



**University at Buffalo**  
*The State University of New York*

Office of the Dean  
School of Social Work

July 23, 2009

Dr. Judith Bremner  
Office of Social Work Accreditation and Educational Excellence  
Council on Social Work Education  
1725 Duke Street, Suite 500  
Alexandria, Virginia 22314-3457

Dear Dr. Bremner:

It is with great pleasure that I submit to you the enclosed Alternative Reaffirmation Project Proposal entitled, "Developing Concepts, Frameworks and Applications of a Trauma-Informed, Human Rights Perspective in Social Work Practice."

This proposal is the result of several months of intensive discussions by the faculty and researchers of the School of Social Work at the University at Buffalo, charged with the task of constructing this novel approach to the integration of trauma-informed, human rights perspective of social work core constructs and theoretical frameworks into our academic curriculum and field placements.

The success of this Alternative Reaffirmation Project will be assured by the guidance of national experts on trauma-informed care and human rights, our Field Education Community Advisory Board, and the expertise of our own faculty and research staff.

Thank you very much for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Nancy J. Smyth'.

Nancy J. Smyth, Ph.D.  
Dean and Professor

**Developing Concepts, Frameworks and Applications of a Trauma-Informed,  
Human Rights Perspective in Social Work Practice**

**Alternative Reaffirmation Project Proposal  
Submitted to the Council on Social Work Education  
Commission on Accreditation  
August 1, 2009**

**On Behalf of the Faculty, Students, Staff, and Community Partners of the University at  
Buffalo, School of Social Work**

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## **Developing Concepts, Frameworks and Applications of a Trauma-Informed, Human Rights Perspective in Social Work Practice**

### **I. Summary of Accreditation History**

This year marks the 75<sup>th</sup> anniversary of the University at Buffalo School of Social Work. The University at Buffalo School of Social Work's history began in 1926 when social work courses were added to the curriculum in the Sociology Department, and a social work certificate program was approved by the American Association of Schools of Social Work in 1934. Two years later, a second post-graduate year of social work education was added, leading to a Master of Social Services degree, and the School of Social Work was formally established. The University at Buffalo School of Social Work has continuously maintained its full accreditation status with the Council on Social Work Education. Our most recent reaffirmation was completed in 2003. We have been accredited continuously for 75 years.

### **II. Alternative Reaffirmation Project: Purpose and Overview**

***II-a. Problem or Issue to be explored.*** Over the last 15 years, researchers, practitioners, and consumers/survivors of both trauma and of service delivery systems have defined principles and values of trauma-informed care (TIC), an alternative to the hierarchical, medical model of service delivery that has historically employed coercive policies and practices (Fallot & Berley, 2008; Harris & Fallot, 2001; Salasin, 2005). Although TIC principles have been applied widely within adult mental health systems (Jennings, 2004a, 2007), spearheaded by the leadership and financial support of the Substance Abuse and Mental Health Services Administration (Gerrity, 2007; Salasin, 2005), trauma-informed care remains the exception in most communities (Cooper et al., 2007).

The social work profession has given little attention to trauma-informed practice principles and has not incorporated this point of view as part of the standard educational process. As a perspective, trauma-informed social work practice is nearly absent from the social work literature. Although the social work profession has a long history of involvement in the child welfare system, social work's voice among the leading national advocates for a trauma-informed child welfare system is largely missing. The scant research that exists has focused primarily on the prevalence of trauma among users of services, such as women in substance abuse treatment (Savage, Quiros, Dodd, & Bonavota, 2007), suggesting the value of trauma-informed approaches within service delivery systems. Few tools exist to guide the implementation of trauma-informed care into service delivery systems.

This alternative project for reaffirmation will focus on the development and evaluation of a trauma-informed, human rights (TI-HR) oriented curriculum, exploring and developing frameworks and applications of a TI-HR perspective across micro-, mezzo- and macro-levels of social work practice. The UBSSW curricular focus on trauma-informed, human rights perspectives in social work practice fits well with New York State's emerging interest in trauma-informed care which, to date, has primarily targeted the mental health system. Although the focus of New York State's efforts has been towards training in and implementation of trauma-specific interventions (Jennings, 2007), the New York State Office of Children and Family Services (OCFS) is piloting the Sanctuary Model (Bloom, 2000), a trauma-informed approach, in several OCFS juvenile justice facilities, with the hope of reducing the use of restraints and

heightening the focus on youths' treatment needs (Carrion, 2007). Earlier this year, OCFS sponsored a 2-hour teleconference on trauma-informed care aimed at clinicians in multiple systems (e.g., health, mental health, juvenile justice, child welfare) that serve children and adolescents who have experienced trauma. The New York State Office of Mental Health mandates a trauma-informed seclusion and restraint policy at all state facilities (Jennings, 2004a). The New York State Office of Mental Health has also involved consumers in some initiatives related to planning, evaluation and delivery of trauma services (Jennings, 2007).

The UBSSW curricular focus on trauma-informed, human rights perspectives in social work practice also fits well with pressing social issues and needs in the Buffalo-Niagara Region, home to the University at Buffalo. Whereas trauma theorists most often view traumas as life-threatening events that have the potential to cause posttraumatic stress disorder, we are seeking to explore the intersection of traumatic experience with structural oppression, power differentials, and the disproportionate distribution of material and social capital (see Curriculum Statement, Appendix A). Blanch (2008) has noted that a narrow focus on individual trauma (i.e., the espousal of a clinical trauma model rather than a public health model) can divert attention from critical social, economic and political issues that impact people's lives and necessitate a more comprehensive approach to solving community problems. Particularly when examining traumatic events on a global scale, concerns are voiced that addressing structural inequalities, the lack of peace and security, state repression, and human rights concerns become of secondary importance next to implementing trauma treatment programs (Dwyer & Santikarma, 2007; Silove, 2007; both as cited in Blanch, 2008).

The Buffalo-Niagara Region is challenged by population decline, a high poverty rate, and slow economic growth, challenges which informed our decision to offer a curriculum emphasizing a trauma-informed, human rights perspective for social work practice. The Buffalo-Niagara Region has changed significantly during the past 30 years. The economy continues to change from high paid, unionized manufacturing jobs, to low paying service jobs, and the ongoing migration of businesses out of State and into suburbs, continues to have a negative effect on urban residents. Poverty, lack of education, adverse birth outcomes, and single parent households are now the norm in many urban neighborhoods. An increasingly diverse immigrant population (i.e., 5.5 per 1,000 residents between 2003 and 2006) (Institute for Local Governance and Regional Growth, 2008) graces the Buffalo-Niagara region, bringing additional service needs in trauma-specific interventions and trauma-informed service delivery, as refugees from war-torn Sudan and Somalia are among Buffalo's newest citizens.

According to the Institute for Local Governance and Regional Growth (2006a), the City of Buffalo's poverty rate is nearly double (26.9%) the national average (12.6%), with a median income (\$27,311) far below the national average (\$46,243). Fully 36% of children in the city of Buffalo are living in poverty. The 2000 U.S. Census reported that Buffalo's population was 292,648 (54% white, 37% African American, and 7.5% Latino/Hispanic) (U.S. Census Bureau, 2007), with 43% of Hispanic, 33% of African Americans, and 17% of whites living in poverty. In a study sponsored by the Harvard School of Public Health and the Center for the Advancement of Health, *Children Left Behind: How Metropolitan Areas are Failing America's Children* (Acevedo-Garcia, McArdle, Osypuk, Lefkowitz, & Krimgold, 2007), Buffalo ranks as one of the worst cities for children of color to grow up in, as measured by indicators of family, neighborhood and school socioeconomic environments (e.g., health at birth, family income, home ownership, residential segregation, neighborhood poverty, and exposure to neighborhood homeownership and unemployment rates, school segregation and school poverty).

During 2008, violent crime increased in Buffalo by 6.5% from the previous year, in contrast to a national trend that saw violent crime drop in other cities, including New York City, Rochester and Syracuse, with police attributing the increase to domestic-related violence. Between November 2008 and June 7, 2009, 13 women had been murdered by their male partners in Erie and Niagara counties, drawing the attention of *The Buffalo News* in a front-page article, "13 Women Killed in Seven Months, and No Easy Answers" (Tan & Gee, 2009). According to the New York State Office of Criminal Justice Services, homicides in upstate New York that involved intimate partners increased 27% from 2007 to 2008 (Tan & Gee, 2009). Within the Buffalo-Niagara Region, interest in trauma-informed care is increasing among area agencies, in large part due to the expertise of UBSSW faculty. The Buffalo Prenatal-Perinatal Network, for example, held a community forum this past year on trauma-informed systems of care that was facilitated by a UBSSW faculty member. The BPPN is the lead agency for the Community Action for Prenatal Care Project, a coalition of 25 public and private agencies (e.g. substance use treatment, health and mental health care, legal aid, housing services) that coordinates efforts to reduce HIV infection and poor birth outcomes through enhanced outreach services to Buffalo's most vulnerable women (e.g., women who are using drugs, who are homeless, and immigrants and refugees) residing in the poorest neighborhoods.

