

Issues in Integrating Trauma Curriculum into a Graduate Counseling Psychology Program

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Contemporary graduate training in counseling demands an increased focus on understanding and intervening in the many recognized forms of posttraumatic reactions. From natural disasters to human violence inflicted on a domestic, national, and international scale, traumatic events are currently understood to be normative rather than outside the range of usual human experience. Thus, understanding posttraumatic experience is important for general counseling practitioners as well as for trauma specialists. However, there have been relatively few attempts to integrate several decades of clinical trauma research and interventions into counselor training programs. This article describes the values, structure, and methods associated with trauma training within a graduate counseling program. It also describes some of the necessary general educational factors that support students who engage with this difficult material.

Globally, human trauma due to natural disasters, war, and other events has been of concern to researchers and practitioners (Kalayjian & Jaeger, 1995; Shalev, Yehuda, & McFarlane, 2000), with increasing

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attention given to ethnocultural considerations (Marsella & Christopher, 2004; Marsella, Friedman, Gerrity, & Scurfield, 1996; Marsella, Johnson, Watson, & Gryczynski, 2008; Wilson, 2006). The field of trauma studies has grown rapidly in the past twenty years, peaking in the U.S. after multiple incidents of school violence and the September 11, 2001 attacks on the World Trade Center and the Pentagon. There is a heightened sense of vigilance in schools, the workplace, and in society as a whole. Counseling psychology trainees have expressed a need to understand and treat the effects of trauma. This created a demand for academic programs in the U.S. to specifically train professionals to meet the mental health needs of traumatized clients.

After the catastrophic consequences of the Indian Ocean Tsunami in 2004 and Atlantic Hurricane Katrina in 2005, there was a resurgence of interest in understanding how to work with survivors of disasters in both acute and long-term situations. Additionally, the deployment of thousands of American military personnel in the last five years has meant combat-related trauma for soldiers. A recent RAND Corporation survey of nearly 2,000 veterans estimates that about 300,000 veterans have returned from Iraq and Afghanistan suffering from posttraumatic stress disorder (PTSD) or major depression. The need for trauma counseling training has thus increased as a result of contemporary recognition of the effects of human and natural disasters on individuals and entire populations.

However, there are only a few academic counseling psychology programs that offer training in trauma counseling. Instead, most of the training in clinical trauma work is conducted in post-graduate clinical settings or through continuing education workshops. In recognition of the need for academic counseling programs to include trauma training as part of a graduate curriculum, the Division of Counseling and Psychology at Lesley University was one of the first academic programs

to offer a specialization in this much needed area. In this article, we provide a brief overview of the core areas of knowledge and skills and their rationale for inclusion in a trauma curriculum, and discuss the academic environment that is conducive to the offering of trauma studies, with a focus on the related issues in trauma psychology training. Recognizing that teaching about intense content material, such as would occur with trauma studies, is not without its challenges, we explore the necessity of providing faculty with appropriate training so they are prepared to teach trauma courses, to integrate trauma material into existing courses, and to appropriately advise students. Finally, we address future directions and the need for culturally and ecologically appropriate standards for trauma training in counseling psychology programs.

Trainee Selection and Readiness

One of the first considerations in implementing a trauma counseling training program is the readiness of trainees and their suitability as trauma workers. Before enrolling in our program, students are required to participate in group or individual interviews. These interviews are conducted by core faculty and provide faculty with insight into why the students are specifically choosing a trauma specialization. The faculty interviewer strives to determine whether the student is motivated for personal or professional reasons, and to assess what the student hopes to achieve from the training. Most importantly, the interview provides faculty in the program with an opportunity to assess a student's readiness for the program. For example, if a student has a trauma history, we will want to know whether the student has been able to work through the issues sufficiently so that it would not interfere with being available and helpful to traumatized clients. Given the anticipated intensity of the coursework, we also try to ascertain whether students would be able to handle the intensity of trauma-related material.

