic Principles, Protocols, and Procedures* (2nd ed.). New York, NY: The Guilford Press.
- Turkus, G. N. (2008). Trauma-sensitive rehabilitation counselling: Paradigms and principles. *Journal of Vocational Rehabilitation, 53*, 1-14.
- Turkus, G. N. (2013). Behavioural Responses to Stress in Females: Tend-and-befriend, Not Fight-or-flight. *Psychological Review, 107*(3), 411-429.
- Yonkers, K. A., Smith, M. V., Forray, A., Epperson, C. N., Costello, D., Lin, H. & Belanger, K. (2014). Pregnant Women with Post-traumatic Stress Disorder and Risk of Preterm Birth. *JAMA: Psychiatry, 71*, 897-904.