#### **II-b. Review of the Literature.**

**What does "trauma-informed" mean?** The term "trauma-informed" is most commonly used to refer to client care that takes into account the potential role of violence and victimization in the lives and development of individuals using mental health and other human services. It involves the recognition of the staggering prevalence of traumatic experiences in the histories of those served by health and mental health service providers, as well as an understanding of the psychobiological sequelae of such experiences and their impact on the problems seen in social service settings (Jennings, 2004a, 2004b). Trauma-informed care is distinguished from "trauma-specific" assessments and interventions, which are designed expressly to identify and treat the symptoms and conditions associated with past physical abuse, sexual abuse, and other traumatic experiences (for reviews, see Jennings, 2004b; Cooper, Masi, Dababnah, Aratani, & Knitzer, 2007).

**The prevalence and impact of trauma.** The impetus for the development of trauma-informed care came from the increasing recognition over the past two decades of the high prevalence of exposure to traumatic events in the lives of people generally, and particularly of those seeking public health, mental health, and social services (Fallot & Harris, 2006, 2009; Mueser et al., 1998; Mueser & Taub, 2008; Pecora, White, Jackson, & Wiggins, 2009; Salasin, 2005). Some have described these rates as rising to the level of a public health concern (Fairbank, Putnam, & Harris, 2007). The Adverse Childhood Experiences (ACE) study, for example, found that traumatic experiences in childhood were far more prevalent than previously understood: two-thirds of their adult sample from a large health plan in San Diego, California, reported at least one adverse experience of childhood abuse, neglect, or growing up in a dysfunctional home (Dong et al., 2004; Felitti et al., 1998), with over 80% of that subgroup reporting one or more additional ACEs, such as witnessing domestic violence and suffering child physical abuse themselves. Conservative estimates suggest that roughly one-million children are maltreated each year and up to 1,500 children die due to abuse or neglect (US Department of Health and Human Services, Administration on Children, Youth and Families, 2004, cited in Hussey, Chang, & Kotch, 2006).

Other studies (e.g., Costello, Erkanli, Fairbank, & Angold, 2002; Hussey, Chang, & Kotch, 2006) have found that about one-quarter of children and adolescents in the community are exposed to one or more potentially traumatic events, among them maltreatment, assault, disasters, life-threatening accidents, and family and community violence. Those served by social service agencies report even higher rates. For example, more than eight in ten adolescents and children in one continuing care inpatient and intensive residential treatment program reported trauma histories (LeBel & Stromberg, 2004), and among youths in the juvenile justice system, about three-quarters have been exposed to traumatic victimization and up to a half have PTSD (Abram et al., 2004; Arroyo, 2001, Garland et al., 2001). Similarly, physical and sexual abuse histories are vastly overrepresented among both teenagers and adults with alcohol and drug problems (Westley, McClanahan, & Sees, 1997).

Among public mental health clients, between 51-98% have been exposed to traumatic events (Felitti et al., 1998; Goodman et al., 1997; Mueser et al., 1998, 2002, 2004), with most having multiple exposures. In Mueser and colleagues' (1998) original study of 275 patients with severe mental illness receiving public mental health service, only 2% of these latter patients had a PTSD diagnosis in their charts even though virtually the entire sample (98%) reported exposure to at least one lifetime traumatic event and 43% warranted a diagnosis of current PTSD. Similarly, nearly all (97%) of a sample of mentally ill homeless women had histories of severe sexual and/or physical abuse, with most of that group reporting that such experiences had occurred both in their childhoods and as adults (Goodman et al., 1997).

Moreover, as Fairbank and colleagues note (2007), the distribution of traumatic event exposure is uneven. Child groups at high risk for traumatic event exposure include children known to have been abused or neglected; those exposed to domestic, school, or community violence, or the violent death of a parent, caregiver, sibling, or friend; children in out-of-home placements or in the juvenile justice system; children from countries have had or are presently experiencing armed conflicts or civil disturbances; as well as children with mental health or behavioral problems, such as substance abuse or suicidal behavior, who require hospitalization or residential treatment (Harris et al., 2006, cited in Fairbank et al., 2007).

The effects of exposure to trauma in children can be far-reaching and long-standing (Edwards, Holden, Anda, & Felitti, 2003; Felitti et al., 1998; Pynoos, Steinberg, Schreiber, & Brymer, 2006) and may directly or indirectly bring them to the attention of social service agencies. Traumatized children may suffer disruptions in their basic biological regulatory and emotional attachment systems (Browne & Winkelmann, 2007; Cook et al., 2007; Ito et al., 1993; Muller, Sicoli & Lemieux, 2000; Perry, 1994; Perry & Pate, 1994; Pynoos, Steinberg, Schreiber, & Brymer, 2006), thereby increasing the probability of a range of immediate and longer term negative outcomes, including low academic performance, involvement in high risk behaviors, difficulties in both peer and family relationships (Fairbank et al., 2007; Gramkowski et al., 2009; Veltman & Browne, 2001), and development of a wide range of emotional problems, including posttraumatic stress disorder (PTSD; Cuffe et al., 1998). Adolescent PTSD is associated with internalizing and externalizing behaviors (Saigh, Yasik, Oberfield, Halamandaris, & McHugh, 2002), increased utilization of mental health and health services, and higher involvement in child welfare and juvenile justice systems, among other systems serving youth (reviewed in Ko et al., 2008; Abram et al., 2004; Garland et al., 2001; Pecora et al., 2009).

Adults abused as children are also at increased risk of a variety of psychosocial and physical health problems that bring them to the attention of social service agencies and the criminal justice system. Left untreated traumatic event exposure and PTSD are associated with a



large range of negative psychosocial outcomes (e.g., homelessness, unemployment, prostitution, delinquency, family conflict; Felitti et al., 1998; Frueh, Turner, Beidel, & Cahill, 2001), health problems (e.g., heart disease, cancer, HIV-positive status, hepatitis, pulmonary disease, bone fractures, diabetes, substance abuse and dependence, obesity, depression, and sexual dysfunction (Bloom, 2000; Felitti et al., 1998), and increased health care utilization (Fogarty, Sharma, Chetty, & Culpepper, 2008) in adulthood. Childhood trauma also increases the risk re-victimization in adulthood, including sexual assaults, battery, domestic violence, and verbal abuse (Coid et al., 2001; Cloitre, Tardiff, Marzuk, Leon, & Portera, 1996; Cloitre, Tardiff, Marzuk, Leon, & Portera, 2001; Goodman, Dutton, & Harris, 1997; Goodman & Fallot, 1998; Irwin, 1999; Krahe, 2000; Wyatt, Guthrie, & Notgrass 1992). As well, some traumatized individuals may engage in self-harming behaviors such as self-mutilation, bingeing and purging, stealing, gambling, and re-enactment behaviors (e.g., involvement in abusive relationships) (Bloom, 2000; Saakvitne, Gamble, Pearlman, & Tabor Lev, 2000).

These findings and others have led experts to conclude that nearly all users of services in the public health system bring with them histories of trauma (for reviews, see Cooper et al., 2007; Jennings, 2004a, 2004b). Nonetheless, even when service agencies recognize that a traumatic event is the circumstance that brings the individual to the attention of the system, it is rare that clients' trauma histories are asked about or conceptualized as formative experiences that contribute to their presenting problems, nor is addressing such histories viewed as critical to successful treatment in many mental health settings (Jennings, 2004a, 2004b; Ko et al, 2008). Sadly, until the trauma-informed care movement began, most of these individuals were never screened, assessed, or treated for their traumatic experiences (Frueh et al., 2002; Jennings, 2004a; Ko et al, 2008; Mueser et al., 1998;). Additionally, many mental health systems continue to employ coercive and punitive treatments, such as restraint, seclusion, and forced medication, all of which have the potential to re-traumatize clients (Cusack, Frueh, Hiers, Suffoletta-Maierle, & Bennett, 2003; Fallot & Harris, 2002; New York State Office of Mental Health, 1993).

**The elements of trauma-informed care.** Over the past decade, many public and private organizations and service providers have reached a general consensus that the incorporation of a trauma-informed perspective into service delivery would better serve clients (Salasin, 2005). Consequently, variants on trauma-informed care and a range of trauma-specific interventions have been developed to address the complex trauma-related problems of individuals receiving public sector services. Individuals with trauma histories represent the largest constituency of consumers of expensive inpatient, crisis, or residential services because of persistent and debilitating mental health and/or substance abuse conditions (Jennings, 2004a). As Jennings put it, "to address the treatment and support needs of survivors of trauma within the public system requires a systemic approach characterized by trauma-specific diagnostic and treatment services and a trauma-informed environment capable of sustaining these services and supporting the positive outcomes to clients who receive these services" (p. 15).

Researchers, clinicians and consumers have also advocated the development of trauma-informed organizational environments which would provide more humane service delivery to all clients, not only to those who have been affected by traumatic events. A trauma-informed organizational system environment is characterized by:

“safety from physical harm or re-traumatization; understanding of clients and their symptoms in the context of their life experiences and personal history, cultures, and their society; open and genuine collaboration between provider and consumer at all phases of the service delivery; an emphasis on skill building and acquisition rather than symptom

management; an understanding of the symptoms as attempts to cope; a view of trauma as a defining and organizing experience that forms the core of an individual's identity rather than a single discrete event; and a focus on 'what happened to the person rather than what is wrong with the person'" (Jennings, 2004, p. 15; see also Saakvitne, 2000; Harris & Fallot, 2001).