It is well established that individuals who encounter traumatic information or who work with traumatized clients can be profoundly impacted by the experience (McCann & Pearlman, 1990; Yassen, 1995). This impact has been referred to as compassion fatigue (Figley, 1995), and secondary traumatic stress (STS). Figley (1995) defines STS as “the natural, consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other — the stress resulting from helping or wanting to help a traumatized or suffering person” (p. 2). According to Yassen (1995), STS can impact mental health professionals in many ways, such as cognitively (reduced concentration), emotionally (depression), or spiritually (anger at God). Research indicates that the level of therapeutic experience a counselor possesses is an important mediating factor in STS, with more experienced therapists suffering less symptomatology than less experienced therapists (Chrestman, 1995; Dutton & Rubinstein, 1995). It is therefore quite likely that students who are novices to the field of counseling are particularly likely to be distressed in courses where sexual assault, rape, and domestic violence are regularly discussed (Seegmiller, 1995). For some students, negative responses to course content may be related to their own victimization or survivorship history or that of a loved one, or to feeling overwhelmed and helpless in the face of crises. Moreover, past traumatic experiences will increase the severity of STS, and it is clear that such experiences are common among university students (McCammon, 1995) and mental health professionals (Follette, Polusny, & Milbeck, 1994). STS can also arise as an issue in field training when students have direct contact with traumatized clients. Self-care strategies and suggestions must be emphasized at the outset.

As therapeutic practitioners, we have a responsibility to ourselves and our clients to know about secondary trauma and to develop self-care strategies to avoid becoming traumatized. Recognizing this responsibility, Munroe (1995) argued that therapeutic practitioners have an obligation

to deal with issues of self-care and that neglecting this problem may be a violation of professional ethics. Traumatized therapists and counselors make poor caregivers and may be damaging to clients. Providing training that includes a focus on the effects of working with traumatized clients and on developing strategies to ameliorate symptoms is thus an important, though an often neglected, aspect of preparing students for their roles as future professionals.

The Program and Curriculum Issues

The main issue in trauma counseling training concerns its unique knowledge base, which is partly a function of how we conceptualize psychological trauma and adaptation to traumatic stress. Educators need to be clear about their philosophical and theoretical perspectives on human responses to trauma. The philosophical assumption of our program is that psychological and behavioral adaptations to trauma are expressions of pain and efforts to cope with unacceptable environmental demands and stressors. They are therefore not necessarily pathological, and are often grounded in cultural systems of meaning making (Wilson, 2006). The role of the counseling practitioner is perceived as locating and utilizing the strength and resilience inherent within individuals, families and communities, and empowering them toward healing and recovery. We also subscribe to a bio-psychosocial, relational, and ecological view of trauma and adaptation (Gere, 2006; Hoshmand, 2007). Hence, our curricular emphases are holistic in nature, allowing students to benefit from a variety of perspectives in the field.

In addition, the trauma field has reached a beginning consensus on core competences such as identified in the training guidelines of the International Society for Traumatic Stress Studies (Weine et al., 2002) and the American Psychiatric Association (2004). Though best practices have not been universally established, there is some accumulating evidence that points to certain assessments and interventions as common

approaches that trainees should learn about. Thus, training programs should aim to cover these approaches as the requisite knowledge (e.g., Baranowsky, Gentry, & Schultz, 2005; Foa, Keane, Friedman, & Cohen, 2008). More importantly, we stress in our program that the appropriateness of a given form of intervention depends on the nature of the trauma experience and the stage of recovery as well as the ethnocultural and ecological context. For example, while cognitive-behavioral treatments are widely used for symptom control in PTSD, it is not assumed to be the universal approach to all trauma cases in varying cultural contexts.

In offering a trauma studies program, it is crucial to ensure that students have had a solid foundation in counseling and psychology. Educators who plan to deliver trauma counseling training need to identify the core courses students should have completed before beginning a trauma counseling program, such as developmental psychology, theories of counseling, clinical skills, biological basis of behavior, psychopathology, cultural issues in counseling, and professional ethics. For trauma psychology training, students in our program are required to take four additional trauma specialty courses.

