

March 2024

Pioneers, Pillars, and Paradigms: History of the International Association for Resilience and Trauma Counseling

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Recommended Citation

Smith, C. M., & Webber, J. M. (2024). Pioneers, Pillars, and Paradigms: History of the International Association for Resilience and Trauma Counseling. *Trauma Counseling and Resilience*, 1(1). <https://doi.org/10.33470/2997-7088.1021>



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Abstract

The International Association for Resilience and Trauma Counseling was formally recognized in March 2022 as the 19th Division of the American Counseling Association. This article describes the history and evolution of this professional association through the lens of the founding president and the founding journal editor; both are cofounders of this group. The efforts and results of trauma counseling advocates and pioneers are described along with the appreciation of trauma-competent counseling within the broader discipline of mental health.

KEYWORDS

American Counseling Association, association, division, history, *International Association for Resilience and Trauma Counseling*, trauma counseling

INTRODUCTION

Formal professional associations provide avenues for the gathering of like-minded individuals advancing common interests and advocating for collective progress. The ancient trade and merchant guilds of antiquity and today's endless array of associations testify to an innate human drive to connect, collaborate, share knowledge, and prioritize goals for the common good. Associations not only provide members with a sense of community, but also establish standards of practice, regulate a shared profession, promote and recognize excellence, and ensure the transmission of knowledge and skills from one generation to the next.

As a co-founder and founding president of the International Association for Resilience and Trauma Counseling (IARTC), it is my (Carol's) honor and pleasure to share how this newest division of the American Counseling Association (ACA) came into being. I am writing with Jane Webber, a co-founder of IARTC, parliamentarian, founding journal editor, and pioneer in the effort to raise awareness of trauma-informed counseling within ACA. The rationale of this article is to describe the efforts of like-minded leaders to organize a professional association that recognizes trauma counseling as a specialization within the broader field of mental health. Over my long professional career, it has been a labor of love to work with people dedicated to creating an

association focused on the study of traumatic stress, trauma-competent practice by professional counselors, best practices for individual and community recovery from trauma, and advocacy for trauma-informed public policy. While there are other trauma associations, IARTC is the first association focused on trauma *for professional counselors within the discipline of professional counseling*. This association offers its members professional development, research, education and information, connections with colleagues, recognition, and opportunities to advocate for trauma-informed public policy, as well as training and best clinical practices in this specialization.

This association addresses a host of social and humanitarian issues related to alleviating trauma and fostering resilience to drive positive social change, influence public health policy, and promote excellence in the field of professional trauma counseling. As a new association, IARTC will continuously evolve, driven by technological advancements and increasing connections worldwide. The digital age transcends geographical limits, promoting a global network of professionals, clinicians, academics, and researchers seeking excellence in the field of traumatology and trauma-competent counseling. Online tools, such as *Trauma Counseling and Resilience*, allow communication across time zones, facilitating knowledge and collaboration, and distributing information on an unprecedented scale. This article is a record of the decades-long effort to establish IARTC and to inform readers of the division's connection with trauma-competent counseling.

IARTC promotes the development of trauma competence in professional counselors and provides a professional home for counselors who work with individuals, families, and communities affected by traumatic stress. Specifically, IARTC's mission is to advance the specialty of trauma counseling through best practices in education, training, advocacy, and research. Its vision is to empower counselors to deliver exceptional therapy

to those affected by trauma. IARTC is a genuinely international association and honors culturally sound and relevant wisdom for promoting recovery from traumatic suffering.

PIONEERS AND LEADERS

This association is the culmination of over four decades of advocacy within ACA. While IARTC is currently the newest ACA division, it is not a new effort. For example, even before the diagnosis of PTSD was introduced in the DSM-III (APA, 1980), current IARTC President Lisa López Levers (2023a) was deeply challenged in treating trauma survivors and traveled to the *International Tribunal on Crimes Against Women* in Brussels in 1976.

I recall being very stunned and feeling so woefully unprepared to process many of the horrible firsthand accounts of atrocities that were reported at the Tribunal as well as what I learned from some of the other women in casual conversation. (p. xvii)

She knew that her education in counseling had not prepared her for what she encountered in her work with traumatized people.

