

**TRAUMA-INFORMED COUNSELLING:  
A FOCUS ON ACCEPTANCE AND COMMITMENT THERAPY (ACT)  
REQUIREMENTS FOR COUNSELLOR-TRAINEES IN NIGERIA  
TERTIARY INSTITUTIONS**

**Rev Fr, Bahago Samaila**

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**Uchenna E. Enem (Ph.D)**

Faculty of Education, Veritas University, Abuja.

**Abstract**

*Trauma is a hot topic in clinical psychology right now, because it is such a prevalent public health issue. Human difficulties have accumulated, because of the world's modernisation and technological drive, resulting in tragic incidents. The in-school counsellor-trainees require skills and experiences that will aid them in providing 'healing' to such victims, because of its detrimental and painful effect on the victims. To do so, the researchers looked at the nature of trauma, its impact on modern society, and case studies of traumatic situations. The study also modified and described Acceptance and Commitment Therapy (ACT), psychotherapy created by Steven C. Hayes in 1982, as a guide for adopting Trauma-informed Counselling. The nature and components of the ACT were taught, as well as how to effectively apply the tools and cognitive processes of the ACT to help trauma survivors heal and develop their psychological flexibility toward coping. Finally, the researchers want to provide some selected in-school counsellor-trainees in higher institutions, with experiential experience in the integration of the method to Trauma-informed counselling.*

**Keywords:** *Trauma, trauma-informed counselling, acceptance and commitment therapy, and counsellor-trainees.*

**Introduction**

In recent years, trauma has become a widespread problem that has eaten deep into the psychological well-being of its sufferers. Its negative growth is the result of a slew of issues in the country, including insurgency, banditry, religious bigotry, cultism, killing and maiming, and fear of COVID-19 infection, among others. These issues have caused shock in the victims, witnesses, and caregivers of the victims, resulting in traumatic experiences of varying degrees. Trauma does not discriminate based on age, colour, gender, socio-economic class, ethnicity, or sexual orientation, according to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2014:6).

The word "trauma" comes from the Greek word "wound". Although wounds can be considered in

terms of both physical and psychological wounding; the psychic wound at the centre of this study can only be healed via psychotherapy. Defining trauma as "an injury (such as a wound) to a living tissue caused by an external agent, a disturbed psyche or behavioural condition resulting from significant mental or emotional stress," Gerber and Gerber (2019) asserted that trauma is a wound. Trauma is a bad or unpleasant emotion that can impair one's ability to operate and affect one's physical, social, and psychological activities. According to the American Psychological Association (APA), it is an emotional reaction to a traumatic incident whose consequences might be so severe that they interfere with a person's ability to function normally. This is because the terrifying experiences may leave a mental imprint in the form of memory loss, identity loss, or unconsciousness, all of which can lead to lasting damage if the impact is not addressed (Sutton 2002; Corsini, 2002). When a person is overwhelmed by events, he or she reacts with extreme anxiety and powerlessness. In support of this, Leonard (2020) described psychological trauma as a person's reaction to a very stressful experience, such as being in a war zone, a natural disaster, or an accident. It's a reaction to perception, demonstrating how two people can be affected differently by the same terrible incident or condition. SAMHSA (2014) proposed the three "E"s of trauma in this regard. The terms "event," "experience," and "effect" are used interchangeably. The Effect is determined by how a person perceives (experiences) an Event.

### **Trauma Predisposing Factors**

The Diagnostic and Statistical Manual of Mental Disorders (DSM) in Tull (2019) offered a more thorough definition of trauma, defining it as "exposure to real or threatened death, or serious injury, resulting from situations in which the individual may:

- Experiencing the horrible event firsthand
- Observe the horrible occurrence firsthand.
- Find out that the traumatic event happened to a close relative or acquaintance.
- Be exposed, firsthand, recurrent, or intense manner to the traumatic event's adverse (unpleasant) elements.