The foundational course that all students in the trauma specialization are required to take is *Psychological Trauma and Post Trauma Therapy*. This course is designed to present an overview of the field of trauma and post-trauma therapy. It focuses on three aspects of trauma studies by first, providing a historical overview and theoretical perspectives; second, discussing trauma symptomatology and the clinical picture that trauma survivors may present with; and third, introducing treatment methods that provide a paradigm for stage appropriate, culture-based therapy which can be integrated into existing therapeutic orientations.

The course has several competence objectives. Students are to gain

an understanding of the phenomenology, theories, and empirical basis of the current field of traumatic stress; a bio-psychosocial approach is adopted in all discussions. Through readings, students are exposed to current trends in posttraumatic stress studies as it relates to the practice of counseling. In reviewing the field of trauma studies, social, cultural, historical, and political implications of trauma formulations are considered. Additionally, students are trained to gain a solid understanding of: (a) the impact of trauma and the cultural, psychological, behavioral, cognitive, relational, and biological responses to traumatic stress; (b) the processes of recovery and a variety of treatment approaches that is attentive to the ecosystems surrounding the client while honoring the cultural perspective of those affected. Knowledge gained in this course shapes student practice with both traumatized and non-traumatized people, and further heightens their understanding of the impact of extreme stress and violence. It provides tools for developing a self-reflective stance toward conceptual, ethical, and clinical approaches to trauma.

Community Crisis Intervention and Crisis Response Planning is a second course in our trauma curriculum. The primary objective of the course are to give students knowledge of basic theoretical approaches and models of crisis intervention and skills in the application of the triage model in the assessment of cognitive, affective, and behavioral domains in crisis situations as well as advanced clinical knowledge of intervention with specific areas of crisis, including suicide, sexual assault, domestic violence, substance abuse, grief and loss, and violent behavior in institutions. An advanced clinical knowledge of the relationship between assessment and intervention as it relates to the strengths, the processes involved in human change, and the capacities and resources of people in crisis is conveyed to students.

This course allows students to explore innovative, culturally appropriate and effective community and crisis interventions that foster

resilience in the aftermath of violence. Students develop skills in risk assessment, self-care strategies, safety planning, crisis protocol planning, and disaster mental health management (Dass-Brailsford, 2007). Debriefing, as a particular form of community response, is included, as are other holistic and empowering community approaches. The challenges of crisis work are addressed as a key training issue. Students are encouraged to develop an understanding of how to critically examine their own personal limits in crisis intervention and to critically evaluate ethical and professional issues related to crisis intervention, by paying particular attention to the principles of ethical decision-making as mandated by the counseling psychology profession. In addition, students are taught to adapt trauma intervention models and clinical strategies to meet the needs of individuals from diverse backgrounds, including (but not limited to) race, ethnicity, culture, class, gender, sexual orientation, religion/spirituality, physical or mental ability, developmental level, age, and national origin. Finally, the ability to skillfully implement, document, and evaluate the effectiveness of clinical interventions for people in crisis is emphasized.

A third course in the trauma curriculum is entitled *Psychological Trauma in the Lives of Children and Adolescents*. It is designed for students who plan to work with children and adolescents who have experienced acute and chronic psychological trauma. The focus is on trauma theory, assessment, clinical and psychosocial interventions using expressive arts therapies, play therapies, somato-cognitive-based interventions, group counseling and psycho-education, family therapy, and community interventions. The specific objectives of the course are to familiarize students with clinical trauma theory as it particularly applies to children and adolescents. Additionally, students are guided in conceptualizing the trauma response from a developmental and multicultural perspective. An understanding of the ecological models including the political/socio/cultural systems influencing individuals,

families, and communities is emphasized. Students are trained in assessment and intervention from a strength- and resilience-based perspective. In addition, the bio-psychosocial framework is emphasized, and students gain skills in conducting structured interviews, informal protocols, behavioral/symptom checklists and other forms of assessment.

Current integrative intervention models and strategies including play therapy, art therapy, and activity-oriented therapies with children and adolescents are also discussed in this course. An understanding of the importance of interdisciplinary collaboration is emphasized. Practitioners in the school, community, medical, legal and public agency settings are encouraged to work together to support children and adolescents who experience trauma and trauma-related crises. Finally, students examine the role of therapeutic issues such as transference and counter-transference when dealing with trauma-related material.