The emphasis on avoiding re-traumatization is critical because recent research (Cusack et al., 2003) suggests that psychiatric settings, for example, can be both frightening and dangerous because hospitalization experiences may involve retriggering events such as seclusion, forced medication, restraints, exposure to frightening or very sick patients, being handcuffed by police, or the actual witnessing or experience of physical or sexual assaults from other patients. Bloom and colleagues (2003) and others (e.g., Kennard, 1998) have observed that, in addition to protecting consumers from such potentially frightening and dangerous experiences, healthy service-delivery systems can provide people with corrective emotional and social experiences that promote clients' growth and development..

Recently, the trauma committee of the Women, Co-Occurring Disorders and Violence Study (WCDVS), building upon the work of Harris and Fallot (2001), reached a consensus description regarding ten general principles of trauma-informed services (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005), which include: (1) recognizing the impact of violence and victimization on development and coping strategies; (2) identifying recovery from trauma as a primary goal in treatment; (3) employing an empowerment model; (4) striving to maximize the client's choices and control over his or her recovery; (5) basing services in a relational collaboration; (6) creating an atmosphere that is respectful of survivors' needs for safety, respect, and acceptance; (7) emphasizing strengths and highlighting adaptations over symptoms and resilience over pathology; (8) maintaining the goal of minimizing the possibilities for re-traumatization; (9) striving to be culturally competent and to understand each person in the context of his or her life experiences and cultural background; and (10) soliciting consumer input and involving consumers in designing and evaluating services.

Trauma-informed care is also the basis of the ground-breaking Sanctuary Model developed by Bloom (1997, 2000, 2003, 2005), which is a total systems approach to healing individual clients, staff members, service organizations and systems of service delivery from trauma and repetitive, chronically stressful conditions (Bloom, 2006). The provision of trauma-informed care requires changing organizational cultures so that the system is not only safe for clients, but for staff and administrators (Bloom, 2006). Although many service delivery systems have been structured to provide care to individuals that have experienced trauma, a large number of these systems have been found to perpetuate rather than ameliorate the trauma's effects, with some service delivery systems having characteristics that resemble an abusive family (Bloom et al., 2003), such as collective denial of their problems (Bloom, 2000). Moreover, there is often little tolerance for differences among the system's members and no effective mechanism for conflict resolution. As a result, conflicts are dealt with in a highly moralistic way that may involve anger, shaming, ridicule, cynicism, and humiliation (Bloom, 2000). All these features may lead staff to look and act in ways similar to the traumatized clients they are supposed to be helping (Bloom, 2005). Haigh (1999) argues that for systems of care to provide effective services for individuals who have experienced trauma, a culture of equal participation is needed, along with shared assumptions, goals, and practices. In all cases, Bloom emphasizes the need to create or change organizational structure so that it is conducive to healing. Moving to a trauma-informed organizational model flattens the traditional organizational hierarchy and empowers

staff as well as clients while improving longstanding gaps in communication and enhancing trust among staff (Rivard et al., 2004). This type of psychologically and socially safe environment encourages staff to openly share their ideas, opinions, frustrations, and mistakes.

Bloom's model (1997), originally developed for adults with histories childhood trauma being treated in short-term, acute inpatient psychiatric settings, has since been successfully adapted for other settings, including residential treatment for children, domestic violence shelters, group homes, outpatient settings, substance abuse programs, and parenting support programs (e.g., 2000, 2003, 2005), among others.

**Incorporating trauma-informed principles into social work education.** Educators seeking guidance in the implementation of a trauma-informed perspective into social work curricula face various challenges. Among them is that, even though trauma-informed care and trauma-specific interventions are now being widely developed and researched, no investigations that we know of have been conducted on how to include this content in social work curricula.

Looking to proposed service delivery system implementations may provide some guidance. Elliott and colleagues (2005) have argued that the implementation of trauma-informed care in service delivery systems must include educating administrators and providers in the knowledge base concerning the impact of trauma and how recovery can occur; conducting agency and program evaluations to determine if any of the services they provide inadvertently trigger trauma-related responses in clients or in other ways conflict with trauma-informed values (and taking steps to modify these services appropriately); and, cross-training providers in trauma along with their field of expertise (e.g., mental health or substance abuse problems). We believe that all of these considerations can be applied in a curricular implementation of a trauma-informed perspective.

Bringing these objectives to social work education requires explicit student instruction in trauma prevalence and its biopsychosocial sequelae and community impacts; the principles of trauma-informed care; trauma-specific evidence-based treatments and emerging best practices; the relevance of trauma to other areas of study and practice (e.g. substance abuse, psychopathology, advocacy); and, elements of clinical self care so that vicarious traumatization (Pearlman & Saakvitne, 1995) and/or re-traumatization among practitioners can be avoided or properly managed. Such education objectives can be accomplished through the infusion of a trauma-informed perspective throughout existing coursework, when relevant; revisions to course objectives; inclusion of trauma-related assignments, exercises, and readings; development of new content-specific courses; revisions to competencies and practice behaviors; development of a trauma-informed personal self-care plan program for students; and expansion of training opportunities in which such principles can be applied. Class discussion, exercises, and assignments can incorporate the stories of traumatized persons to provide learning experiences that demonstrate the differences in and implications of trauma at various points across the lifespan among various at-risk populations, and highlight the strong relationship between trauma and health, as well as the impact of trauma on service recipients. Other modules, for example, could present the characteristics common to traumatic events and human rights violations, as well as trauma as a cultural competency concern including issues of disparities regarding trauma for at-risk populations, such as refugees, racial and ethnic minorities, and rural populations, with attention devoted to gender, age, and developmental phase over the life span. By introducing trauma-informed content into the curriculum, students will have an increased understanding of the psychological, physical, and social impact of trauma, and the implications of these factors for the treatment environment, treatment objectives, and practice.

In addition to supplementing curricula with content and practical exercises to educate social work students in trauma-informed service delivery and trauma-specific strategies for assessment and treatment, social work faculty should anticipate and plan for the eventuality that curriculum content can bring to the surface students' own unresolved traumatic issues. Just as Bloom (2005) has noted that agencies practicing from a trauma-informed perspective must be vigilant not to re-traumatize clients, social work educators and researchers who study trauma must ensure that the course content and the school's culture mirror the trauma-informed social service environment, by focusing on creating a supportive and non-threatening learning environment. The implicit curriculum of a school focuses on the climate of that school—the environment in which the learning takes place, its commitment to diversity, advisement, policies, student participation in governance, resources, and structure of its administration (Eisner, 2002). By promoting an implicit curriculum in which shared values and decision making, a flattened hierarchy, and a commitment to conflict resolution, balanced power, diversity, tolerance, kindness, and mutual respect are all vital, learning and growth may be greatly fostered (Bloom, 2000; Panzer & Bloom, 2003), and it should benefit students, as well as faculty, staff, and administrators within the school. Nonetheless, faculty will need to remain aware of how complex interactions between students (some of whom may have trauma histories), stressed staff, pressured schedules and organizations, and potentially oppressive social and economic environments at internships sites may serve to diminish the impact of the implicit curriculum.

Field placements provide another tremendous opportunity for students to apply and develop trauma-informed awareness and skills. To enhance social work training, students should be offered the opportunity to intern at agencies that have already implemented some principles of trauma-informed care and trauma-specific interventions. To accomplish this goal, the level of awareness of and adherence to trauma-informed practice will need to be assessed in cooperating community agencies.

Additionally, for those community-based organizations identified as not yet trauma-informed, collaborations with trauma-informed schools of social work could help them develop and implement this environment and skill set, thereby furthering both student education and consumer welfare. According to Greenwald (2005), service-delivery systems seeking to become trauma-informed must focus on service evaluation, safety/stabilization, skill-building/strength-building, trauma resolution, consolidation of gains, and relapse prevention and harm reduction. However, Ingelman, Conradi and Ryan (2007) and Bloom (2005) emphasize that many social service organizations today are experiencing significant stressors, including hostile work environments, an insufficient number of staff, staff who do not feel particularly safe with their clients or each other, and inadequate funding – factors that can create an environment that feels unsafe to both staff and the clients they serve. As a result many social work professionals may lose sight of the major purpose of their work and obtain less satisfaction from it (Bloom, 2005). Schools of social work can be of assistance to agencies by helping them assess their level of awareness of and adherence to trauma-informed practice, and implement and evaluate evidence-based practices as well as emerging best practice models in trauma treatment. Additional staff training, effective team-building, and various psychoeducation tools may also be necessary (Amaya-Jackson & DeRosa, 2007; Pecora et al., 2005; Rivard, et al. 2004). Collaborations between schools and agencies must, however, be egalitarian, such that non-authoritarian relationships are valued and seen as the norm (Haigh, 1999; Herman, 1992; Kennard, 1998).

In both of these internship circumstances, a trauma-informed curriculum should be built into educational plans for students in field placements. Field educators can develop learning

contracts that address trauma (and human rights) as key educational objectives, including requiring that students deliver in-service presentations on topics related to trauma and client rights.

**What are human rights?** “Human rights” is a broad term that encompasses basic human needs such as needs for food, shelter, clothing, education and health care, and rights to dignity, privacy, and opportunities to achieve one’s potential. Human rights violations can occur when people are victimized by sanctioned violence, such as in times of war (e.g., Bosnia-Herzegovina, Rwanda, Iraq, and Darfur) or the aftermath of natural disasters (e.g., Hurricane Katrina), and in interpersonal violations perpetrated in private settings (e.g., child sexual abuse and domestic violence) and by social institutions in the public arena (e.g., denying same-sex couples the benefits of marriage, denying people access to health care based on lack of insurance, and torturing prisoners of war). Consequently, human rights violations and trauma often intersect, both conceptually and in the nature of traumatic events or conditions.