Combat experiences, divorce, war, civilian calamity, insurgency, sexual abuse, brutality, and the human trafficking epidemic are just a few examples of traumatic occurrences.

### **Traumas of Different Kinds**

Trauma can be classified into four types, according to Leonard (2020): acute, chronic, complicated, and vicarious trauma. Acute trauma is defined as trauma caused by a single stressful or risky incident. Chronic trauma, on the other hand, is caused by frequent and prolonged exposure to highly stressful situations such as bullying, domestic violence, and child abuse, among other things. Complex trauma is the third type of trauma that results from several traumatic incidents.

Finally, vicarious trauma, also known as secondary trauma, occurs when a person comes into close touch with another person who is experiencing trauma. He emphasised that caregivers of traumatic event victims are likely to experience vicarious trauma. As shown in the table below, Gerber *et al* (2019:7) classified trauma into seven types, each with a legitimate definition.

**Table 1: Types of Trauma**

S/N	Trauma Type	Definition
1	Child neglect and physical abuse	When a parent or caregiver acts in a way that results in physical injury to a child or adolescent even if unintentional
2	Child sexual abuse	An interaction between a child and an adult in which the child is used by the perpetrator for sexual stimulations, including touching and non-touching behaviour
3	Intimate partner violence	Physical violence, sexual violence, stalking, and psychological aggression; including coercive tactics, by partner, spouse, boy/girlfriend or dating partner.
4	Sexual Assault	Sexual violence refers to any sexual activity in which consent is not obtained or freely given
5	Community violence	Exposure to intentional acts of interpersonal violence committed in public areas. Common types include individual and group conflicts: bullying, fights, shootings in schools and communities
6	Human Trafficking	The action or practice of illegally transporting people from one country or area to another, typically for forced labour or commercial sexual exploitation.
7	Historical Trauma	Cumulative emotional and psychological injury, as a result of group traumatic experiences transmitted across generations within a community

**Traumatic Reactions**

Denial, anger, fear, sadness, embarrassment, confusion, anxiety, despair, numbness, guilt, hopelessness, impatience, difficulty concentrating, flashback, emotional outbursts, and other emotional and psychological responses to trauma have been reported. (Leonard, 2020). There are also bodily manifestations such as headaches, digestive difficulties, weariness, racing heart, perspiration, and jitteriness, as well as hyperarousal and mental health issues. Mood swings, withdrawal from others, nightmares, muscle tension, edginess, aches, and other symptoms have been identified.

Psychologists have studied the impact of trauma on the brain and the ensuing suppression of human activity. According to Scaer (2005), when someone is overwhelmed by traumatic experiences or is continually exposed to or witnesses stressful issues, his or her coping mechanism can become overloaded. As a result of the overload, traumatic experiences may remain frozen or unprocessed in the brain. Such "raw" and emotional memories and feelings are retained in the limbic system of the brain. Traumatic memories are stored in an independent memory network in the limbic system, which is linked to emotions and physical experiences. The limbic system's traumatic memories will be triggered when the events of the individual experience like those he or she has experienced. The memories may be long gone, but the terrible sensations associated with them, such as fear, terror, or wrath, are constantly aroused in the present, impeding the individual's capacity to live in the moment and learn from new experiences.

### **Trauma-informed Counselling in Schools**

Trauma-informed counselling is a method that focuses on the sufferer's behaviour, the reason for the behaviour, and the coping mechanism to raise awareness of the pervasive influence of trauma on life experiences and relationships (Brickel, 2018). Trauma-informed counselling is when a therapist realises the complicated and complex ways that trauma affects all aspects of a person's life, including their body and brain, and basic treatment decisions on that foundation (SAMHSA, 2014). Due to a lack of critical thinking, concentration, focus, and increased absenteeism in classes, kids' academic performance and good behaviour have been harmed in schools. Students have also displayed drug usage, alcoholism, suicide attempts, and relationship issues because of one or more traumatic experiences, necessitating a traumatic-specific strategy.