I was witness to the psychosocial aftermath of all sorts of traumatic events. Some of these events were more unspeakable than others, and many of them were beyond the ability of a young clinician to process, especially . . . when so little in the professional literature addressed trauma. (Levers, 2023a, p. xviii)

In another example more than 40 years ago in Germany, I (Jane) worked with soldiers who had been transferred from Vietnam to US military hospitals and bases in Frankfurt and Heidelberg, many with dual diagnoses. I knew nothing about what we now know as PTSD and combat fatigue. "During a flashback, one soldier ran panicked down the third-floor barracks corridor to escape, crashing through the floor-to-ceiling window at the end of the hall. He survived his physical injuries, but I

knew little about helping him recover inside” (Webber, 2018, p. 295).

Three decades later, the attacks of September 11th profoundly impacted the United States and the country’s counseling profession. Counselors who rushed to New York City to provide psychotherapy learned that they were not trained to respond to the needs of those affected in the immediate aftermath of the disaster. They were also unprepared to deal with their own vicarious traumatization (Webber & Mascari, 2005). ACA Executive Director Richard Yep, staff member Deborah Bass, and ACA Foundation Chair Jane Webber formed an ad hoc committee to gather disaster mental health resources for counselors and identified a major gap in the professional literature. This group created a slim, spiral-bound collection of extant articles called *Terrorism, Trauma, and Tragedies: A Counselor’s Guide to Preparing and Responding* (Bass & Yep, 2002; Webber et al., 2005; Webber & Mascari, 2010a), which grew over the years into a comprehensive, trauma-informed, professional guide, *Disaster Mental Health Counseling: A Guide to Preparing and Responding* (Webber & Mascari, 2018).

At the time, the counseling profession centered on wellness and career achievement with little space for traumatic stress, much less complex or developmental trauma. Counselors often referred clients affected by traumatic stress to other professionals and specialists as a therapeutic default (Levers, 2023b). During a 2006 ACA Conference session that Barry Mascari and I (Jane) led, a counselor in the audience endorsed this practice saying, “I don’t do trauma; I do wellness” (personal communication, 2006).

As trauma counseling gradually evolved into an essential area within professional counseling, pioneers including Jane Webber, Barry Mascari, Mike Dubi, Eric Gentry, Karin Jordan, Lisa López Levers, Joshua Kriemeyer, and many others advocated for trauma counseling training and standards. Trauma leaders crisscrossed the United

States, presenting at national and regional conferences advocating for the introduction of *trauma* as a cross-cutting competency in the CACREP standards for counselor education programs. Mascari framed September 11th as the game changer that forced counselors to shift their responses to disaster and mass trauma and integrate trauma counseling into their training and scope of practice.

Initiatives to create an ACA division focused on trauma counseling date back to Mike Dubi’s advocacy in the mid-1990s. Dubi recognized that traumatology was a growing specialty within mental health in the same way that intensive care is a specialty within professional medicine. A pioneer in trauma counseling training, he founded both the International Association of Trauma Professionals (IATP) and the International Trauma Training Institute (ITTI), inspiring many counselors to advance their skills through continuing education in trauma counseling.

In the early 2000s following her deployment to Ground Zero, Karin Jordan advocated for a space for trauma and disaster counselors within ACA and founded the Traumatology Interest Network (described below). Later, she gathered the requisite signatures of ACA members to apply for Organizational Affiliate status with ACA. While the conditions were not yet right for the birth of the division, the number of counselors seeking trauma-informed networking, training, and professional development continued to increase. In addition to the World Trade Center in New York, she has been deployed to numerous national and international disaster sites including Sri Lanka, New Orleans, Haiti, and Beslan in North Ossetia. For many years Jordan has shared her expertise, providing professional development on trauma and family crisis counseling, especially at conferences of the European Branch of ACA.

With decades of experience conducting professional development sessions on trauma recovery and compassion fatigue across the United

States and other countries, pioneer Eric Gentry strengthened the conceptual foundation for a trauma counseling focus in mental health, as well as the vision of a trauma-focused division in ACA. Although many counselors may have been “trauma-phobic,” Gentry recognized that the counseling profession was moving toward becoming “trauma aware,” and he envisioned a future in which counselors would be “trauma competent” (as cited in Shallcross, 2011, p. 38). This future vision would require a paradigm shift in the priorities and future of the counseling profession, specifically in ACA (Webber & Mascari, 2009, 2010b; Webber et al., 2006). Trauma counselors and counselor educators moved forward rapidly after the creation of new standards in 2009 by the Council for Accreditation of Counseling and Related Education Programs (CACREP) (described below) that continued to be implemented in standards revisions for counselor preparation programs (CACREP, 2009, 2015, 2023).

