



Introduction to Trauma-Informed Counselor Education and Supervision (TICES) Framework

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Abstract

Many counselors in training may be susceptible to traumatization and/or retraumatization during their training process due to the elevated prevalence of their past trauma experience and the nature of their professional work involving exposure to trauma narratives in coursework and during fieldwork. Recognizing the growing need for a trauma-informed approach in training future helping professionals, including counselors-in-training, we present an overview of a framework called the Trauma-Informed Counselor Education and Supervision (TIC-Es). This framework draws on assumptions and principles from trauma-informed care (TIC). Also, we address the applications of four key assumptions (i.e., *Realize, Recognize, Respond, and Resist retraumatization*) and six principles (i.e., *Safety; Trustworthiness and transparency; Peer support; Collaboration and mutuality; Empowerment, voice, and choice; and Cultural, historical, and gender issues*) of the TIC. These assumptions and principles are specifically tailored to address the unique challenges and needs of counselor education and supervision. In addition, we offer stepwise key recommendations to prevent (re) traumatization and mitigate the impacts of trauma exposure at three critical levels: throughout the program admission, during the program, and after exposure to traumatic components of training. By following the recommendations, counselor educators and supervisors can create a supportive and safe environment that fosters the well-being of counselors-in-training while equipping them to respond effectively to potentially traumatizing components in their training.

Keywords Trauma-informed counselor education and supervision · Trauma-informed care · Retraumatization · Counselors-in-training · Counselor education

Traumatic experiences in childhood are notably prevalent among individuals in the helping professionals, including counseling professionals and trainees (Brown et al., 2022; Parker et al., 2022). The impact of those traumatic experiences is not limited to personal well-being but may extend to academic engagement and professional

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development, with past trauma experience acting as a barrier to success in counseling professionals' educational and professional settings. Furthermore, students in graduate programs involving clinical training are vulnerable to experiencing retraumatization during their training (Butler et al., 2017b). In response to these challenges, there is a growing call for the integration of trauma-informed approaches in educational settings, particularly within counseling education, to support students' academic and professional development while minimizing the risks of retraumatization (Moh & Sperandio, 2022; Butler et al., 2017b; Carello, 2022; Knight, 2018; Knight & Borders, 2018).

At the time of writing, there was a limitation in frameworks of trauma-informed approaches specific to counselor education that aimed at supporting students with a history of trauma. To this end, the purpose of this article is to examine how trauma-informed approaches (e.g., trauma-informed care (TIC)) can be applied to counselor education and suggest strategies to minimize the risks and harms of (re) traumatization among counselors in training (CITs) who have underlying risks regardless of being consciously aware of prior trauma exposure. In this regard, applying the key assumptions and principles of TIC to the training process for CITs, we present an overview of a new framework named as the Trauma-Informed Counselor Education and Supervision (TI-CES) framework. The aims of TI-CES are distinct from trauma education or building competencies for trauma-specific interventions among CITs. The overarching goal of the TI-CES is to be aware of and fully understand the risk factors for traumatization or retraumatization, also collectively known as (re) traumatization in the context of this article, that can occur during the training for CITs and proactively minimize those risks and potential harms of (re) traumatizing components of the training. Key questions to be addressed in this paper are as follows: (a) *What are the key risk factors for training-related (re) traumatization in counselor education?*; (b) *What does trauma-informed training in counselor education mean?*; (c) *What are practical recommendations for counseling programs and counselor educators to implement trauma-informed training?* In the following section, we will delineate trauma-informed approaches, including TIC, before we address the TI-CES framework in depth that we have created by adopting the TIC's core assumptions and principles in an attempt to address the previously mentioned needs.