Given the circumstances, trauma-informed care is recommended. Counselling in schools is seen as the best way to provide a trauma-sensitive atmosphere in schools by identifying and supporting impacted kids, providing proper therapy, and establishing a planned follow-up system to assist them. According to Doll (2010), establishing a supportive, pleasant environment will lessen the impacts of trauma. In this sense, trauma-informed counselling attempts to avoid the re-traumatisation of clients to create a trauma-sensitive atmosphere, which Cole *et al* (2013) defined as one in which all students feel safe, accepted, and supported. Counsellors can help by fostering a healthy school atmosphere in which students can maintain emotional coping abilities by reducing trauma stressors.

According to Bomber (2011), addressing trauma necessitates a multi-agency public health approach that combines psychoeducation, early detention, generating awareness, prevention, assessment, and counselling. The implication is that trauma-informed counselling should include a variety of approaches, approached from various perspectives, to ensure the victims' eradication and proper healing. The therapist is aware of the trauma's complicated impact on the sufferer's sense of safety and well-being, as well as how it influences the person's attempts to cope. He or she understands that a traumatised person's mind and body are not operating properly and that the individual may be quickly provoked to feel excessive emotional intensity (hyperarousal) or to feel sad and unable to feel much emotional intensity (hypo-arousal). To maintain a trauma-sensitive atmosphere for students, a complete understanding of these effects is interwoven into every part of treatment during trauma-informed counselling.

The SAMHSA (2014) has highlighted its four major qualities, which are referred to as the four Rs, to promote a suitable approach to trauma-informed counselling:

1. It is necessary to comprehend the impact of trauma and the possibilities for its rehabilitation. Therapists should be aware of the effects of trauma on the brain. Traumatic events alter our perceptions of ourselves, the world, and the people we interact with. It affects our ability to tolerate pain and puts a strain on our ability to cope. Individuals were concerned about the COVID-19 epidemic, for example. Coming into physical contact with other people, tragically losing loved ones, seeing people die in hospitals, and so on, all caused changes and had a significant impact on people's lives. As a result of the impact, we must be proactive in dealing with trauma-related disorders. Identify the traumatised people and gather information about them. As school counsellors, we might inquire about parents' and children's reactions to stressful events to better understand their impact.

2. Recognising individuals' indications and symptoms of trauma. Students' behaviour can show symptoms and signs of trauma, such as impaired impulse control, hyperactivity, interrupted eating and sleeping patterns, difficulties understanding, difficulty expressing and controlling feelings, and elevated levels of discomfort and reactivity. They lack confidence in others, have trouble asking for help and settling disagreements, and are hesitant to enter partnerships. They have trouble processing and remembering information, as well as a short attention span and poor concentration. Lack of confidence, as well as an inability to believe in one's abilities and power, are all indications of low self-esteem. They have a great deal of remorse and humiliation. The indications and symptoms are many, but the most essential thing is that therapists address trauma-inducing topics with an open mind and realise how they can be actively dealt with.
3. Answering by incorporating trauma knowledge into policies, procedures, and practices. This is the third assumption, and the response strategy differs, based on the therapist and the trauma trigger. Students will benefit from the strategy, since it will help them develop empathy and support a trauma-informed school. Essentially, the therapist will communicate with the trauma victim to help him or her feel safe. This could be spoken communication or explanations, pictured communication, or social story-telling. The therapist should choose a safe area for such communication and determine when it is okay to enter the space. The following stage is to make sure the person feels connected. To recuperate from trauma, it is critical to maintaining contact with family and friends. The therapist will choose someone (staff, other students, the therapist) to keep an eye on the traumatised individual, interact with him or her regularly, learn about his or her interests, and exchange tales with them. Teach children to regulate their emotions and school activities with music listening schedules, breathing techniques, and an exercise programme. Complementing and supporting learning is necessary for pupils to realise their full potential.
4. Preventing individuals from being re-traumatised. To avoid a relapse, a preventative and systemic approach will be used. To support a stress-free plan, schools should take a collaborative approach. Relational policies should be implemented to complement the three Rs' emphasis on safety, nurturing, regulating, and socially engaging activities. McDonnell (2019) has advocated for proactive stress-reduction measures in schools rather than behaviour support and management, which focuses too much on the objective behaviour, while neglecting to promote overall well-being. The role of school staff and parents in the lives of traumatised students is critical; they should have access to psychologists to remain resilient in their care of the students. Staff members almost always require support groups to discuss how to deal with stressful situations.