What constitutes human rights and how governing bodies have defined them vary widely. The United Nation’s Universal Declaration of Human Rights states that human beings are entitled to life, liberty, dignity, privacy, and security of person; social and economic rights, such as food, housing, work, an adequate standard of living, rest and leisure, education, and the right to form and join trade unions; political rights, such as equal protection under the law and non-discrimination, the prohibition against torture, degrading treatment or punishment; and arbitrary arrest or detention; and freedoms of association, assembly, movement within and between countries; and participation in the cultural life of the community (Committee on Economic Social and Cultural Rights, 2000). Since the passage of the Universal Declaration of Human Rights, nine core international human rights treaties have been promulgated, only some of which have been ratified by the United States (Office of the United Nations High Commissioner for Human Rights, 2007). The United States, for example, has more narrowly defined rights as individual civil rights and property rights, favoring these over a broader conception of human rights (Bell, 1992). Scholars debate whether some rights should take precedence over other rights, such as basic rights to food and shelter over the right to vote (Flynn, 2005). To avoid positing a hierarchy of human rights, several theorists (e.g., Ife, 2003) have grouped human rights into seven distinct categories: social, economic, cultural, civil and political, environmental, spiritual, and survival (Flynn, 2005).

The Universal Declaration of Human Rights proposes three general tiers of human rights. The first tier consists of negative rights to ensure “freedom from any curtailment of individual liberty” (United Nations, 1994, p. 4), such as political and individual freedoms, including freedom of speech and religion. The second tier is composed of positive rights, which are “aimed at ensuring social justice, freedom from want and participation in the social, economic, and cultural aspects of life” (United Nations, 1994, p. 4), such as the goal of helping each individual achieve a certain standard of living adequate for health and well-being, including food, clothing, housing, medical care, and necessary social services, and also the entitlement of mothers and children to special care and assistance. The third tier deals with “collective” rights, including dicta stating that no State, group, or person, may engage in activities or actions aimed at the destruction of the previously described rights.

**Incorporating a human rights perspective into social work education.** Reichert (2001, 2006a) has noted that the social work profession in the United States lags behind its international counterpart in promoting human rights and infusing human rights knowledge and principles into social work practice and policies. Human rights scholars seem to agree that human rights

education must go beyond simply teaching the value and respect of human rights to include advocacy (Andreopoulos, 2002; Meintjes, 1997; Reichert, 2003; Suarez, 2007; Tibbitts, 2002). Teaching social work students to be human rights' advocates can also be a part of social work curriculum. However, part of learning to be an advocate also means learning how to recognize one's own biases (Tibbitts, 2002). Students would need to recognize their own biases, and then how to advocate for the rights of all humans.

A human rights education should educate students to become responsible and active citizens (Suarez, 2007). Andreopoulos (2002) recommends that in any human rights education, the learning must be experiential. For example, instructors can use actual or hypothetical situations and role-playing techniques that build upon the participants' experiences. The goal of this type of learning is to help students understand the moral consequences of their own actions, as well as shape a future of accountability. Using real-life cases of human rights' violations often leads to zealous classroom discussions that can help students learn important lessons that focus on the rights that students currently enjoy (Waldman, 2007).

As outlined above for the incorporation of a trauma-informed perspective into social education, the integration of a human rights perspective can also be accomplished through its infusion throughout relevant existing coursework, revisions to course objectives, inclusion of human rights-related assignments, exercises, and readings, development of new content-specific courses, revisions to competencies and practice behaviors, and expansion of training opportunities in which such principles can be applied. Educating students in the historical and modern significance of human rights values and the overlapping features of some human rights violations with traumatic events, as well as making explicit human rights' provenance and consistency with international decrees, should provide a powerful intellectual context for their adoption and application in student social work education and practice.

**Three models of human rights education.** Fortunately, a number of theorists provide guidance in aspects of the implementation of a human right perspective in social work education. Tibbitts (2002) advises that human rights education should fall under the umbrella of a social change framework, with the concepts of fostering and enhancing leadership skills, coalition and alliance development, and personal empowerment. Three models are identified by Tibbitts for teaching human rights to students. The first model, the Values and Awareness Model, teaches students the history of the protection of human rights, and international violations of human rights (such as child labor and human trafficking). This model's importance comes in the pedagogy of keeping the student interested in learning about various topics, while also ensuring critical thinking skills such as students' conceptualization of policy issues from a human rights perspective. These values link well with social work education values of macro-level learning. Under this model, there are six steps of "critical human rights consciousness" for students: "1) the ability of students to recognize the human rights dimensions of, and their relationship to, a given problem-oriented exercise; 2) an expression of awareness and concern about their role in the protection or promotion of these rights; 3) a critical evaluation of the potential responses that may be offered; 4) an attempt to identify or create new responses; 5) a judgment or decision about which choice is most appropriate; and, 6) an expression of confidence and a recognition of responsibility and influence in both the decision and its impact" (p. 164).

The second model is the Accountability Model, which is aimed specifically at teaching students who are going to be (in some way) professional guarantors of human rights (e.g., social workers). In this model, the education centers on the various types of professional responses to human rights violations (such as monitoring, advocating and protecting). Interestingly, this

model does not require personal change on the part of the learner, because it is assumed that professionals can put aside their own biases and do their job in a way that protects human rights. This approach is very similar to social work concepts that allow social workers their personal biases as long as the biases do not interfere with their work.

The third model is the Transformational Model, which is geared towards education that empowers the student not only to recognize violations of human rights but also to help prevent future violations. This model is partly based on developmental psychology that suggests that self-reflection in a community of support can bring about positive change. This model's target audience is generally learners that have had personal experiences of human rights violations (such as refugees, homeless people, or domestic violence survivors). In this model, students are compelled to think about themselves in situations where they have been victimized, but they are also asked to reflect on situations where they have been the perpetrator of human rights violations. This type of reflection is an attempt to destroy the 'we' versus 'they' mentality. The Transformational Model is a micro-level based learning model.

Social work education in human rights needs to encompass some important methodological approaches that incorporate psychosocial aspects of learning (Tibbitts, 2005). The literature on human rights education suggests that the most important aspect of teaching human rights to students is the use of participatory methods (Andreopoulos, 2002; Tibbitts, 2005; Waldman, 2007). This type of teaching can be difficult because it can mean that conflicts will be willingly brought into the education setting. Van Wormer and Snyder (2007) suggest that the Human Behavior and the Social Environment (HBSE) courses might be the best place to focus efforts on oppression and the human development cycle. Systems of oppression constitute major mechanisms through which human rights are violated, and discussion in classrooms can center around the psychology of oppression, social oppression, and spiritual oppression. These authors stress that because each form of oppression is learned, it can also be un-learned as consciousness is raised through discussion.

Educators must be aware that many social work students have experienced human rights violations, and social work courses need to be sensitive to these students (Danis & Lockhart, 2003). For instance, if a student in a classroom has experienced a situation where he/she lived in poverty or on welfare, a discussion surrounding welfare laws and their violations of basic human rights might involve feelings of anger or sadness. Social work educators need to be trained in handling these types of issues, as they arise in classrooms, just as awareness of a student's potential trauma history needs to be maintained and addressed where appropriate.

Field placements also provide an opportunity for students to continue their education in human rights sensitivity and related skills. Awareness of clients' rights issues would be one particularly germane example, as well as students bringing their human rights sensitivity and knowledge base to enhance their understanding of clients from backgrounds that involved violations of their human rights (such as, for example, child and adult refugees from countries involved in armed conflicts, civil disturbances, or genocidal persecutions).

**Context for the implementation of a trauma-informed, human rights perspective into our social work curriculum.** Efforts to develop, implement, and evaluate a trauma-informed, human rights perspective curriculum for social work education are in line with a national push by mental health care consumers and providers to improve mental health education and service delivery. In 2003, the President's New Freedom Commission on Mental Health published its final report, *Achieving the Promise: Transforming Mental Health Care in America*, calling for "a fundamental transformation of the Nation's approach to mental health care"

(Hogan, 2003, p. 1). The proposal emphasized the transformation of service systems and recovery for all individuals served by them (Blanch, 2005). To realize a transformed mental health system, the commission recommended that: (a) mental health be seen by all as essential to overall health; (b) care be consumer and family driven; (c) disparities be eliminated; (d) early screening, assessment and referral to services become common practice; (e) excellent care be delivered and that research be accelerated; and (f) technology be used to access care and information (New Freedom Commission on Mental Health, 2003). The Commission noted that the achievement of excellent mental health care in the United States will require the development of the knowledge base in several understudied areas, among them, the impact of trauma. To this end, the Commission recommended that the Department of Health and Human Services, through the National Institutes of Health, embark on a sustained program of research on the impact of trauma for the mental health of specific at-risk populations, such as children, women, and the victims of violent crime.

As Jennings (2004) has noted, “recognizing the centrality of trauma is key to accomplishing the overall mission” (p. 59). Among the recommendations she provided for building a trauma-informed mental health service system that meets the needs of clients with trauma histories, was “linkages with higher education to promote education of professionals in trauma,” including the development of new trauma-based curriculum, revising present curricula, teaching evidence-based and emerging best practices in trauma, and incorporating trauma and violence as core features “in the training of all future behavioral health care workers in all disciplines” (p. 66).