Rationale for Proposing a Trauma-Informed Framework in Counselor Education

Counseling students are considered particularly vulnerable to traumatization during their training due to higher prevalence rates of past trauma exposure, the nature and intensive demands of their clinical training, and their role as students to become helping professionals within the higher education contexts (Brown et al., 2022; Parker et al., 2022). Regarding the prevalence of past traumatic experiences among CITs, a recent study involving 139 CITs indicated that the participants had significantly high prevalence rates of adverse childhood experiences (ACEs), with all participants having at least one ACE and more than half (55.4%) reporting four or more ACEs (Parker et al., 2022). Furthermore, Brown and colleagues (2022) reported that

the most frequent type of ACEs was emotional abuse (45.7%), followed by lack of support (39.3%), parental divorce (37.1%), physical abuse (34.3%), sexual abuse (33.6%), substance abuse in the household (32.1%), and mental illness of a family member (32.1%), among 140 counselor participants. Collectively, these findings highlight the need for counseling programs to adequately consider and address the potential impacts of the high incidence of past trauma among trainees, ensuring their well-being and effectiveness as future mental health professionals.

Along with high prevalence, the educational influence of ACEs should also be considered in the current context related to the global pandemic of COVID-19 (Jones & Nangah, 2021; Lederer et al., 2021). According to a recent systematic review regarding college students' trauma and engagement in higher education, past and present traumatic experiences were significant barriers that prevented college students' academic engagement (Jones & Nangah, 2021). Specifically, research suggests that students' increased trauma exposure can be associated with their mistrust and lack of social capital within and across the educational institution, thereby affecting their performance level and retention rate in higher education (Jones & Nangah, 2021). Further, the pandemic can complicate this educational barrier, especially for those with disadvantaged backgrounds. The pandemic brought various difficulties that could impede students' academic performance and well-being, such as housing or food insecurity, financial hardship, and lack of social connectedness (Lederer et al., 2021), which can be severe stressors and risk factors for additional trauma exposure. In consideration of the aforementioned trauma exposure and experiences in the student body, it is critical that trauma-informed approaches are called and applied in educational settings such as higher education institutions. Relevantly, the term *trauma-informed* was introduced to refer to an orientation that takes recipients of services with prior trauma experiences into consideration in providing clinical practice to avoid retraumatization (Harris & Fallot, 2001). Also, the term *retraumatization* refers to the reactivation of traumatic symptoms, reactions, and responses as a result of retelling or emotionally engaging with a narrative of past traumas that are physical, psychological, or both in nature (Duckworth & Follette, 2012). Researchers and practitioners have discussed practical strategies to implement trauma-informed treatment and practices in human service organizations.

Furthermore, the mounting incidence of traumatic events, including the pandemic and violence, has alerted higher education institutions to investigate how culture and inclusivity are seen in the curriculum and incorporated in institutional policy and procedures (Henshaw, 2022). Within this context, a need exists to identify "how trauma-informed approaches at higher education institutions can be culturally responsive" (Henshaw, 2022, p. 368). This need can be applicable to counselor education and training environments and demands an increased awareness about the impact of trauma on functioning in counseling professionals including CITs. In addition, bringing trauma-informed approaches to clinical education and training environments requires acknowledging that not only students but also administrators and educators are subject to trauma exposure, oppression, and marginalization (Carello & Thomson, 2022).

Collectively summarizing, it is imperative for counseling programs, counselor educators, administrators, and staff to apply trauma-informed approaches, such as

trauma-informed care (TIC), to help build and strengthen universal policy, procedures, and practices at an entry-level. These policies, procedures, and practices could promote an organizational cultural shift for counselor education programs toward a continual practice of being trauma-informed. This cultural shift can be manifested by various outcomes, such as enhanced knowledge and skills on how to best support CITs with trauma histories to become competent and reflective professionals while not compromising educational opportunities, especially those involving exposure to sensitive content such as trauma. Albeit results were not always consistent, a systematic review (Roseby & Gascoigne, 2021) supported that trauma-informed education programs can have a favorable impact on academic and academic-related functioning for students with a history of trauma, including attendance (Dorado et al., 2016) and a decrease in suspension rates (Millenky et al., 2019). Furthermore, it is critical that the policies, procedures, and practices help prevent (re) traumatization in a culturally responsive manner in counselor education coursework and fieldwork.