Growing awareness of the ubiquity of trauma and its tragic effects intensified the need for trauma-specific training for counselors and mental health professionals in the United States and other countries. Enormous demands for culturally competent trauma counselors after disasters and mass trauma events worldwide “underscore the pervasiveness of traumatic experiences across societies in general and specifically within mental health populations” (Levers, 2012, xxi–xxii). For example, since 1993, current IARTC President Lisa López Levers has worked extensively with traumatized African communities in Rwanda, Uganda, Botswana, Zimbabwe, Namibia, Lesotho, and Swaziland. Several African countries invited her to help develop centers for trauma counseling.

Since 2016, Joshua Kriemeyer, IARTC’s division representative on the ACA Governing Council, has collaborated with counselors in Ukraine to bring trauma-informed training to their country, developing the first counseling program in Ukraine to be approved by the International

Registry of Counselor Education Programs (IRCEP), an international program of CACREP to recognize standards across different cultures. Kriemeyer is an advisor to the Ukrainian Presidential Administration in building the Ukraine Institute of Trauma Therapy in Kyiv (<https://uit.org.ua>) and teaches that “even when there are no solutions, there are always options” (personal communication, March 31, 2023). He continues to provide experiential workshops and retreats for military families in the United States and Ukraine, sharing trauma-informed therapy with couples and family members in the context of ongoing war.

DEVELOPMENTAL PILLARS OF IARTC

Every strong professional association requires a solid foundation built with pillars to support its expanding structure. IARTC’s pillars include several organizational structures, documents, publications, and advocacy initiatives that strengthen its foundation.

Traumatology Interest Network

The first and strongest foundational pillar of IARTC’s infrastructure has been the ACA Traumatology Interest Network (TIN). For two decades, TIN has supported trauma-focused counselors and graduate students looking for professional connections. As stated earlier, Karin Jordan applied to ACA to create the ACA trauma network in 2003, serving as its first coordinator with a handful of members. The membership in TIN slowly increased, and their voices grew louder at regional and national conferences advocating for an ACA division focused on trauma and disaster counseling. In 2008, I (Carol) joined Karin Jordan and Jane Webber in their advocacy efforts. With ACA’s support, we, along with Peggy Mayfield, continued TIN within the *ACAConnect* structure in 2010. I organized and hosted monthly professional development offerings called Trauma Bytes, and, under the leadership of Jordan and Webber, we

formally applied again for Organizational Affiliate status in 2013, but we were denied again. As TIN members connected with other counselors focused on trauma, membership in the network steadily increased.

Three important developments underscored the need to expand TIN's support and networking for counselors into a future trauma-focused division. First, September 11th led to a paradigm shift in addressing the needs of trauma-affected survivors of a disaster. In the immediate aftermath of a disaster, counselors now practice psychological first aid as an evidence-informed and strength-based approach for survivors (Brymer et al., 2002, 2006). Second, as public awareness about the effects of trauma has expanded around the world, so has the resulting need for trauma-specific training for counselors. Levers (2023b) observed that "service and professional association trainings concerning all issues related to trauma have swelled during the last several decades" (p. 40). Third, although knowledge about trauma and trauma treatment has increased, it is still limited. While commonalities in traumatic experiences exist across groups and cultures, there is much to learn about the distinctive contextual, cultural, historical, and psychological dimensions of how clients experience trauma and how counselors learn to be trauma-competent (Goodman, 2015; Rothschild, 2000, 2017). Consider the magnitude of trauma and the needs of survivors in such mass traumatic events as: September 11th; Hurricanes Katrina, Maria, Sandy, and Harvey; school shootings at Columbine High School, Virginia Tech, Sandy Hook Elementary School, Robb Elementary School in Uvalde, and Marjorie Stoneman Douglas High School in Parkland; Surfside Condominium Collapse; shootings at the Orlando Pulse Nightclub, Las Vegas Route 91 Harvest Festival, and El Paso Walmart; and others including many disasters and traumas worldwide. These factors require more than a wellness approach to counseling.