The fourth course in the trauma studies specialization is *Special Topics in Trauma Studies*. In addition to providing further understanding of trauma as a clinical concept and human experience within a sociocultural, political, and moral context, it enables students to learn more about cultural-ecological and resilience-based approaches as they relate to global and community trauma, address assessment and therapeutic issues in trauma work, and consider preventive and empowering approaches that involve community and spiritual support, posttraumatic growth, and social action. Through group projects and presentations, students research the needs of special populations such as victims of organized violence and human trafficking, veterans with dual diagnoses, clients with complex trauma history, and groups with multiple vulnerabilities. They also become familiar with resources for program development and guidelines for evidence-based trauma practice.

We do not view our trauma specialty courses as exhaustive of all

possibilities in the design of a trauma curriculum. In offering these courses, we are learning from experience as to how much redundancy is required at different points of the trauma counseling training, and to adapt our teaching to the varying needs of the students as a function of their prior clinical experience. These are issues that need to be reviewed and discussed periodically by any training faculty. The training described here is meant to provide graduate students with an important trauma lens, giving them grounding in trauma-focused interventions. It is by no means aimed at making them experts, but merely providing them with a specialization and the development of skills necessary for working with trauma survivors.

We describe next the academic environment that we have found from experience to be essential to the delivery of a trauma counseling program. We believe that many training issues arise from the nature of the training environment and how well the training faculty manages the delicate nature of trauma teaching.

The Academic Environment

Davis (1993) observes that learning evolves through the interaction of a specific setting, a specific subject, a specific student, and a specific teacher and that all four factors contribute to the outcome. Graduate mental health education involves engaging students to think, observe, and analyze along a number of dimensions. Course work demands the assimilation of a particular knowledge base. Fieldwork challenges students to put knowledge into action. Additionally, faculty members may invite students into an educational culture that emphasizes self-reflection, self-disclosure, and the deliberate integration of personal and professional wisdom. Graduate mental health educators are always teaching content, skills, metaphorical clinical thinking, and metacognitive awareness of one's own meaning perspectives simultaneously (Mezirow & Associates, 1990). An academic environment

that explicitly integrates these domains of learning is crucial to the development of skilled trauma counselors.

Since trauma counseling may be thought of as an advanced form of “best practices in mental health,” sophisticated training environments are essential. The optimal academic environment for training trauma counselors recognizes that the person of the counselor-in-training is an important tool in the helping process (Goldberg, 1986; Guy, 1987). Self-reflective approaches in counseling psychology training encourage critical thinking about psychosocial processes and the self that are crucial to the development of skilled practitioners. Among the benefits of self-reflective pedagogies are opportunities to explore beliefs and assumptions about others and the world that form the foundation of developing multicultural competence and minimize possibilities that counseling practitioners may do harm through an inadequate understanding of social and institutional forces. Examples of such harmful assumptions might be that traumatic life events are rare, or that they are equally distributed throughout populations, or that the actions of individuals caused the bad things that happened to them.

Self-reflective pedagogies also encourage sufficient transparency in the trainee that problems that surface in coursework, supervision, and practice can be addressed. However, it is equally important that training programs recognize the social aspects of public self-reflection or disclosure. On the one hand, the sharing of the self-reflective insights has profoundly positive implications for developing cohesive learning communities and for transforming student’s previously held ideas and personal limitations. On the other hand, there is always a possibility that students may be wounded in the process of disclosing both ideas and personal data. Thus, care must be taken by the instructor to train students to evaluate the risks and value of personal disclosures for themselves and their classmates.