Trauma-Informed Approaches

Trauma-Informed Care (TIC)

TIC is regarded as an essential approach in mental health fields that requires a cultural shift in organizations. TIC is based on the understanding that if traumatic memories are not processed appropriately, they are stored as physiological reactions to stimuli, situations, or states of arousal even when those stimuli and situations seem unrelated to the original traumatic experience (van der Kolk, 1994; Harris & Fallot, 2001). Then, TIC was expanded by the Substance Abuse and Mental Health Services Administration (SAMHSA), and this governmental agency created the treatment improvement protocol TIP 57: Trauma-Informed Care in Behavioral Health Services in 2014. The overarching goal of TIC is to incorporate knowledge about the multidimensional effects of trauma into policies, procedures, and practices that guide a safe and respectful service delivery environment (Bloom & Farragher, 2013; Lang et al., 2016; Levenson et al., 2017; SAMHSA, 2014b).

In addition, SAMHSA's (2014b) concept of TIC is grounded in four key assumptions and six key principles. The four assumptions include *realizing trauma*, *recognizing the signs of trauma*, *responding by fully integrating knowledge about trauma*, and *resisting retraumatization* of clients and staff. Furthermore, the six key principles include Safety; Trustworthiness and transparency; Peer support; Collaboration and mutuality; Empowerment, voice, and choice; and Cultural, historical, and gender issues. Applying these key facets of TIC can help counselor educators develop or modify training-related policies, procedures, practices, and strategies that attend to issues of preventing (re) traumatization among CITs. The issues are inherent in the coursework, fieldwork, and professional relationships (e.g., faculty-student and supervisor-supervisee) due to the nature of counseling and counselor education.

Risks of (Re) Traumatization During Counselor Preparation and Clinical Training

Traumatic experiences have a wide range of negative immediate and enduring effects on one's development and health outcomes over the lifespan (Dunn et al., 2018). Despite coping strategies and the ability to adapt to stressful events, past trauma that CITs have can manifest in the counseling classroom or field training sites. In a similar vein, researchers suggest that those who experienced elevated levels of ACEs have a greater likelihood of going into mental health professions albeit not all human service professionals presented heightened ACEs scores (Yellowlees et al., 2021). Furthermore, among a few risk factors for the development of secondary traumatic stress that results in an experienced emotional disruption among mental health clinicians who are in sustained close contact with trauma survivors, one risk factor is having a personal trauma history themselves (Bride et al., 2004). In addition, some students in clinical training may be at high risk for trauma exposure and subsequent negative effects of (re) traumatization during coursework and field training at an individual level. Such individual risk factors may involve a history of trauma, social determinants (e.g., financial instability), and a lack of resources for stress management. For instance, findings from recent studies also suggest that exposure during clinical coursework encompassing trauma materials and field training can lead to some degree of current secondary trauma symptoms among a majority of students enrolled in a social work program (Butler et al., 2017a, 2017b). Additionally, elevated ACE scores among social work students were associated with enhanced likelihood of clinical training-related retraumatization and secondary traumatic stress providing support that those with a personal trauma history can be at heightened risk for clinical training-related distress (Butler et al., 2017b).

In addition to past trauma exposure, it is imperative to be aware of CITs' diverse ecological and social environments of clinical training. Such training-related, potential factors for (re) traumatization can be harmful in numerous ways. For instance, a large body of existing research on counselor impairment led by empathy-based stress suggests that different components of clinical education and training for counselors can cause harm to various dimensions of personal and professional development (Cronholm et al., 2015; Parker et al., 2022). In the context of counselor training, the prevention of the risks of (re) traumatization could be heightened due to the recent revisions of the Council for Accreditation of Counseling and Related Educational Programs' (CACREP) training requirements. The 2024 CACREP standards (Council for Accreditation of Counseling and Related Educational Programs, 2024) broaden trauma education in the counselor training curriculum by incorporating topics related to trauma into various foundational areas of the counseling curriculum. Additionally, to contextualize counselor education and clinical training in consideration of the recent pandemic, its impact also negatively affected college students that they faced disturbed behavioral and emotional functioning, such as externalizing and attention problems (Copeland et al., 2021).

Collectively summarizing, the high prevalence of past trauma exposure, the COVID-19 pandemic's attributes, and the aforementioned likelihood of trauma exposure during counselor education through coursework and fieldwork, leading to negative immediate and long-lasting effects of the trauma experience, must call for increased attention and concrete action by all involved in a systematic manner.