Similarly, the National Association of State Mental Health Program Directors (NASMHPD) unanimously passed a position paper recognizing trauma as “pervasive, highly disabling and largely ignored,” pledged their support for the “implementation of trauma-informed systems and trauma-specific services in our national mental health systems and settings,” and established criteria for trauma-informed mental health service systems, which a number of states have implemented or are endeavoring to (NASMHPD, 2004, 2005; cited in Blanch, 2005).

On a parallel track, the Council of Social Work Education (CSWE) recently mandated the inclusion of human rights content into curricula by stating: “Social work practice promotes human well-being by strengthening opportunities, resources, and capacities of people in their environments and by creating policies and services to correct conditions that limit human rights and the quality of life” (CSWE, 2004, p. 2). Research suggests that human rights education is lacking in schools of medicine and public health, though there is no research on human rights education in schools of social work that we know of (Cotter et al., 2009). Social workers have a history of “advocating for education, equality, health care, housing, and fairness, all of which fit neatly under the umbrella of human rights,” but “social work literature continually prefers the term ‘social justice’ over human rights” (Reichert, 2006a, p. 25). Inasmuch as the basic concepts of human rights and social work are so similar, it would appear that schools of social work are already teaching many of the tenets of human rights education without referring to it as such. Indeed, the core values of social work are predicated upon the inherent worth each individual (Flynn, 2005) and these core values are already a part of graduate school social work education. Nonetheless, educating students in the historical and modern significance of such values, as well as making their provenance and consistency with international decrees explicit, will provide a powerful intellectual context for their adoption and application in social work practice.



To summarize, the UB Social Work curriculum integrates two core underrepresented perspectives in social work education: trauma and human rights. Our faculty articulates the interrelationship between these concepts in the following curriculum statement: "Our evidence-based curriculum reflects our commitment to the promotion of social justice and the protection of human rights. Our renowned faculty-researchers are dedicated to training advanced social workers to practice as professionals skilled in identifying, evaluating, and ameliorating human and social conditions that result in individual, family, group, and community trauma. Our faculty and students embrace a view of trauma as both the cause and effect of structural oppression, power differentials and the disproportionate distribution of material and social capital." The alternative project proposed here seeks to operationalize and study how these concepts should come together as they are implemented in social work education and social work practice.

***II-c. Proposed study objectives discussed in terms of measurable outcomes.*** The proposed project has two major goals. The first is to gain a thorough understanding of core concepts and principles that characterize a trauma-informed, human rights (TI-HR) perspective in social work practice at micro, mezzo and macro-levels. The second goal is to integrate a TI-HR perspective throughout our curriculum, in both course work and field, and to develop curriculum modules that will provide specific students with knowledge and skills in a TI-HR approach to social work practice. Specifically, this project has the following objectives:

1. Conceptualize a trauma-informed, human rights perspective for social work direct and policy practice, exploring core constructs and theoretical frameworks and their application to practice.

We will thoroughly review the professional literature, as well as conduct interviews with key informants, and gather additional information from focus groups and surveys with field agency staff. Products, such as scholarly publications and conference presentation, will explicate the critical components and applications of a TI-HR approach to social work practice.

2. Develop and implement model curricular modules that integrate a TI-HR perspective in the foundation and advanced year curriculum.

The major product will include a Curriculum Resource Center that will consist of: a new model course, "Perspectives on Trauma and Human Rights: Contemporary Theory, Research and Practice"; model syllabi, including course descriptions and course objectives; competences and practice behaviors; and class exercises and assignments specific to a TI-HR approach to social work practice. Modules will include those that can integrate a TI-HR approach into the traditional social work curriculum, as well as those which are utilized within a TI-HR perspective. These modules will be informed by the professional literature, interviews with key informants, and focus groups and surveys with alumni, field educators, faculty and students.

3. Develop and/or revise assessment tools for measuring the extent to which community organizations incorporate a TI-HR perspective in their service delivery and organizational

culture, and the degree of students' TI-HR-related knowledge, self-efficacy, attitudes, practice behaviors, and behavioral intentions.

Products will include measures that assess students' competency in implementing a trauma-informed, human rights approach in their social work practice, including measures of knowledge, attitudes towards client systems, self-efficacy in recognizing TI-HR issues and applying such approaches in practice, intentions to practice with a TI-HR approach, and practice behaviors.

4. Establish enhanced field education collaborations focused on integrating a trauma-informed, human rights perspective into social work practice.

Products will include a TI-HR Field Education Consortium; TIC-HR-oriented field education placements; TIC-HR field seminars, colloquia, and regional networking meetings; and agency, faculty and student collaborations on research projects that will examine and evaluate applications of a TIC-HR approach to social work practice.

**II-d. Potential utility or relevance of exploring the issues(s) to the program, to social work education, and to the profession as a whole.** This project will make significant contributions to social work education, the UBSSW Master in Social Work program, and the social work profession. The project will provide frameworks and tools for conceptualizing and implementing a trauma-informed, human rights approach to social work education and social work practice. A trauma-informed, human rights framework is congruent with social work's strengths-based approach (Glick, 2004; Saleebey, 1996), principles and elements of empowerment practice (Parsons, Gutierrez, Cox, 1998), and an evidence-based approach to social work practice (Gambrill, 2006; Gibbs & Gambrill, 2002).

This project will not only contribute important content on the value base, theoretical bases, knowledge and skills that comprise a TI-HR approach to direct practice, service delivery, organizational behavior and development, and community and policy practice, but it will also provide insight into curriculum development that uses a process that privileges community voices, including the voices of clients and consumers of services, and that attends to the implicit curriculum of the school. This project will provide us with the opportunity to examine the organizational climate and culture of the UBSSW for faculty, staff and students (i.e., aspects of the implicit curriculum) through a trauma-informed, human rights lens. We will need to pose important questions throughout this process, such as: How are we attending to the needs of our various constituencies as we implement this project and the curricular changes? To what extent are our policies and practices congruent with our stated values and a TI-HR approach? Can we identify coercive practices that should be eliminated? To what extent does our language reflect a TI-HR approach? To what extent do our practices and our language reflect overt and/or covert expressions of power and control? Our process of curricular change has the potential to inform other schools, organizations, and systems undergoing transformation towards a more trauma-informed environment.

For children and adults, trauma is often a precursor to involvement with service systems, including mental health, substance abuse, domestic violence, juvenile justice, child welfare, and crisis intervention services (Browne, Miller, & Maguin, 1999; Centers for Disease Control and Prevention, 2006; Dube et al., 2001; Newmann & Sallmann, 2004; Rivard et al., 2004; Savage et

al., 2007; Thompson, Arias, Basile, & Desai, 2002). Multiple studies have shown that approximately 25% of children and adolescents experience at least one traumatic event during their lifetime (Costello et al., 2002), and between 50% and 90% of children involved in the child welfare, juvenile justice and mental health service delivery systems (Abram et al., 2004; Ford, Racusin, Daviss, Ellis, Thomas, Rogers, et al., 1999). Some children and adolescents suffer long-term consequences (see Jennings, 2004b, for a review; Pynoos et al., 2006). Among adults, exposure to childhood trauma and/or subsequent revictimization has been associated with mental health problems (e.g., depression, anxiety, posttraumatic stress disorder) (Edwards et al., 2003; Read, Goodman, Morrison, Ross, & Aderhold, 2004; Springer, Sheridan, Kuo, & Carnes, 2007; Thompson et al., 2002), substance use disorders (Felitti, 2003; Najavits, Weiss, & Shaw, 1997); physical health problems (Felitti, 2002; Felitti et al., 1998; Springer, Sheridan, Kuo, & Carnes, 2003, 2007), and homelessness (Goodman et al., 1997).

Despite the prevalence and pervasiveness of traumatic events, the use of evidence-based practices that address trauma remains limited, and many agencies fail to identify and effectively intervene with children and adolescents affected by trauma (Hanson, 2002; Taylor et al., 2005). The National Child Traumatic Stress Network is taking the lead in advocating for trauma-informed child welfare, education, health, juvenile justice, and first responder systems (Ko et al., 2008). Trauma-informed care is consumer-driven, family-driven, strengths-based, and emphasizes prevention, resiliency, recovery, and the role of consumers and peer leaders in designing service delivery systems and systems change (Blake, 2008; Substance Abuse and Mental Health Services Administration [SAMHSA], 2009). By adopting a trauma-informed, human rights approach to social work practice, the UBSSW will be graduating informed practitioners with competencies in applying a trauma-informed, human rights approach in their social work practice, with the hope of making service delivery more humane for all clients whether or not they have experienced trauma in their lives.

### **III. Methodology**

#### **III-a. Components of the proposed project including what kinds and the extent of data to be collected.**

**Project Component 1: *Conceptualize a trauma-informed, human rights perspective for social work direct and policy practice, exploring core constructs and theoretical frameworks and their application to practice.***

We are currently engaged in a comprehensive review of the literature on trauma-informed care, trauma-informed service delivery (e.g., Harris & Fallot, 2001; Jennings, 2004a, 2007; Yoe, Conway, Hornby, Goan, & Tiernan, 2008), theories of organizational change and transformation (e.g., Bloom, 1997, 2000, 2006), and a human rights perspective in social work education and practice (e.g., Reichert, 2001, 2003, 2006a, 2006b, 2007). This review will delineate core constructs and principles of a trauma-informed, human rights perspective, with a specific focus on how a TI-HR approach can be applied within the context of social work direct and policy practice.