Jourard (1971) found that, at an interpersonal level, being the recipient of intimate disclosure increases trust in and liking for the discloser and tends to provoke reciprocal disclosure at a comparable level of intimacy. However, one exception to Jourard's maxim of reciprocity is the effect that the disclosure of psychological distress has on others. Coates and Winston (1983) noted that although disclosing emotional distress sometimes elicits interpersonal support, thereby decreasing loneliness, sometimes such disclosures exacerbate loneliness by causing others to withdraw. In addition, detailed disclosure of traumatic experiences risks vicariously traumatizing the self and others. Recognizing the importance of anticipating and addressing the emotional difficulties students experience in graduate-level courses on trauma and violence, we seek to integrate an awareness of student responses to emotionally difficult course material and the traumatic experiences of clients from the outset of the trauma specialization program. We regularly communicate to our graduate students in both clinical and trauma courses the significance of practicing effective self-care skills in order to cope effectively with the reactions they are likely to experience while learning about violence and trauma and working with clients who are confronted with such issues.

Using Herman's (1997) model of trauma treatment, we view the initial goal of teaching trauma courses as the building of safety. According to Herman, therapists guide clients through this stage by establishing a safe environment. Similarly, we increase safety in the classroom by having explicit ground rules for the course. To accomplish these goals, we make sure that as instructors we are available to our students to discuss their responses to class material and when appropriate, we also provide referrals to campus agencies, such as the counseling or health centers. In addition, we predict and prepare students by outlining the emotional nature of the content of the trauma courses and emphasizing the importance of self-care.

At the same time, we make it clear that we are teaching an academic course, not leading a therapy group. Salient ground rules discussed in the first class session are confidentiality, the importance of setting limits on disclosure of personal experiences, and developing appropriate support mechanisms for the duration of the course (Seegmiller, 1995). In course evaluations, students remark on the importance of self-care and safety that prepares them to deal with the intensity of the course material. They indicate that providing these guidelines early in the program prepares them emotionally, provides opportunities to predict and prepare themselves. All these factors enhance their safety. In addition, they appreciate opportunities for small group work where material can be discussed more intimately; debriefing sessions that are usually conducted after students watch videos or interact with material of significant trauma content are also described as useful.

Multicultural training that addresses the hidden dimensions of privilege, social power, and oppression is an essential part of the core curriculum for all counseling students and for those specializing in trauma work. Depending on a student's level of social privilege or marginality, it will be safer for some students than for others to reveal their personal knowledge, meanings, and prejudices, including their own trauma histories. Ellsworth (1989) observes that some ways of knowing are more acceptable than others in public educational discourse. This obliges academic programs to be aware of the impact of positionality on student disclosure and conversation. Training programs that cultivate openness in the context of recognizing that fairness and tolerance are essential to personal safety serve all students and particularly those from oppressed groups. In addition, counseling students become personally sensitized to the role of social and oppression and environmental stressors on their trauma clients. They are introduced to a culture of compassion and gentleness that is essential for effective trauma work. Fu and Stremmel (1999) advocate tolerance in public educational

discourse so that personal stories that do not fit the dominant discourse can be heard. The additional positive outcome of this type of academic environment for students in a trauma studies program is that they may become exposed to stories outside their own previous frame of reference. Faculty members are always responsible for articulating and maintaining respect for differences and for modeling and encouraging healthy interpersonal boundaries in classroom discourse.

Epistemologists such as Belenky, Clinchy, Goldberger, and Tarule (1986) and Kegan (1994) assert that the student herself is also the curriculum. Miller (1996) addresses “the dilemmas of safely balancing an educational and a personal learning experience” when teaching courses whose content covers the clinical presentation and treatment of psychosocial trauma. Many students in these courses may be trauma survivors themselves and, therefore, may be recipients of the benefits of counseling and psychotherapy. However, they may also be vulnerable to reliving posttraumatic stress in response to the content of the course. Miller advocates clearly distinguishing educational responses from clinical responses while “carefully pacing and balancing affect within the classroom so as to avoid or at the very least minimize the re-traumatization of those students who have past histories of trauma and violence” (p. 5). She sees the educational milieu trauma courses as, ideally, a holding environment and a “secure base” for the learning process in which clear boundaries are maintained and students’ difficulties are anticipated (p. 6). She also addresses the issue of student self-disclosures about trauma history encouraging that the student be “supportively acknowledged” while the disclosure is “framed in the context of the educational format rather than a therapeutic context” (p. 8). However, Miller sees a parallel between the structure of the trauma class and the structure of posttraumatic therapy. She suggests that attending to a safe learning environment when dealing with traumatic content is parallel to Herman’s (1997) treatment principle

of first establishing safety. Miller sees trauma courses as potentially transformative environments for student trauma survivors and other students and advocates “teaching which goes beyond content and skill development to ... powerfully engage students in a lifelong process of learning” (p. 11).