Moreover, trauma-informed approaches to counselor education and field training are relevant to a range of local, state, federal, and institutional policies and procedures because of the influence of trauma on an array of negative physical, mental health, social outcomes, and adverse occupational reactions (Bowen & Murshid, 2016). The policies inconsistent with the core principles of TIC may result in ineffective or harmful consequences or complications, such as the perpetuation of a lack of academic safety in the educational environment.

The Importance of Trauma-Informed Approaches to Counselor Education and Training

Counselors have long acknowledged the importance of incorporating trauma-informed approaches into their practice (Moh & Sperandio, 2022; Parker et al., 2022; Webber et al., 2017). However, very limited research has focused on trauma-informed approaches to the process of educating and training CITs. No matter their training environment, CITs may encounter the risk of (re) traumatization within the multiple contexts of training, such as classrooms, supervision, and fieldwork. Not surprisingly, all 195 social work graduate students who participated in the study reported trauma exposures in their coursework and/or during fieldwork, including experiences in retraumatization (Butler et al., 2017b). Deleterious outcomes associated with trauma exposures during clinical training are a concern because of possible adverse impacts pertaining to health and wellness on trainees, which, in turn, may affect their academic performance (Butler et al., 2017b).

However, the trauma-informed approach can prevent (re) traumatization from occurring during training and minimize the risk of reactivation of pre-existing traumatic stress (Carello & Butler, 2015; Harrison et al., 2020). Failure to achieve these aims in counselor education and training may harm CITs, staff members, and counselor educators who work with them throughout the program. In addition to such prevention efforts, trauma-informed education and training can also serve as a tool by maximizing the use of existing resources and capital in the educational institution. Moreover, considering the increasing importance of trauma competency and the ability to implement TIC for counselors to meet the needs of the US society, CITs should be equipped with knowledge, skills, and attitudes to confidently perform important components of TIC.

Counselor educators can take advantage of trauma-informed education and training by not only building a caring learning environment for counseling students but also facilitating their learning about trauma-informed approaches. One way of doing so may be helping create trauma-informed physical and virtual learning environments through the use of self-assessment tools, such as Creating Trauma-Informed Learning Environments (Carello, 2022). In the context of trauma-informed approaches, CITs will expand opportunities to learn about trauma and healing from trauma through observation and participation. Additionally, trauma-informed counselor training can contribute to addressing social justice and healing justice issues in counselor education. Individuals from historically marginalized backgrounds are at a greater risk for a higher prevalence of childhood trauma and adversity (Merrick

et al., 2017, 2018). Considering that CITs with such backgrounds could have disproportionate exposure to traumas in the past, trauma-informed approaches to counselor education and training with cultural responsiveness can help prevent (re) traumatization and promote sustained healing with increased awareness.

The Trauma-Informed Counselor Education and Supervision (TI-CES) Framework

This section will address a detailed description of the Trauma-Informed Counselor Education and Supervision (TI-CES) framework that includes key assumptions, principles, and relevant recommendations in a sequence that were suggested by SAMHSA (2014a). In addition, we will outline the application of each assumption and principle to counselor education and training settings. We will also draw practical strategies that counseling programs and counselor educators can consider integrating into the training based on the existing literature as well as the application of key assumptions and principles.

Four Assumptions of Trauma-Informed Counselor Education

The four assumptions are characterized as 4 Rs, including (1) *Realize* the widespread impact of trauma, (2) *Recognize* the signs and symptoms of trauma, (3) *Respond* by fully integrating knowledge about trauma into policies and procedures, and (4) *Resist* retraumatization. The first assumption is to “realize” the traumatic events and their impacts on CITs’ health and functioning. This assumption emphasizes the importance of having a basic knowledge base about trauma, such as wide-ranging concepts, definitions, or types of trauma as well as lifelong impacts of trauma, specific to CITs. Everybody in the program who is involved in the training process, including counselor educators, clinic coordinators, clinical staff, administrative staff, and CITs, should understand that trauma can affect CITs’ training experience, behavior, mental health, impairment, educational functioning and outcome, and even their career path after graduation. For instance, CITs with a trauma history of physical violence and abuse being locked in a room may struggle to conduct counseling sessions in a closed counseling facility because they were personally violated in a typically secure setting. Counselor educators can help CITs realize the lifelong impacts of trauma in general so that they can be better prepared for training components with potential for (re) traumatization.