The process by which we conduct our work will be informed by the principles of trauma-informed care, specifically collaboration and empowerment (Fallot & Harris, 2006, 2009). Consumers/clients and community agency personnel will be actively involved in our process,

with faculty and staff cultivating a partnership of doing “with” rather than “to” or “for” (Fallot & Harris, 2006, 2009).

We will be conducting interviews (i.e., phone and semi-structured face-to-face) and focus groups with members of our Field Education Community Advisory Board; agency personnel at other field education sites (i.e., executive officers and clinicians); clients and consumers of service delivery systems, such as substance abuse, mental health, child welfare, veterans, refugees and immigrants, and homeless services; and key informants in the community (e.g., county child welfare, mental health, and substance abuse administrators), as well as experts in the field to: (a) to gather their perspectives on the meaning of trauma-informed care and service delivery, and social work practice with a human rights perspective; (b) to identify the knowledge, skills and behaviors that reflect social work practice from a TI-HR approach; (c) to identify specific organizational characteristics that reflect a TI-HR approach to service delivery; (d) to identify provider and organizational strengths and challenges in implementing TI-HR approaches; and (e) to identify how these principles can be utilized within field education sites to provide learning opportunities for our students. We will also utilize surveys to gather additional data from agency personnel and consumers/clients. In this dialogue and data-gathering process with service providers, and clients/consumers, we will aim to differentiate social work practice with a TI-HR approach from social work practice that does not utilize a TI-HR approach, explicating specific behaviors, attitudes, and organizational characteristics.

During this phase of the project, we will gain insight into how community agencies and consumers think about trauma-informed care and human rights-oriented practice, and how to best integrate TIC-HR principles within our curriculum, in both course work and field education. This phase will give us additional insight into how core constructs and principles are currently, and how they could be, applied in the field. In addition, these dialogues may provide opportunities for agencies and consumers to deepen their interest in trauma-informed, human rights-oriented approaches, and explore partnerships with the UBSSW in pursuing training, research projects and other collaborations. Students, for example, as part of their field education practicum, can develop presentations on a TI-HR approach to social work practice that they can deliver as an in-service training at their field education sites. We believe these efforts will allow us to identify process elements and how they may be translated into curriculum in an academic setting.

***Project Component 2: Develop and implement model curricular modules that integrate the TI-HR perspective in the foundation and advanced year curriculum.***

**Preliminary work on the curriculum.** Beginning in 2006, faculty and professional staff at the UBSSW embarked upon a series of retreats aimed at changing the foundation and advanced year curriculum. During the 2006-2007 academic year, the Faculty Council linked SW 520 and SW 521 (Interventions I and II) and SW 510 and SW 514 (Research and Evaluation), so that students would stay with the same instructor for both semesters. Additionally, a First Year Practicum Seminar was instituted as part of the Foundation Field Practicum. Concentrations were eliminated and the Advanced Year Integrative Seminar was revised to reflect the elimination of the concentrations. These changes were implemented in the 2007-2008 academic year.

During the 2007-2008 academic year, the Faculty Council drafted Foundation and Advanced Year Competencies (since renamed Practice Behaviors) to inform the development of

our new curriculum. Building upon faculty strengths in the identification and treatment of trauma, and the school's reputation earned through the Trauma Counseling Certificate Program, the Faculty Council then approved a new curriculum statement that emphasized a trauma-informed, human rights perspective in social work practice, positing trauma as "both a cause and effect of structural oppression, power differentials, and the disproportionate distribution of material and social capital" (see Appendix A). In July 2008, several faculty members and Field Education staff attended "Dare to Transform 2008: Revolutionizing Mental Health and Human Services by Implementing Trauma-Informed Care," organized by SAMHSA's Center for Mental Health Services National Center for Trauma-Informed Care.

During the 2008-2009 academic year, the Faculty Council revised the Foundation and Advanced Year Practice Behaviors to reflect a trauma-informed, human rights perspective, and approved a new required course, *Perspectives on Trauma and Human Rights: Contemporary Theory, Research and Practice* (see Appendix B), which students will take in the first semester of their advanced year, beginning with the 2009-2010 academic year. The syllabus for this course is being developed this summer. The Faculty Council approved the elimination of the Advanced Year Integrative Seminar, beginning with the 2009-2010 academic year, and the development of a new, required Professional Development Seminar that students will take during their advanced year. Modifications were then made to the foundation and advanced year course descriptions and objectives, integrating knowledge and practice skills, where relevant, on trauma, trauma-informed service delivery and a human rights perspective. Throughout this process, input and feedback were sought from the Field Education Community Advisory Board and part-time faculty who are community-based practitioners and clinicians.

The UBSSW Field Education Department has been purposeful in its efforts to inform and engage community providers while curricular change efforts have been underway. Beginning in the Fall of 2008, the Field Education Community Advisory Board began to meet more regularly and membership was expanded. Advisory Board members participated in the revision of learning contracts and field syllabi and helped to identify providers already integrating, to some extent, trauma-informed perspectives. Potential partnerships around TI-HR placements were determined. Feedback from the Field Education Community Advisory Board also led to revised content in the field curriculum, including a stronger emphasis on self-care in field learning contracts, and seminar offerings to students related to stress management and areas of practice.

Also during this academic year, the UBSSW Living Proof Podcast Series featured interviews with Dr. Shelly Wiechelt on "Cultural and Historical Trauma: Affecting Lives for Generations"; Dr. Sandra Bloom on "The Sanctuary Model: A Trauma-Informed Approach to Treatment and Services"; and Kathy Kendall, L.C.S.W. and Disaster Mental Health Volunteer Supervisor with the American Red Cross, on "Promoting Wellness in the Wake of Disaster."

In April of this year, the Faculty Council participated in a webinar with representatives from the National Center for Trauma-Informed Care. This summer (July 21, 2009), the UBSSW Office of Continuing Education sponsored a day-long training, Transforming Organizations and Services into a Trauma-Informed Care Model, which was conducted by staff from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center for Trauma-Informed Care.

**Proposed Alternative Project work on the curriculum.** As we complete our comprehensive review of the literature, and conduct the interviews, focus groups, and surveys described above under Project Component 1, we will gain new insight into how the constructs and principles of a TI-HR perspective can be infused into our courses. Preliminary changes that

have been made to course syllabi (i.e., class assignments, class exercises, and lecture content) based on our literature reviews and the preliminary work described above, will be evaluated by surveying faculty on the issues they encountered in implementation, their feedback on the changes made, and their suggestions for additional modification. Students will complete course evaluations that will measure their perceptions of the extent to which course objectives were met, and exit surveys that will assess their self-reported attainment of program competencies. Additional curriculum modifications will be made throughout the implementation of this project, as we collect and analyze data from the sources in the project components described below.

**Student Self-Care Plan.** In developing a TI-HR oriented curriculum, it has become apparent to us that a critical feature is the development by each student of a plan for personal self-care, an important component of the implicit curriculum. Not only do students need to be sensitized to the trauma-related needs of their clients, and the structural factors that make organizations, communities, and policies trauma-informed or trauma-perpetrating, but they also need to develop self-awareness around their own responses to traumatic material, and a self-care plan for their emotional, psychological and physical health.

Although our plans will be refined as we continue our exploration and synthesis of the literature and consultation with key informants, currently we believe that a student personal self-care plan should include: (a) information on vicarious traumatization; (b) strategies for identifying their own personal trauma-related triggers; (c) an exploration of strategies they currently use for addressing stress, discomfort, and emotionally difficult situations; (d) components of a personal self-care plan; and (e) how to incorporate self-care into their ongoing professional development and life-long learning as professional social workers. The importance of developing self-awareness and a specific self-care plan is implied by the NASW Code of Ethics (2008; Section 4.05 on Impairment), which stipulates that: (a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility; and (b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

A Self-Care Plan (SCP) program will be developed during Spring 2010 and piloted during Summer 2010 with the part-time and full-time advanced standing students. Upon Students' entrance into the MSW program, we will assess their awareness of vicarious traumatization, stressors, utilization of self-care strategies for reducing stress and enhancing stress, and their intentions to develop and implement a self-care plan. Students will repeat the assessment following their completion of Field IV (i.e., the last semester of field for advanced standing students), with additional items added to assess whether they actually developed and utilized a self-care plan. In addition, students who attend the SCP program will complete a workshop evaluation that will ask them to assess the utility and relevance of the SCP, their intentions to develop a SCP, and suggestions to improve the content and relevance of the program. Students who attend the SCP program will be compared to students who did not attend the SCP program on the variables of interest.

**Project Component 3: *Develop and/or revise assessment tools for measuring the extent to which organization, including the UBSSW, incorporate a TI-HR perspective in their service delivery and organizational culture, and students' TI-HR-related knowledge, self-efficacy, attitudes, behavioral intentions and practice behavior.***

Instrument development will involve a mixed methods approach, wherein we will use qualitative and quantitative data to develop the organizational and student assessments. We will begin to develop these instruments in Fall 2009. We will produce a package of course modules and assessment instruments that are manualized and transferable to other social work programs interested in pursuing a TI-HR-oriented curriculum change.