In discussing the experience of trauma survivors in the classroom, Potter (1995) speaks of the classroom as an “epistemic community ... in which trust is a condition of viable membership” (p. 71). Further, she implores teachers to be “trustworthy” in their running of classrooms so that student trauma survivors may integrate their “existential reality” with the theories they are learning in the classroom. This involves “restructuring the teacher-student relationship to one of joint responsibility for the process of knowledge-production ... transforming the way in which teachers and students conceptualize survivors ... and acquiring the knowledge and understanding necessary to be appropriately inclusive of and responsive to, student survivors” (p. 79). Potter’s view of the “trustworthy teacher” who shares responsibility for the production of knowledge with students and who makes room for the knowledge all students bring to their learning experience has something in common with the “connected teacher” described by Belenky et al. (1986): The “connected teacher” is a caring person who shares the process of knowledge creation with students and who acts as a “midwife ... who assist(s) the students in giving birth to their own ideas, in making their own tacit knowledge explicit and elaborating it” (p. 217).

The process of becoming a connected, trustworthy teacher in a trauma counseling program can be challenging for faculty members who may have trauma histories themselves. Jacobs (1991) pointed out that teachers and supervisors whose own trauma histories are unexamined may not be able to provide the appropriate holding environment (Winnicott, 1965) and level of care that preserves the class as a group

and the individual student at the same time (Daloz, 1986; Noddings, 1984).

Finally, we have found it critical to provide faculty development in conjunction with teaching of trauma-related courses and managing a trauma counseling program. Introducing emotionally charged material into a classroom can be problematic if students are not adequately prepared. Discussing traumatic material in the classroom may trigger an unexpected emotional reaction in students, especially if students have their own past histories of trauma. Thus, it is wise to adequately train all faculty in programs where trauma courses are taught. This ensures that they would be better equipped to advise and direct students in the choice of courses. For example, all of our faculty members have participated in a year-long discussion of trauma literature, sharing individual perspectives and experience with trauma work. Faculty members have found such discussions, though sometimes challenging, always personally and professionally meaningful. Self-care for instructors of trauma courses is also provided through training and participation in other planned faculty professional development events.

Future Directions: Issues of Standards and Cultural-Ecological Validity

Counseling professionals often state that their academic training does not provide them with the skills and knowledge needed to work with trauma survivors (Alpert & Paulson, 1990; Pope & Feldman-Summers, 1992). Although many mental health professionals pursue postgraduate training in this area, there is an emerging consensus that some level of training and supervision in trauma should be a standard part of graduate curricula (Figley, 1995). It follows that academic and professional standards will be a main issue for the future. These standards may vary, depending on the educational institutions involved

and the degree of professionalization of counseling psychology in a given societal context.

The training and treatment guidelines provided by the International Society for Traumatic Stress Studies (2000, 2007) should be discussed by educators and practitioners across international settings. Among the most important issues in trauma counseling is that of cultural-ecological validity. Not only is cultural understanding critical, but practitioners must be attuned also to the ecological requirements of trauma work (Hoshmand, 2006). Given the precautions on questionable Western assumptions about trauma being imposed on non-Western populations in other settings (Summerfield, 1999; Westermeyer & Her, 2007), it is imperative that every effort be made to ensure that transfer of knowledge and skills across social and cultural contexts be based on established equivalence or thoughtful adaptation. The current emphasis on evidence-based treatments should be informed by the local knowledge of practice in particular settings.

As the level of violence in society increases, the need for counseling practitioners trained in working with traumatized populations simultaneously increases. Specialized trauma training would be a requirement for engaging in trauma treatment. It will take much international and multidisciplinary collaboration to develop accreditation standards for trauma counseling programs in the foreseeable future.