Next, everyone in the program as well as the organization or system may seek to “recognize” the signs of trauma. Recognizing can be understood as trauma sensitivity and awareness of trauma. Albeit there is an understanding that trauma symptoms are pervasive, not many individuals, including CITs and staff in the counseling program, may have sensitivity to recognize trauma symptoms for many reasons. Also, individual characteristics of CITs, such as race/ethnicity, disability, and gender, can affect the prevalence and types of trauma symptoms, and the symptoms can be gender, race, age, or setting-specific (SAMHSA, 2014b). For example, CITs

who identify as racially minoritized can endorse negative race-based experiences as stressful and traumatic. Counselor educators can help CITs recognize their exposure to past or ongoing traumatic events and recognize how unique sets of trauma symptoms are manifested across individuals.

The third assumption of fully integrating trauma knowledge into policies and procedures requires that everyone and training systems at both individual and organizational levels “respond” by helping CITs touched by trauma achieve successful educational outcomes while minimizing potential harm during counselor education and training and promoting a high-quality life as future professional counselors. Responding by applying trauma-informed approaches includes modifying course or graduation policies program-wide; providing education and training for CITs, staff, and faculty; and promoting communication that involves universal precautions approach where the existence of trauma is naturally acknowledged, not stigmatized.

In addition, the fourth TIC assumption of “resisting retraumatization” encourages everyone and a training program to minimize risks of retraumatization among all people in the program and provide care to those who are retraumatized in a timely manner. People in a counseling program should be prepared to be able to mitigate the impacts of any form of retraumatization in order to prevent counselor impairment and ultimately promote client welfare. For example, CITs are required to take different courses in that the nature of the course content is sensitive, such as crisis, violence, maltreatment, and trauma. Also, CITs need to complete the practicum and internship, where they might encounter clients with a trauma history, which could trigger painful memories of past traumatic experiences for the trainee.

Six Principles of Trauma-Informed Counselor Education

In addition, the six key principles include (1) Safety; (2) Trustworthiness and transparency; (3) Peer support; (4) Collaboration and mutuality; (5) Empowerment, voice, and choice; and (6) Cultural, historical, and gender issues.

Consistent with SAMHSA’s key principles (2014b), the TI-CES framework outlines six key principles that empower CITs and help them promote the linkage to recovery and resilience. *Safety* is essential to provide optimal training environments that respect CITs’ experiences and potential for learning and functioning. CITs’ feelings of physical, emotional, and psychological safety should be prioritized in the whole training process, and all stakeholders including counselor educators need to adjust the program and organization both at an individual and structural level. According to SAMHSA’s TIC framework (2014a), understanding safety in counselor training programs should be defined by CITs. Counselor educators, thus, need to continuously and regularly seek feedback from CITs about their experiences in various contexts of training. Understanding their subjective perception of safety will provide the basis for counselor educators to create safe environments by incorporating diverse pedagogical and theoretical approaches into the trauma-informed framework. In this way, counselor educators and staff can also ensure that safety is a high priority in multiple contexts of training, such as classroom environments,

supervision, practicum, and internship by providing a space where CITs can share their concerns willingly and openly.

Trustworthiness and transparency are another key principle that the program-wide efforts should implement. All individuals, including faculty members, clinic staff, and administrative staff, should be well-informed about policies, procedures, and practices that may impact the way they relate to CITs. Program-wide operations and decisions are conducted with transparency in pursuit of the goal of building and maintaining trust between multiple relationships, such as faculty-student relationships and staff-student relationships. Lack of trustworthiness and transparency may damage those relationships, which might eventually diminish the competencies and wellness of CITs. For this reason, it is especially important that counselor educators develop a sense of trustworthiness and transparency with trainees.