**Organizational Assessments.** We are using our current review of the literature to adapt and/or build instruments to evaluate the extent to which organizations, including the UBSSW, implement TI-HR approaches. Assessment development will begin in Fall 2009. Yoe and colleagues (2008) are in the process of developing a Trauma-Informed System Assessment Tool, based on the work of Fallot and Harris (2006). Fallot and Harris (2006, 2009) developed the Self-Assessment and Planning Protocol and a Trauma-Informed Self-Assessment Scale for use in the development, implementation, evaluation, and monitoring of trauma-informed services. With Dr. Fallot agreeing to consult with us on this project, we will be exploring its utility for an academic environment and for use with our field agencies.

We are committed to utilizing a collaborative, empowerment-based approach (Fetterman & Wandersman, 2007). The involvement of all constituents in the adaptation, development, and refinement of instruments will ensure that the measurement tools are culturally sensitive and responsive to consumer needs. Interviews and focus groups with key informants, field agency personnel, and consumers/clients will inform the development of our assessment tools.

Initial pilot instruments will be tested in select agencies, using some agencies that have incorporated TI principles and some agencies that have not integrated TI care into their service delivery. After the pilot tests, we will use interviews and focus groups to gather feedback from participants regarding the instruments' clarity, utility, relevance to their job responsibilities and work environment, and suggestions for revisions. Suggested changes will be vetted by key informants to determine if the revisions are congruent with the goals and principles of TI care and a HR perspective. Conflicts will be resolved through dialogues involving key informants and field personnel. The revised instruments will be administered to other selected agencies and the process will be repeated. After this round, we expect to understand the strengths and limitations of the instruments within field settings, and the implications of the information for training recommendations.

Surveys will be used to evaluate TI-HR-related organizational characteristics; TI-HR-related knowledge, attitudes, and skills among agency personnel; the provision of training on client/patient rights; and agencies' perceptions of their current provision of care from a TI-HR perspective. Survey Monkey or a similar program will be used to collect data. Surveys will be mailed to those agencies that do not have Internet access, following phone contact. Data from cooperating agencies will be collected during the Spring 2010 semester.

**Assessment of students.** To ascertain the effectiveness of our curriculum changes in providing education in TIC and HR principles and applications, we will develop, beginning in Fall 2009, several assessment tools that will be refined in conjunction with the curriculum modifications during the 2009-2010 academic year, the summer of 2010, and through the Fall 2010 semester. There will be three levels to this process. The first will involve the standard

course evaluation process in which students evaluate their attainment of course objectives, and exit surveys, completed at the end of their last semester, where students self-report on their attainment of program competencies.

The second level focuses on the development of specific instruments that will evaluate students' competencies in a TIC-HR perspective. We will measure the following: (a) students' knowledge of TI-HR approaches to social work practice; (b) students' attitudes towards a TIC-HR perspective; (c) students' self-efficacy in applying TIC-HR-oriented practice; (d) students' behavioral intentions with respect to implementing TI-HR approaches; and (e) students' TI-HR-oriented behaviors exhibited in their field placement.

Listed below are the definitions that will be used for these four areas.

(i) Knowledge: Knowledge will be assessed through multiple methods, including in-class and take-home tests and quizzes, research papers, journals, and case studies, as well as a multiple choice assessment tool that we will develop and administer to all students. These assessments will measure students' competencies in assessment, intervention, and evaluation.

(ii) Attitudes: A range of attitudes will be examined, including attitudes about trauma, trauma-informed care (e.g., history-taking, use of isolation and restraints), trauma-specific treatments, client populations, and fundamental human rights issues.

(iii) Self-efficacy. We will assess students' beliefs in their ability to identify issues, problems and ethical dilemmas related to trauma-informed care and human rights that arise in the field, and students' beliefs in their capacity to generate alternative solutions that are consistent with TIC-HR principles. The UB School of Social Work Field Education Department piloted an adapted, shortened version (i.e., 19 items) of Holden et al.'s Self-Efficacy Instrument with the students involved in the UBSSW Hartford Partnership Program in Aging Education (HPPAE). This shortened version was shown to have internal consistency and test-retest reliability. We will adapt, pilot and refine this instrument for this project. The Social Work Self-Efficacy Scale (Holden, Anastas, & Meenaghan, 2003; Holden, Anastas, Meenaghan, & Metrey, 2002) is the dominant instrument used by social work educators to measure self-efficacy. The scale was designed to assess student confidence in their ability to perform tasks successfully.

(iv) Behavioral intentions: Behavioral intentions will be assessed through use of case scenarios to determine what students intend to do in the future when faced with these types of situations.

(v) Practice behaviors: Behaviors will be assessed by the students' field educators using the field education evaluation and through student self-report using a survey.

In each case we will conduct baseline and follow-up assessments to determine whether student knowledge, attitudes, self-efficacy, behavioral intentions and behaviors with respect to TIC-HR approaches change as a function of exposure to material in the curriculum (i.e., course work and field education). Part-time advanced standing students entering the UBSSW in Spring 2010, and full-time advanced standing students entering in Summer 2010, will be the first students to complete the pre and post assessments.

The third and final level of evaluation will be the field educators' evaluation of students' competencies. Field educators will use the field education learning contract and evaluation to provide feedback on students' demonstrated knowledge and skills in the field. Field educators will assess students at the mid-point and end of the students' field experience.



**Project Component 4: *Establish enhanced field education collaborations focused on integrating a trauma-informed, human rights perspective into social work practice.***

A primary component of the UBSSW Alternative Project will be the development of TIC-HR Enhanced Field Education Collaborations. These enhanced collaborations will involve the participation of field agencies, students, and faculty members, and will focus on the integration of TIC-HR perspectives into social work practice. Reciprocity, mutuality and cooperation between the university and community agencies will be emphasized and systematic linkages will be made between classroom and field. TIC-HR Enhanced Field Collaborations will serve to bridge social work theory, research and practice.

The TIC-HR Enhanced Field Education Collaborations will be modeled after the UBSSW Hartford Partnership Program in Aging Education (HPPAE), now entering its 4<sup>th</sup> year. Funded with seed support from the John A. Hartford Foundation and developed by the Social Work Leadership Institute at the New York Academy of Medicine, the HPPAE is a unique fieldwork model that rotates students through different agencies so they gain a rich perspective on the full spectrum of aging and the diverse services needed by older adults and their caregivers. The UBSSW HPPAE was built through collaboration with the Greater Rochester Consortium MSW Program and has resulted in the development of a regional network, The Buffalo-Rochester Consortium for Gerontological Social Work. The Buffalo-Rochester Consortium for Gerontological Social Work provides students with interactive field seminars and opportunities to build on their internship experiences, enhancing their competency development in social work practice with older adults. Consortium-wide seminars are conducted twice monthly via distance learning technology and involve presentations by field educators who serve as “master teachers.” Semi-annual regional networking meetings bring students, field educators, agency representatives, and faculty members together for networking and structured dialogue about gerontological social work practice.

The TIC-HR Enhanced Field Education Collaborations will include the following elements:

1) TIC-HR Field Education Consortium. A TIC-HR Consortium comprised of representatives from community agencies and organizations, UBSSW faculty and staff, and consumers/clients will be convened to actively engage community practitioners in guiding the implementation of the project. The Consortium will be jointly led by a School of Social Work field education staff person and a field agency representative, and will include field liaisons and agency personnel (i.e., direct services staff, program supervisors, and agency directors) and consumers/clients. Participants will include, but not be limited to, field educators that supervise our students in field education placements. Agencies that have expressed interest in trauma-informed care and/or a human rights perspective in social work practice will be invited to participate, as well as agencies that have begun to incorporate some principles of trauma-informed care into their work.

Consortium members will be involved in conceptualizing TIC-HR perspectives in social work practice, explicating core constructs and, over time, developing, revising, and refining core competencies. Through the Consortium and other project components, faculty, staff and community partners will identify the specific skills, practice behaviors and organizational characteristics of a TIC-HR perspective in social work practice. As the project progresses, TIC-

HR field practicum sites at micro, mezzo and macro levels for foundation and advanced year students will be identified and developed with the assistance of Consortium members.

2) TIC-HR Field Seminars. When the TIC-HR field practicum sites are developed, students placed in these sites will participate in specialized seminars. Anchored by local partnerships, TIC-HR field seminars will be conducted in both academic and community settings. Students will be exposed to TIC-HR perspectives, from both practitioners and consumers/clients, across a variety of service delivery systems. Seminars will be modeled on a master teacher concept (i.e., that expertise exists within the community that can be brought to the school, and the school can bring its expertise to the community.) The TIC-HR Field Seminars will be jointly facilitated by a UBSSW faculty member and field education staff person.

3) TIC-HR Regional Networking Meetings. Annual meetings will bring together students, field educators, faculty members and agency representatives to engage in dialogue and value-added training around TIC-HR perspectives in social work practice. Student poster presentations will be displayed at these annual meetings.

4) TIC-HR Colloquia. Colloquia will be held that focus on TIC-HR perspectives in service delivery, organizational cultures, and policy making. The Buffalo Center for Social Research will be involved in sponsoring some of these colloquia. Colloquia will assist with the dissemination of best practices and related research. Colloquia will also inform the design of subsequent learning approaches and allow for the further conceptualization of TIC-HR perspectives in diverse social work settings.

5) TIC-HR In-Service Trainings. As part of their field education experience, students will develop and conduct a TIC-HR presentation at their field site for agency staff.