ACA Presidential Task Force for Crisis Response Planning

The ACA Governing Council built a critically important foundational pillar with the creation of the Presidential Task Force for Crisis Response Planning. Then ACA President Marcheta Evans appointed Gerard Lawson as Chair, and Karin Jordan and I (Jane) were among the members. Lawson's experience and leadership after the 2007 Virginia Tech tragedy inspired the Task Force members to develop recommendations for trauma-informed counselor training. The ACA Governing Council approved a far-reaching Task Force recommendation to initiate annual training for disaster mental health responders at ACA Conferences beginning in 2012. Gerard Lawson, Karin Jordan, Mike Dubi, Barry Mascari, and I were among the Learning Institute presenters who piloted and produced a training model for foundational knowledge and practical skills. Counselors from across the United States attended the Learning Institutes and shared their disaster mental health experiences. Their distinctive role as *trauma-informed* counselors soon became a household phrase at professional counseling conferences. In the Task Force report, Lawson (2011) described their unique skills:

What has distinguished counselor preparation is the awareness that field work following crises requires counselors who: understand the impact and sequelae of trauma, are culturally competent, are flexible enough to meet the emergent needs following a crisis, are able to work on a multidisciplinary team, and who are able to support resilience and growth, and not just address pathology and dysfunction. We believe that counselors have something unique and valuable to offer in a disaster mental health response. (pp. 1–2)

Trauma Awareness at ACA Conferences

Since its inception as the American Personnel and Guidance Association in 1952, few training sessions were presented on mass trauma and disaster at the annual ACA Conference even immediately after September 11th. In a landmark content analysis of 32 years of ACA conference sessions, Helwig and Schmidt (2011) identified 86 session topics and ranked the topic *trauma, crisis, disaster planning/happening/prevention* in the top 20 session topics for the first time in the period 2005–2008. As counselor interest in trauma and disaster training increased, trauma counseling leaders built a third foundational pillar of knowledge, presenting sessions on trauma fundamentals and counseling skills and advocating for trauma training across the United States at conferences of ACA and ACA state branches, the Association for Counselor Education and Supervision (ACES), and ACES regions. Barry Mascari and I (Jane) crisscrossed the country presenting foundational sessions on “Top Ten Trauma Concepts Counselors Should Know.” ACA Conference participants, as well as those viewing one of the live-streamed sessions, fondly remember Barry’s presentation where he leaped off the podium into the audience, distributed cocktail straws, and practiced breathing techniques with participants to experience the benefits of slow exhalation.

CACREP Standards for Disaster, Trauma, and Crisis

Advocacy initiatives for a trauma-informed counseling profession and a future ACA trauma division gained tremendous momentum in 2009 with the addition of CACREP standards on disaster, trauma, and crisis. Accreditation standards serve as the gold standard and *badge* of professions especially in licensed medical and behavioral health fields, and the new standards are essential to the training of trauma-informed and trauma-competent counselors. These revised standards formed the fourth strong foundational pillar, as well as the conceptual cornerstone of the future IARTC

division. The disaster, trauma, and crisis standards continue in the 2016 and 2023 CACREP standards revisions (CACREP, 2015, 2023).

Development of the new standards began after CACREP received a Department of Health and Human Services grant in 2006 to study the emergency preparedness needs of counselors (Beckett, 2008). CACREP invited national trauma leaders and experts including Mike Dubi and me (Jane) to a week-long Advisory Committee meeting that evolved into a counselor think tank creating new standards in the core counseling and program-specific sections. With this fourth pillar in place, the development of curriculum, competency-based models, and training methodologies for master’s and doctoral students were the next steps in a long-term task beginning with trauma professional development for counselor educators. “Counselor educators and professionals unfamiliar with this growing specialty will need to be well versed in the theory and practice of traumatology, crisis intervention, and emergency preparedness in order to infuse new standards into program objectives and syllabi” (Webber & Mascari, 2009, p. 128).