### **Acceptance and Commitment Therapy (ACT) and Trauma**

Because trauma is a complicated and individualised phenomenon, the four assumptions are regarded as a beginning point. Psychotherapies training is required for therapists to be fully trauma-informed. This paper looks at how Acceptance and Commitment Therapy can help people heal from trauma (ACT). In 1982, Steven Hayes, a psychology professor at the University of Nevada, developed ACT. Instead of fighting or feeling guilty about their ideas and feelings, the Therapists encourage people to accept them. According to Harris (2013), ACT is a sort of treatment that helps patients accept what is beyond their control and commit to steps that will improve their lives. The rationale is as the name of the therapy suggests, the implication for trauma sufferers is that they should accept their position and focus on activities that will help them cope with the suffering. In this aspect, Steven Hayes disagreed



that suffering or pain should be avoided. He believes that suffering or pain is a normal and unavoidable aspect of existence.

Another definition given by the Association for Contextual Behavioural Science (ACBS) is "a unique scientifically-based psychological intervention that combines acceptance and mindfulness tactics with commitment and behaviour modification strategies to promote psychological flexibility." According to them, the ACT emphasizes psychological flexibility and blends mindfulness skills with self-acceptance practice. Instead of attempting to manage the pain or discomfort, psychological flexibility is defined as the ability to persist or change behaviour, being conscious in the face of discomfort and other discouraging situations led by goals and values (Hayes, 2000). (Psychological inflexibility). Continued attempts to control pain (what Hayes (2000) called psychological inflexibility) may be maladaptive, according to McCracken *et al* (2004), especially if the pain control measures cause unwanted side effects or a lack of involvement in valued activities such as family relationships, work commitment, and community roles.

The ACT as a process and mindfulness paradigm, which fosters psychological flexibility by cultivating openness, awareness, and involvement through its six main processes, could be used to deal with the problems of traumatic experiences.

### **Applying the six core processes of ACT to traumatic experiences**

Acceptance, Cognitive De-fusion, Being Present, Self as Context, Values, and Committed Action are the six main ACT processes. These procedures lead patients through therapy and provide a foundation for psychological flexibility development (Harris, 2011).

**Acceptance:** Rather than fighting, denying, or running away from uncomfortable feelings, sensations, drives, and emotions, acceptance implies opening and making a place for them. Instead, one should open to them and let them be. Acceptance is defined as the willingness to experience discomfort in the absence of attempts to manage or decrease the pain. Before I can take critical steps in my life, I need to shift my views and feelings toward pain. For trauma sufferers to achieve acceptance, they must be able to open fully to the reality of the pain or suffering they are experiencing, as well as accept both the positive and negative aspects of their new condition. Focusing solely on the bad side can lead to self-defeatism and depression, however, focusing on the reality and the worst-case scenario would help them attain genuine acceptance and lead a productive life while in pain.

**Cognitive De-fusion:** The term "cognitive de-fusion" refers to the act of observing one's thoughts. Instead of being caught up in or being pushed around by our ideas, we should let them come and go. Therapists should encourage trauma patients to take a step back and recognise their thoughts for what they are, rather than grasping them closely. Cognitive diffusion intervention is used in the ACT to separate thoughts from actions and build psychological distance between a person's thoughts, memories, beliefs, and self-stories. This shows that how we respond to mental events is fundamental. For example, one's thoughts should not create emotional pain or distress, which is why trauma sufferers should be encouraged to think outside of their mental events and take a more objective attitude in life.

