

Cutting-Edge Graduate Curriculum:
A Trauma Counseling Master's Program Answers the Call
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Author's Note

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After a good deal of meandering in my clinical and academic career, I have recently had the great fortune of landing at the helm of an innovative and necessary graduate counseling program. As a small, private institution, Philadelphia University offers a myriad of undergraduate and graduate degrees that provide a competitive advantage to their students. Their most recent endeavor, the M.S. program in Community and Trauma Counseling, beautifully embodies the University's commitment to innovation and professional education. It is a model for relevant and necessary graduate training in the helping professions. In short, it is the degree I wish I had.

I can clearly recall my first post-graduate clinical experience working as a child and adolescent therapist in a desperate pocket of Philadelphia. Feeling sufficiently armed with knowledge from years of masters and doctoral level graduate training, I approached each new client with great energy, passion, and excitement. In time, likely only a matter of weeks, my confidence began to wane as I recognized that I was ill equipped to adequately understand and meet the needs of the majority of my clients- individuals experiencing significant emotional and behavioral distress as victims of violence, abuse, neglect, and traumatic grief. I was unprepared because of an evident void in my graduate training, where trauma was nomenclature reserved for war veterans. When I considered how my young clients were presenting, children with externalizing behaviors and clinically significant levels of hyper arousal and hyper vigilance, I called upon my training and employed interventions aimed at developing attending skills and impulse control. I was barking up the wrong tree, and my toolbox was empty.

Like many clinicians who similarly recognize this "trauma void" in their graduate education, I spent many post-graduate hours learning from trauma experts and seeking

advanced training in trauma-informed treatments to gain the skills and competencies to effect positive change in my clients. I began to develop my own personal mission: to spare future clinicians from the feelings of inadequacy I experienced and to better equip counselors with knowledge and skills enabling them to competently embark on helping careers that, according to all available data, would most definitely entail working with clients who have trauma histories.

For a number of years I engaged simultaneously as a community and school-based mental health therapist, and a faculty member in graduate counseling programs. I taught standard licensure-preparation courses, and I used my clinical experiences and competencies in trauma-informed interventions to present cases and engage in discussions around trauma. When learning objectives and course descriptions made no mention of trauma, I created space for this critical content. This journey to improve higher education training programs began for me only a few years ago; however, research supporting the need for an increased focus on trauma training has been with us for decades.

In 1985, while working with obese patients to meet their weight loss goals, Vincent Felitti uncovered that obesity was frequently the outward manifestation of psychological stress that resulted from past trauma. This initial observation launched a large-scale epidemiological study of the impact of stressful childhood experiences on future behaviors, social problems, psychological health, and disability. Commonly referred to as the Adverse Childhood Experiences (ACE) Study (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss & Marks, 1998), this research sparked an awareness of the astounding prevalence of physical and emotional abuse, neglect,

violence, and substance use in the U.S. Further, the ACE Study uncovered the widespread shame, secrecy, and social taboo that impedes appropriate detection of trauma histories among patients. Felitti and his team learned that individuals were consistently being treated for the outward manifestations of trauma, or rather, the coping mechanisms employed to decrease the psychological pain associated with trauma (like alcohol, drugs, disordered eating, or self injury), while the trauma was largely ignored.

Fast-forward fifteen years to 2013. The unfortunate state of our world is that violent acts are increasing, and people are more frequently faced with unimaginable hardships. People today are far more likely to be victims of violent acts perpetrated by humans, and the number of individuals affected by natural disasters around the world is rising. In the last few years alone, the U.S. has met with much adversity, including the devastation of Hurricane Sandy, the elementary school massacre in Newtown, Connecticut, and the Boston Marathon bombings. These are the “Big T” traumas- those that capture media attention and cause widespread anxiety. Day-to-day traumas, on the other hand, seldom make the evening news. This type of everyday trauma is considered part of the human experience, and it is most often tragedy and adversity that precede judicial involvement and propel individuals into mental health treatment or rehabilitation.

Today, mental health settings must be well equipped to identify and address current and past histories of trauma exposure. Many organizations are developing initiatives and agendas to accomplish this aim, and direct service providers working in community mental health, private practice, hospitals, and schools are more frequently seeking out and engaging in advanced trauma training. Despite the growing awareness of the impact of trauma on psychological health, there remains a significant disparity

between the need for trauma-related psychological services and the availability of professionals with expertise in psychological trauma. And it is perhaps the most important players in trauma competency development—higher education training programs—that have lagged in their commitment to train trauma professionals.

The concept of trauma continues to be but a fleeting discussion in a meager number of graduate classrooms. The Presidential Task Force of the Society for Traumatic Stress Studies (now called the International Society for Traumatic Stress Studies) first uncovered a void in trauma curriculum among training programs in 1989. Courtois and Gold (2009) similarly expressed a need for trauma curriculum development, declaring a “call to action” for higher education institutions and underscoring an “urgent need for the inclusion of information about trauma in the psychology curriculum.” The authors called for a full integration of trauma skills, knowledge and research within graduate curriculum, and further recommended trauma training begin within undergraduate social science programs.

Philadelphia University has recognized the need to adequately train clinicians to work effectively with a wide range of people in our ever-changing world, and is blazing a new path with the introduction of the Community and Trauma Counseling Masters Program. The CTC program’s mission echoes my own personal venture: to develop competent, knowledgeable, and skilled trauma-informed clinicians. Trauma competencies and knowledge are infused in the fabric of every course offered in the 60-credit sequence, and students are engaging in top-notch clinical training in settings in Philadelphia and beyond that are dedicated to trauma treatment and prevention. In addition to foundation courses in which trauma is deemed critical content, students

engage in many trauma-specific courses such as Neurobiology of Trauma, Childhood Trauma, Trauma Preventions and Intervention, and Community and Disaster Counseling. This two or three year full-time M.S. program is offered in two flexible formats that combine classroom learning, asynchronous online interaction, and practical clinical experiences. Applicants can choose to enroll in a traditional weekday graduate program, or they can enroll in the weekend model that allows one to maintain full- or part-time employment. The University has also developed two combined B.S./M.S. opportunities that enable students to achieve both a trauma-focused Bachelors and Masters degree in five years.

Graduates of the M.S. in Community and Trauma Counseling will be eligible for state licensure in professional counseling, and will have a skill-set, knowledge base, and competencies that far surpass graduates of general counseling programs. They will be uniquely positioned to have an immediate and positive impact on the organizations they work for and the individuals and communities they serve. Philadelphia University's Community and Trauma Counseling Program is answering the call.

References

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