References

- Alpert, J. L., & Paulson, A. (1990). Graduate-level education and training in child sexual abuse. *Professional Psychology: Research and Practice, 21*(5), 366–371.
- American Psychiatric Association. (2004). *Practice guidelines for the treatment of patients with acute stress disorder and posttraumatic stress disorder*. Arlington, VA: Author.

- Baranowsky, A. B., Gentry, J. E., & Schultz, D. F. (2005). *Trauma practice: Tools for stabilization and recovery*. Cambridge, MA: Hogrefe & Huber.
- Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). *Women's ways of knowing: The development of self, voice, and mind*. New York: Basic Books.
- Chrestman, K. R. (1995). Secondary exposure to trauma and self-reported distress among therapists. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 29–36). Lutherville, MD: Sidran Press.
- Coates, D., & Winston, T. (1983). Counteracting the deviance of depression: Peer support groups for victims. *Journal of Social Issues*, 39(2), 169–194.
- Daloz, L. (1986). *Effective teaching and mentoring: Realizing the transformational power of adult learning experiences*. San Francisco: Jossey-Bass.
- Dass-Brailsford, P. (2007). *A practical approach to trauma: Empowering interventions*. Thousand Oaks, CA: Sage.
- Davis, J. (1993). *Better teaching, more learning: Strategies for success in postsecondary settings*. Phoenix, AZ: Oryx Press.
- Dutton, M. A., & Rubinstein, F. L. (1995). Working with people with PTSD: Research implications. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 82–100). New York: Brunner/Mazel.
- Ellsworth, E. (1989). Why doesn't this feel empowering? Working through the repressive myths of critical pedagogy. *Harvard Educational Review*, 59(3), 297–324.
- Figley, C. R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.
- Foa, E. B., Keane, T. M., Friedman, M. J., & Cohen, J. A. (Eds.). (2008). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies* (2nd ed.). New York: Guildford Press.

- Follette, V. M., Polusny, M. M., & Milbeck, K. (1994). Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact of providing services to child sexual abuse survivors. *Professional Psychology: Research and Practice, 25*(3), 275–282.
- Fu, V. R., & Stremmel, A. J. (1999). *Affirming diversity through democratic conversations*. Upper Saddle River, NJ: Merrill.
- Gere, S. H. (2006). A woman's view of clinical trauma theory and therapy. In L. T. Hoshmand (Ed.), *Culture, psychotherapy, and counseling: Critical and integrative perspectives* (pp. 157–178). Thousand Oaks, CA: Sage.
- Goldberg, C. (1986). *On becoming a psychotherapist: The journey of the healer*. New York: Gardner Press.
- Guy, J. D. (1987). *The personal life of the psychotherapist*. New York: Wiley.
- Herman, J. L. (1997). *Trauma and recovery* (Rev. ed.). New York: Basic Books.
- Hoshmand, L. T. (2006). Culture-informed theory, research, and practice in global trauma work. *Asian Journal of Counselling, 13*(1), 145–160.
- Hoshmand, L. T. (2007). Cultural-ecological perspectives on the understanding and assessment of trauma. In J. P. Wilson & C. S. K. Tang (Eds.), *Cross-cultural assessment of psychological trauma and PTSD* (pp. 31–50). New York: Springer.
- International Society for Traumatic Stress Studies. (2000). *Draft guidelines for international trauma training*. Retrieved July 30, 2009, from http://www.istss.org/resources/guidelines_for_trauma_training.cfm
- International Society for Traumatic Stress Studies. (2007). *PTSD treatment guidelines*. Retrieved July 30, 2009, from <http://www.istss.org/treatmentguidelines/>
- Jacobs, C. (1991). Violations of the supervisory relationship: An ethical and educational blind spot. *Social Work, 36*(2), 130–135.
- Jourard, S. (1971). *The transparent self*. New York: Van Nostrand Reinhold.
- Kalayjian, A., & Jaeger, J. (Eds.). (1995). *Disaster and mass trauma: Global perspectives on post disaster mental health management*. Long Branch, NJ: Vista.