**Being Present:** This means being psychologically current, deliberately connecting with and

participating in what is going on at the present moment. Trait mindfulness skills boost psychological and physical well-being, resulting in increased autonomy, vigour, and contentment. Therapists should devise exercises that allow trauma survivors to stay in the present and focus on current difficulties rather than the past or even future events or occurrences.

**Self-as-Context:** Self-As-Context is an experience of observing one's psychological experience from a different perspective, a sense of separation, and a sense of containing one's psychological experiences. It refers to your "observing self," the part of you that can take a step back and observe what's happening inside you. Self-as-context is promoted in ACT through mindfulness exercises. Clinicians should use mindfulness activities to educate trauma patients on how to discriminate between their experiences and their true selves, allowing them to develop their psychological flexibility.

**Values:** One should be aware of what is important in one's life or what one desires in one's life. It is our chosen life path as well as the desired qualities of our ongoing actions. Values guide one's behaviour toward what is meaningful to them, so trauma survivors should learn to place value on what matters in their lives while they are in pain.

**Committed Action:** This refers to performing effective acts in life that are guided by our principles. Life becomes richer and more meaningful when our worth matches our activities. Value-driven behaviour produces a wide range of ideas and feelings, both good and unpleasant, pleasantly, and painfully. To develop determined action, trauma survivors can participate in skill training, goal setting, and behavioural activation. Committed acts enable one to have a more fulfilled and satisfying life (Harris, 2009).

The hex flex below depicts the interaction of the six basic processes.

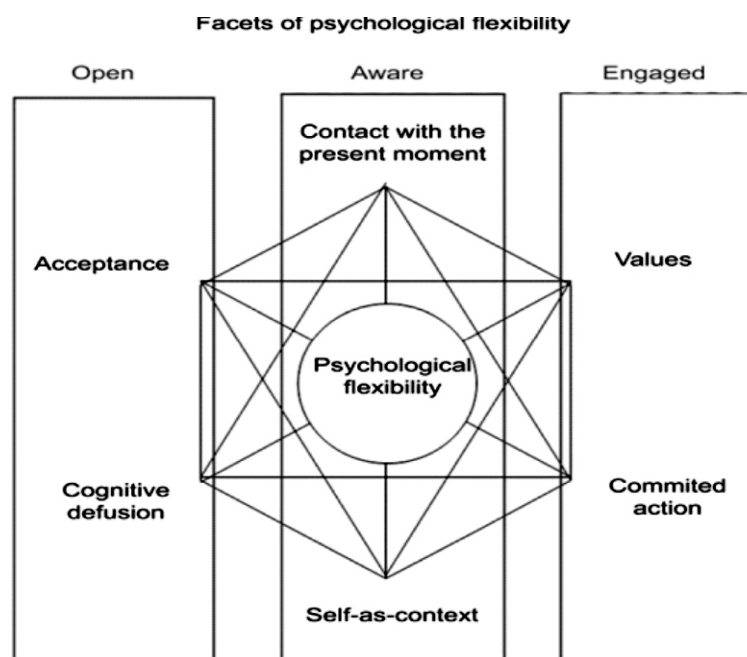


Figure 1: The hex flex is a tool for psychological flexibility  
Felieu Soler *et al.* (2014)

## Conclusion

Trauma is a common public health problem that is quietly putting psychological strain on people in their homes, schools, and communities. It has such a negative influence on victims that it affects their ability to function in daily life. The implications of their survival are on the Clinicians/Therapists who have supplied remedies to their difficulties in a variety of methods. Because of its function in strengthening an individual's psychological flexibility, healing trauma survivors with Acceptance and Commitment Therapy (ACT) is a good fit. Acceptance and Commitment Therapy's six fundamental processes interact and all aim to increase psychological flexibility using mindfulness exercises. Each procedure is viewed as a beneficial psychological skill rather than a means of avoiding illness. The ACT, when used in conjunction with the six fundamental processes, is capable of healing trauma sufferers and allowing them to live meaningful lives.

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