To provide trauma-informed training, *Peer support* is a key venue to promote recovery, healing, hope, and a sense of relatedness. Per SAMHSA (2014a, p. 11), peer support can refer to “individuals with lived experiences of trauma” or “trauma survivors.” In this regard, peer support can include help and support from not only peers who are CITs but also staff, supervisors, instructors, and faculty advisors who have experienced similar trauma or the same identity marker that can serve as underlying risks for traumatization. In counseling programs, on the other hand, CITs who face similar training-related risks for (re)traumatization can also provide mutual support to one another as “peers.”

Collaboration and mutuality refer to sharing of power and decision-making in an effort to implement TIC. This principle helps individuals at all levels of the program to recognize that everyone has a role to play in integrating key assumptions and principles into the training and education. The mutuality of TI-CES can enable all individuals in the program, including CITs, to take greater responsibility for addressing barriers to implementing shared plans effectively. For example, reverse mentoring (i.e., a reciprocal relationship between a less experienced mentor providing specific knowledge and a more experienced mentee) can be effective in education (Zauchner-Studnicka, 2017). CITs feel more empowered as active participants in the creation and implementation of policies and procedures, which can be beneficial to their recovery and competency-building as a professional.

All individuals’ strengths and experiences are recognized as valuable resources to accomplish the principle of *Empowerment, voice, and Choice*. It is crucial to encourage CITs to utilize their strengths, skills, and preferences, rather than focusing on deficits. Additionally, collaborative decision-making on program-wide planning on CITs’ wellness and coping will help build a sense of control and empowerment. Informing CITs of all available options for their learning and professional development that are safe and efficacious can also promote their sense of empowerment. It would also be worth recognizing not only risk factors for retraumatization, such as past traumas or individual susceptibility, but also CITs’ internal and external resources as key protective factors against the risk of retraumatization. By creating those opportunities to increase empowerment, they will be able to become active agents for change and recovery from traumatization.

Last but not least, individuals at all levels should actively take *Cultural, historical, and gender issues* into consideration when building and implementing policies

and procedures. All the policies, procedures, and protocols should be responsive to the cultural needs of individuals in the program. This principle can be accomplished by increasing awareness and sensitivity to culture-based trauma, such as cultural, historical, collective, or intergenerational traumas among individuals from marginalized social groups. Lack of awareness and responsiveness to those specific forms of traumas can increase the potential for retraumatization. It is essential to recognize and address cultural, historical, and gender issues in building trauma-informed counselor education and supervision. Figure 1 depicts a conceptual framework of the TI-CES, illustrating both related factors (e.g., predictors and outcomes) to CITs' (re) traumatization, and the way TI-CES can help intervene to prevent (re) traumatization and minimize the impacts of it when (re) traumatization occurs inevitably.

Key Recommendations for TI-CES

TI-CES emphasizes step-by-step prevention and intervention efforts that can be considered for implementation at multiple levels (e.g., individual, interpersonal, organizational, and institutional levels) to minimize the risks of (re) traumatization while promoting healing from human suffering (see Table 1). In the framework, Step 1 strategies should be considered beginning with the interview process through the onboarding of incoming students. Step 1 recommendations prioritize efforts to help create and strengthen a psychologically safe culture in the counseling program where CITs' underlying risks for (re) traumatization could be voluntarily screened or assessed. The underlying risks may include CITs' trauma history and intersecting identities and social determinants. The psychologically safe programmatic culture may facilitate program-wide screening for a history of trauma or traumatic experiences for incoming trainees. Specifically, counselor educator advisors may administer a brief screening for a personal trauma history or social identity markers that