- Kegan, R. (1994). *In over our heads: The mental demands of modern life*. Cambridge, MA: Harvard University Press.
- Marsella, A. J., & Christopher, M. A. (2004). Ethnocultural considerations in disasters: An overview of research, issues, and directions. *Psychiatric Clinics of North America*, 27(3), 521–539.
- Marsella, A. J., Friedman, M. J., Gerrity, E. T., & Scurfield, R. M. (Eds.). (1996). *Ethnocultural aspects of posttraumatic stress disorder: Issues, research, and clinical applications*. Washington, DC: American Psychological Association.
- Marsella, A. J., Johnson, J. L., Watson, P., & Gryczynski, J. (Eds.). (2008). *Ethnocultural perspectives on disaster and trauma: Foundations, issues, and applications*. New York: Springer.
- McCammon, S. L. (1995). Painful pedagogy: Teaching about trauma in academic and training settings. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 105–120). Lutherville, MD: Sidran Press.
- McCann, I. L., & Pearlman, L. A. (1990). *Psychological trauma and the adult survivor: Theory, therapy, and transformation*. New York: Brunner/Mazel.
- Mezirow, J., & Associates. (1990). *Fostering critical reflection in adulthood: A guide to transformative and emancipatory learning*. San Francisco: Jossey-Bass.
- Miller, M. (1996, July). *Ethical considerations in the teaching of trauma and dissociation: Student exposure and unexpected memory*. Paper presented at the International Research Conference on Trauma and Memory, Durham, NH, U.S.
- Munroe, J. F. (1995). Ethical issues with secondary trauma in therapists. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 211–229). Lutherville, MD: Sidran Press.
- Noddings, N. (1984). *Caring: A feminist approach to ethics and moral education*. Berkeley, CA: University of California Press.
- Pope, K. S., & Feldman-Summers, S. (1992). National survey of psychologists'

- sexual and physical abuse history and their evaluation of training and competence in these areas. *Professional Psychology: Research and Practice*, 23(5), 353–361.
- Potter, N. (1995). The severed head and existential dread: The classroom as epistemic community and student survivors of incest. *Hypatia*, 10(2), 69–92.
- Seegmiller, B. R. (1995). Teaching an undergraduate course on intrafamily abuse across the life span. *Teaching of Psychology*, 22(2), 108–112.
- Shalev, A. Y., Yehuda, R., & McFarlane, A. C. (Eds.). (2000). *International handbook of human response to trauma*. New York: Kluwer Academic/Plenum.
- Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programs in war-affected areas. *Social Science and Medicine*, 48(10), 1449–1462.
- Weine, S., Danieli, Y., Silove, D., Van Ommeren, M., Fairbank, J. A., & Saul, J. (2002). Guidelines for international training in mental health and psychosocial interventions for trauma exposed populations in clinical and community settings. *Psychiatry*, 65(2), 156–164.
- Westermeyer, J., & Her, C. (2007). Western psychiatry and difficulty: Understanding and treating Hmong refugees. In J. P. Wilson & C. S. K. Tang (Eds.), *Cross-cultural assessment of psychological trauma and PTSD* (pp. 371–394). New York: Springer.
- Wilson, J. P. (2006). Culture, trauma, and the treatment of posttraumatic syndromes in a global context. *Asian Journal of Counselling*, 13(1), 107–144.
- Winnicott, D. W. (1965). *The family and individual development*. London: Tavistock.
- Yassen, J. (1995). Preventing secondary traumatic stress disorder. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 178–208). New York: Brunner/Mazel.

將創傷治療培訓整合於研究院心理輔導課程的一些議題

現今研究院的輔導課程需要培訓學員認識創傷後的不同心理反應和介入方法。無論是天災或人禍，亦不論禍害殃及一地、一國或國際社會，創傷事件已不再被視作超越人類的經驗，反而是人類常有的體驗。因此，了解創傷後的心理體驗對一般的輔導從業員和創傷治療專家都很重要。臨床的心理創傷研究與介入雖然已有數十年歷史，但心理輔導培訓課程卻少有把它整合於課程上。本文介紹將創傷治療培訓整合於研究院心理輔導課程的價值、組織結構和方法，並描述能協助學生面對這類可能令他們難過的創傷治療教材必備的教育條件。