Trauma Counseling Publications

The vision of trauma counseling as an essential part of the counseling profession was moving closer to becoming a reality; yet much work was still needed in training, curriculum, and research on evidence-based practices. Scholarly journals and publications are another important *badge* of professional associations, and the Traumatology Interest Network’s initiatives to increase the publication of trauma articles formed a fifth foundational pillar in IARTC’s development. Two articles in *VISTAS* (ACA’s digital collection of peer-reviewed articles written by counselors) chronicled the progress and development of trauma and disaster training and practice (Webber & Mascari, 2009; Webber et al., 2006). Recognizing that ACA did not support the need for an organizational affiliate at the time, I (Jane) co-authored a progress update with Barry Mascari, Mike Dubi, and Eric Gentry in 2006, aptly

titled “Moving Forward: Issues in Trauma Response and Treatment,” recommending ways to strengthen trauma counseling knowledge, skills, and resources (Webber et al., 2006). In a later *VISTAS* article in 2009, Barry Mascari and I provided strategies and resources to implement the new CACREP standards into preparation programs, emphasizing “that disaster and trauma counseling is a growing specialty that needs research and study to ensure outcome-based practices” (Webber & Mascari, 2009, p. 132).

Traumatology Interest Network (TIN) members recognized the need to increase trauma counseling publications and to establish a journal dedicated to trauma counseling research and scholarship. These professional needs were confirmed in a traumatology content analysis that I (Jane) co-authored with Robert Kitzinger, Julia Runte, Carol Smith, and Barry Mascari (Webber, et al., 2017). After an analysis of 2,379 articles published over 20 years (1994–2014) in three flagship counseling journals, we found low to very low percentages of trauma-related articles: 4.7% in the *Journal of Counseling and Development*, 0.6% in *Counselor Education and Supervision* and 7.5% in the *Journal of Mental Health Counseling*. With few trauma-related articles in counseling journals, counselors looked to the journals of other professional associations for knowledge and professional development (Webber, 2017; Webber & Mascari, 2009). The TIN Leadership Board advocated for more publications of peer-reviewed trauma articles through special issues and sections in professional counseling journals.

During TIN’s initiative to increase trauma counseling publications, the Special Issue: Trauma Counseling and Interventions was published in the *Journal of Mental Health Counseling* in 2015. In the introduction, Guest Editor Rachael Goodman underscored the need for trauma counseling research and publications: “While a number of professional organizations are generating important scholarship on trauma, there has been relatively

little scholarship within the counseling field” (p. 283). This special issue addressed the history and current state of trauma counseling with a focus on its scholarship and practice. The flagship journal of ACA, the *Journal of Counseling Development*, published the first traumatology Special Section in the July 2017 issue, distributed to 55,475 members at the time of its publication. As Guest Editor, I (Jane) emphasized its value for all ACA members: “Although the work settings of counselors differ widely, one common factor is the inevitability of their working with clients who have trauma issues” (Webber, 2017, p. 247). The creation of IARTC’s journal *Trauma Counseling and Resilience* aims to narrow this gap in trauma-competent scholarship for professional counselors.

The publication of *Trauma Counseling: Theories and Interventions* in 2012 marked another milestone in the expansion of trauma scholarship and the establishment of trauma counseling as a distinct part of professional counseling. Edited by Lisa López Levers, the text is the first comprehensive counseling-centered textbook of trauma theory and contextual practice. In the foreword, Herman (2012) affirmed the importance of this volume:

This book validates the emergence of a new field of trauma studies and a growing body of trauma-related best practices. The lessons in this volume reflect the powerful awareness that trauma is experienced in a context—within a life, a family, a community, and a culture—and that each individual experiences it differently. (p. xvi)

Organizational Affiliate and Division Status

When Peggy Mayfield asked me (Carol) in January 2020 to try once again to “get the band back together,” I was not optimistic. Nevertheless, I agreed to gather the components of the application for Organizational Affiliate status with ACA and to build a Board of Directors. To my surprise and delight, trauma “rock stars” in the field of

counseling pitched in to help, including Janina Fisher, Lisa López Levers, ACA Fellows Marty Jencius and Jane Webber, and ACA Past President and Fellow Gerard Lawson. Peggy Mayfield and I created bylaws, a draft budget, and a 3-year plan; established a Board and committees; and collected leadership biographies, photos, and published scholarship. After Peggy started and funded the first website for the association, we rolled out our first membership recruitment campaign. There was an immediate and enthusiastic response to the invitation to join the nascent association, which quickly surpassed 1000 members. Under the guidance of then-CEO Richard Yep and Natasha Rankin at ACA, the Governing Council approved IARTC as an Organizational Affiliate in July 2021.