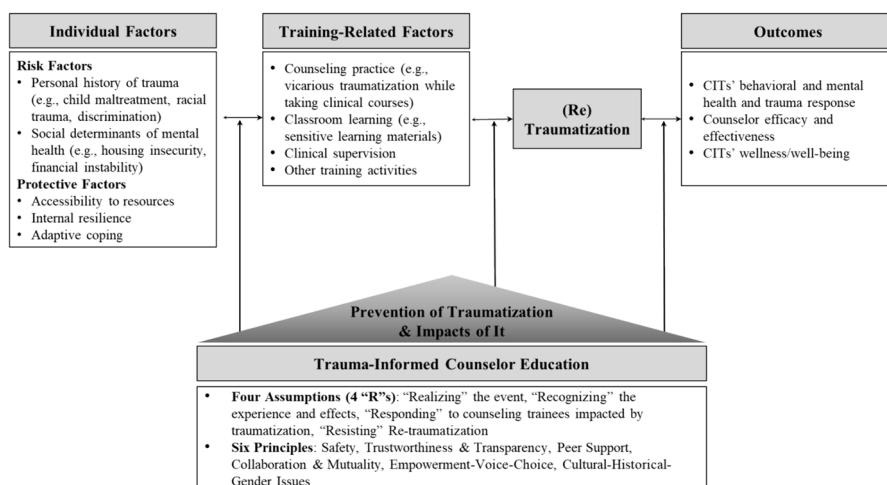


Fig. 1 Trauma-Informed Counselor Education and Supervision (TI-CES) framework

Table 1 A summary of key recommendations for Trauma-Informed Counselor Education and Supervision

Step	Recommendation	Assumption	Principle
Step I	Universal screening of a trauma history for incoming CITs	Realize, Recognize	Safety
	Multi-tiered assessment by clinical coordinator and faculty advisor for CITs with high risks	Recognize	Safety, Trustworthiness and transparency
	Education at orientation about the impacts of trauma history and (re)traumatization on an individual's wellness and efficacy	Realize, Recognize	Empowerment, voice, and choice
Step II	Integrating plans and activities for self-care and wellness into the learning process	Respond	Safety
	Creating a structured and predictable learning environment that fosters a sense of safety	Recognize	Safety
	Expanding trauma education into the curriculum	Realize, Recognize Recognize, Respond	Collaboration and mutuality
Step III	Providing training on secondary traumatic stress and vicarious traumatization	Realize, Recognize Recognize, Respond	Safety, Trustworthiness and transparency
	Recognizing the intersection of trauma and culture	Realize, Recognize, Respond	Cultural, historical, and gender issues
	Assisting CITs in building realistic self-care plans and implementing regular check-in/check-out (CICO)	Respond	Collaboration and mutuality
	Building mentorship or peer support programs	Resist re-traumatization	Trustworthiness and transparency, Peer support, Collaboration and mutuality
	Avoiding unnecessary triggers for (re)traumatization throughout coursework and field training	Recognize, Respond	Safety, Trustworthiness and transparency
	Implementing culturally responsive and trauma-informed supervision	Respond	Collaboration and mutuality, Cultural, historical, and gender issues
	Peer support group to address traumatic stress	Peer support	Peer support
	Providing emotional coaching and support with CITs	Respond	Peer support, Collaboration and mutuality
	Connecting resources (e.g., mental health services and cultural groups) in the institution and the local community to CITs	Respond	Safety; Empowerment, voice, and choice; Cultural, historical, and gender issues

might have intersected with their stressful life experiences. Results of the screening either through program-wide procedures or individual advising sessions can inform counselor educators of the students' underlying risks for (re) traumatization.

Step 2 recommendations are primarily focused on prevention efforts throughout the training process. A key concept addressed in Step 2 is preventing (re) traumatization across multiple contexts of training, such as classroom learning, fieldwork (e.g., practicum and internship), and supervision. Specific recommendations for this step may include the following: integrating wellness activities into classroom learning; creating a structured and predictable learning environment that fosters a sense of safety; minimizing potential triggers for trainees' painful memories; implementing assessment to increase self-awareness about the impact of their trauma experience; expanding trauma education into the curriculum (Chatters & Liu, 2020); helping CITs build a realistic self-care plan and regularly employ check-ins; and incorporating content in counselor burnout, vicarious traumatization, compassion fatigue, and trauma-informed practices (Sommer, 2008).