Most ACA Organizational Affiliates spend 3 to 5 years building infrastructure and membership before applying for division status. However, because IARTC had already exceeded the criteria to become a division of ACA, Yep encouraged IARTC in September 2021 to apply for division status immediately. IARTC's leadership once again updated its documents, and I (Carol) submitted another application package to ACA in October 2021. ACA's Governing Council unanimously approved IARTC as the 19th Division of ACA on March 24, 2022.

CURRENT STATUS

As of this writing, IARTC has existed as a Division of ACA for just shy of 18 months. I (Carol) had the privilege of serving as IARTC's Founding President from January 2020 to June 2022, followed by the visionary leadership of Peggy Mayfield (2022–2023). Trauma expert and international leader Lisa López Levers assumed the IARTC's Presidency on July 1st for the 2023–2024 term of office and will be followed by Matthew Walsh for the 2024–2025 term. IARTC currently has over 1,600 paying members, and its leadership is still in the onboarding process with ACA. The IARTC Board approved the bylaws, and ACA

helped IARTC file articles of incorporation as a nonprofit in Virginia on November 15, 2022. IARTC has a strategic framework, a policy manual, 13 fully functioning committees, a website (www.iartc.org), a logo and brand guidelines, and an impressive *IARTC Newsletter* under the editorial leadership of Charmayne Adams. IARTC is launching its peer-reviewed professional journal, *Trauma Counseling and Resilience*, under the leadership of Editor-in-Chief Tara Jungersen, Founding Editor Jane Webber, and a strong Editorial Board. IARTC's Professional Development Committee offered a four-part series of free webinars on trauma topics in early 2023, and its Awards Committee gave its first awards at the ACA Conference in Toronto in March 2023. IARTC has a working budget for the next two years and has expanded the Treasurer's role to include Treasurer-Elect to allow for training and succession. Current initiatives include rebuilding the website to serve as the *front door* of the organization, branding, member communications, emerging leader development, and exploring the advent of branches of IARTC as soon as possible throughout the United States and the world.

THE WORK AHEAD

IARTC has accomplished a great deal as a new division of ACA and as a place for counselors who work with trauma-affected clients, but there is still more to be done. IARTC leadership uses the phrase “building the airplane while flying it” regularly. I (Carol) am immensely grateful for a group of motivated, bright, dedicated volunteers who see the vision of IARTC and who are willing to roll up their sleeves and do the hard work of putting into place the granular elements of association architecture. IARTC has a developmental and strategic list of many tasks, including securing cloud-based storage of its historical documents, leadership training for sustainability, strategic planning, and novel ways of communicating with and hearing from IARTC members.

It has been a steep learning curve. Starting a division of ACA is much like starting a new company and requires many business and legal skills, which are not necessarily native to people with a counseling mindset. Building a division requires organizational and workflow design, delegation and collaboration, and trust in key colleagues. It has been a privilege to work with so many people who share a common vision and devoted concern for the world in which we live.

CONCLUSION

Rising to a personal point of privilege, I (Carol) write from a first-person perspective for this conclusion. I believe that *trauma* affects many, if not most, people and that most people overcome traumatic stress with manageable and temporary disruptions in their lives. Sometimes, however, trauma is overwhelmingly complex or complicated with other elements, including structural inequities, historical injustice, politics, economics, war and terrorism, and the problem of evil in the world. I am not so naïve that I believe the creation of IARTC will eradicate suffering and usher in a peaceable kingdom, but I do believe IARTC will make an important difference in the world of mental health

care. I recognize that many people drawn to the specialty of trauma counseling have their own histories, which are sometimes harrowing. I believe that these healers, many of whom have emerged from their own wounds, are uniquely equipped to guide others through the sometimes long and winding process of healing, resilience, vision-building, thriving, and leadership in the world. Truly competent trauma counseling requires an exquisitely nuanced understanding of ethics, social history, philosophy, theory, spirituality, and the darkest corners of the human condition. Trauma counseling is complicated. Trauma-competent counseling is not for the timid or retiring disposition that prefers comfort over all things. It is for those who possess a unique chemistry of compassion, curiosity, critical thinking, and the courage to change, when needed. I believe that trauma-competent professional counselors, who sit courageously and compassionately with people in trauma, hold the unique skills to make a measurable, positive, and lasting change in the life of each client. Trauma-competent professional counselors, by extension, touch the lives of each person in that client's life. Ultimately, together, we heal the world, one person at a time.

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