Given that a realistic aim of TI-CES is not to *eliminate* all possible risks of (re) traumatization but to *minimize* the risks, strategies for the post (re) traumatization are essential. Step 3 recommendations are concerned with postvention efforts to address "what already has occurred" during training. Topics addressed in this step include minimizing the adverse impact of (re) traumatization and promoting healing from (re) traumatization. Examples of practical recommendations may include the following: implementing a culturally responsive trauma-informed approach that recognizes context and intergenerational vulnerabilities, allowing mental health or wellness day that CITs can take a moment to process their emotional difficulties triggered by (re) traumatization, providing a safe space for CITs to process and talk about their experiences during training across different modalities (e.g., individual supervision and group healing session), and providing direct emotional coaching and support.

Throughout the entire process of TI-CES, all principles and assumptions from the TIC framework can be primary guidance for any type of effort suggested previously. For example, CITs' sense of agency and safety should be prioritized in the screening process in Step 1. Also, screening protocols should be sensitive to respondents' potential retraumatization, and enough time should be spent to prepare and explain the screening process. CITs may choose to delay or not respond to the screening at all.

In summary, the primary intent to apply TI-CES should not only be focused on initiating specific activity or policy but also on constructing a safe and mutually respectful culture in which everyone's individual experiences can be properly recognized, accommodated, and respected. In other words, The TI-CES framework should be about collective efforts to provide a safe culture in counselor education and training. Table 1 summarizes the specific, step-by-step recommendations for counselor educators and counseling programs to consider.

Implications

To the best of our knowledge, the current conceptual article is one of the pioneering papers that discussed the application of TIC to counselor education and training, presenting a significant advancement beyond its previous attempt in clinical training, particularly in social work, as suggested by Carello and Butler (2015). The framework summarized in Fig. 1 offers a comprehensive picture of the risk factors associated with trauma at both pre-existing and training-related levels. It further elucidates the protective roles of individual-level factors alongside the critical roles of organizational policies, procedures, and practices. The overarching aim of this framework is to guide counseling and related training programs towards cultivating a culture that is inclusive and supporting of the diverse needs of students and trainees with a trauma history. Counseling programs and counselor educators would directly benefit from the conceptual framework and practical strategies to prevent CITs from experiencing retraumatization during their training by employing and implementing stepwise recommendations and improving their educational practices in alignment with the framework. Consequently, students will be better equipped to manage their trauma experiences and triggers, creating a conducive environment for their personal and professional growth. The current paper provides the groundwork for extensive future research opportunities. Figure 1 can serve as a versatile conceptual foundation for a range of research designs, such as quantitative, qualitative, mixed-methods, and experimental studies. Examples of quantitative investigation include analyzing specific pathways within the framework (e.g., associations between individual factors and training-related risk factors and relationships between training-induced retraumatization and outcome variables). In addition, other quantitative explorations might involve path analyses examining the impacts of both underlying and training-related risk factors for retraumatization on various outcome variables. Those outcome variables may include, but not limited to, counselor burnout, traumatic stress, job satisfaction, and wellness. These analyses could also evaluate how the implementation of the framework's recommendations might mitigate the effects of risk factors and retraumatization, serving as moderating variables in statistical models.

Qualitative investigation can be designed to explore additional protective factors against the risk factors and adverse impacts of retraumatization. These investigations could be attained through case studies, interviews, ethnographic observation, and phenomenological approaches, focusing on understanding the lived experiences of counseling students with trauma histories. Moreover, experimental program evaluation research could assess the effectiveness of implementing TI-CES framework within counseling and related programs, measuring its positive impact on CITs' well-being and other outcomes at both individual and organizational levels. This comprehensive approach to diverse research methods highlights the multifaceted potential of the TI-CES framework to inform and transform counselor education and training through a trauma-informed lens.

Conclusion

The TI-CES framework aims to prevent (re) traumatization and minimize the impacts of trauma at three levels; prior to starting the program, while in the program, and after exposure to traumatic components of training. Despite the inevitability of preventing the impact of trauma among CITs with the identified risks, effective systems-based trauma-informed approaches to training counseling students have numerous implications for improving potential training outcomes. Selected examples may include CITs' behavioral and mental health, wellness, and counseling effectiveness. The suggested framework may also serve as a tool to guide future researchers who plan to examine the protective roles of TI-CES against (re) traumatization during counselor education and field training.

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