6) Evaluation of Enhanced Field Education Collaborations. As part of the Hartford grant, field staff and faculty implemented a standardized case approach to competency evaluation, and developed expertise in this area, presenting two related papers at the Association for Gerontology in Higher Education in 2009. Evaluation of the TIC-HR field education collaborations will include a standardized case approach to measuring competency. Pre- and post-surveys will be conducted with agency staff and students related to the effectiveness of the enhanced collaborations for student learning.

**III-b. Methodology used to collect and analyze data; including: (i) description of instruments including reliability and validity if applicable; and (ii) adequacy of proposed methods to address the study objectives (e.g., large enough sample for determining pre-post differences).**

We will utilize a mixed methods approach in this project, collecting both quantitative and qualitative data. Drawing on the expertise and diverse experiences of key informants, agencies, faculty, students, and consumers/clients, we will use focus groups, interviews, surveys, and discursive and textual analysis to develop TI-HR-oriented curriculum modules and instruments (Fook et al., 1997). Studying the complex phenomena associated with trauma-informed, human rights-oriented social work practice in their natural settings, using in-depth, rigorous approaches will provide better understanding of the the meanings people bring to these phenomena (Silverman, 2006; Denzin & Lincoln, 2000).

Our evaluation methods are grounded in action research philosophies and methodologies. These methods are incorporated throughout the implementation process to inform planning, and guide and document change, challenges and learning. Action

research has been used in many areas where an understanding of complex social situations has been sought in order to improve the quality of education, work and life. By putting participants in the dual role of producer of educational theory and user of that theory, action research methodology offers a systematic approach to understanding innovations in complex higher education. Within action research, research and action goals inform each other and are implemented iteratively. Within this process, research methods have multiple goals: (a) Create new knowledge that informs actions; (b) Generate knowledge from participating in change activities and provide direction for additional research; and (c) Engage participants in decision making and action efforts.

***Project Component 1: Conceptualize a trauma-informed, human rights perspective for social work direct and policy practice, exploring core constructs and theoretical frameworks and their application to practice.***

To accomplish this task, we will conduct phone interviews with national experts on trauma-informed care and human rights. We will also conduct four focus groups, each comprised of 8-10 participants, with providers (i.e., clinicians and program supervisors) that have some experience thinking about and/or implementing trauma-informed care or trauma-specific interventions within their agencies, and consumers/clients of services. Participants will represent the fields of child welfare; mental health; substance abuse; services for veterans, persons who are homeless, refugees and immigrants; juvenile justice and community organizing for social and economic justice. A separate focus group will be conducted with administrators or Chief Executive Officers of agencies to gather their perspectives. When necessary to gather the perspective of key administrators of service delivery systems, we will conduct phone and individual face-to-face interviews.

Focus group participants will be recruited through the Field Education Community Advisory Board, the TI-HR Field Education Consortium, and the field educator and field liaison listserv maintained by the UBSSW Field Education Department.

***Project Component 2: Develop and implement model curricular modules that integrate the TI-HR perspective in the foundation and advanced year curriculum.***

The UBSSW Sequence and Advanced Year Team, comprised of faculty members who oversee the research, human behavior, interventions, and diversity and policy sequences in the foundation year, and the advanced interventions, advanced topics, the Trauma and Human Rights course, and the Professional Development Seminar in the advanced year, will be responsible for coordinating the development of model curricular modules in their area of oversight. This will involve at least one meeting per semester with faculty teaching in their sequence or Advanced Year area, and the use of Blackboard, to gather required and recommended readings, class assignments, in-class exercises, and Power Point presentations that focus on meeting specific course objectives related to trauma-informed, human rights-oriented social work practice.

Students will provide evaluative data in two ways. Mid-term and final course evaluations will measure students' assessment of the extent to which course objectives were met. Students also complete an evaluation of their field practicum experience. Questions will be added to the student evaluation of field sites about the extent to which field sites implement TI-HR principles into service delivery and utilize trauma-specific interventions, when relevant. Students will also be recruited to participate in 6 focus groups, 3 with foundation year students and 3 with advanced year students. Students would be recruited for focus groups through flyers, emails and

announcements in classes. The flyers will provide times and dates for the focus groups and students will be able to either enroll on-line or by phoning a staff person. All focus groups will be tape recorded and refreshments will be provided.

Field educators will provide a mid-term and final evaluation of their students, as is currently the practice. Competencies in trauma-informed care and human rights approaches have already been incorporated into students' field learning contracts and evaluations of students' performance. These evaluations will provide faculty and staff with important feedback about the extent to which students are able to integrate course work into their field experiences.

The TI-HR Field Education Consortium will review and provide faculty with feedback on developed curricular modules. Members of the Consortium will have been identified as consumers/clients and agencies with the most experience in trauma-informed care (and, possibly, a human rights perspective), and will be able to provide insight into the utility of class assignments and class exercises in enhancing students' learning experiences. This level of stakeholder involvement in curriculum development will ensure that curriculum modifications will be culturally sensitive and responsive to consumer needs.

Finally, all field educators who supervise our students will be asked to complete a brief survey, using Survey Monkey or a similar program, that assesses their knowledge of and attitudes towards a trauma-informed, human rights perspective in social work practice, as well as strengths and challenges they perceive in implementing such an approach (This is to be developed during the project period). We will also assess the extent to which they use trauma-specific interventions.

**The Trauma-Informed Self-Care Plan (SCP) Program.** Baseline data will be collected upon students' entrance into the program on students' awareness of vicarious traumatization, stressors, utilization of self-care strategies for reducing stress and enhancing stress, and their intentions to develop and implement a personal self-care plan. Students will repeat the assessment following their completion of Field IV (i.e., the last semester of field for advanced standing students), with additional items added to assess whether they developed and utilized a self-care plan. Students who attend the SCP program will complete a workshop evaluation that will ask them to assess the utility and relevance of the workshop and the SCP, their intentions to develop a personal self-care plan, and suggestions to improve the content and relevance of the workshop. Students who attend the SCP program will be compared to students who did not attend the SCP program on the variables of interest.

**Project Component 3: Develop and/or revise assessment tools for measuring the extent to which organizations, including the UBSSW, incorporate a TI-HR perspective in their service delivery and organizational culture, and students' TI-HR-related knowledge, self-efficacy, attitudes, practice behaviors, and behavioral intentions.**

**Organizational Assessments.** Agency personnel and student interns will assess agencies' TI-HR-related organizational characteristics; TI-HR-related knowledge, attitudes, and skills among agency personnel; the provision of training on client/patient rights; and agencies' perceptions of their current provision of care from a TI-HR perspective. Survey Monkey or a similar program will be used to collect data. Field agency personnel will be recruited for the on-line surveys through use of emails, again using the field educator and field liaison listserv maintained by the Field Education Department. Reminder emails will be sent at 3 weeks and again at 5 weeks. Surveys will be mailed to those agencies that do not have Internet access,

following a phone contact. Data from cooperating agencies and student interns will be collected at the beginning of the spring 2010 semester.

**Assessment of students' knowledge, attitudes, behavioral intentions, self-efficacy, and behaviors.** Students will complete assessments of their (a) knowledge of TI-HR approaches to social work practice; (b) attitudes towards a TIC-HR perspective; (c) self-efficacy concerning TIC-HR-oriented practice; (d) behavioral intentions with respect to implementing TI-HR approaches; and (e) TI-HR-oriented behaviors exhibited in their field placement. Field educators, in both the mid-term and final field evaluation of students' performance, will also be asked to assess these variables.

Students will begin completing assessments in Spring 2010, at the beginning and end of their semester. We will pilot the instruments with approximately 35 part-time advanced standing students that will enter our program in January 2010 (i.e., 10 in Rochester, 10 in Jamestown, and 15 in Buffalo). We will elicit feedback from the students on the instruments via written comments as part of the assessments, verbal feedback following administration, and through a focus group of 6-10 students. The students will be asked to provide information concerning the ease of completing the survey, the utility of the survey, what they viewed as positive and what they felt needed to be changed. Recommendations will be discussed by our Assessment Development Group, which will decide upon revisions to the instruments. The measures will be refined and administered in the summer of 2010 to an incoming class of 50 full-time advanced standing students. In the fall of 2010, we will administer the instrument to all incoming students (i.e., approximately 150) at the beginning and end of each semester.

**Project Component 4: Establish enhanced field education collaborations focused on integrating a trauma-informed, human rights perspective into social work practice.**

In collaboration with the TI-HR Field Education Consortium, we will select 3-5 agencies that wish to establish enhanced field collaborations with the UBSSW. The TI-HR Field Education Consortium will be developed as soon as we receive word that the Council on Social Work Education has approved our alternative proposal. We have already identified potential agencies through our Field Education Community Advisory Group and the agencies with which full-time faculty are currently consulting on issues of trauma, the treatment of trauma, and trauma-informed care.

**III-c. Timeline of steps to be accomplished and when outcomes are to be expected.**

Please see attached Timeline (Appendix C)

#### **IV. Resources**

**IV-a. External expertise and other outside resources.** Several national experts on trauma-informed care and human rights have agreed to be consultants on this project (see Appendix D for Consultant Letters of Support): Dr. Ann Jennings, Dr. Roger Fallot, Dr. Andrea Blanch, Dr. Elisabeth Reichert, and the National Center for Trauma-Informed Care.

For over 20 years, Ann Jennings, Ph.D. has consulted with public mental health systems to help them become trauma-informed in their delivery of services. Additionally, she has consulted with the Substance Abuse Mental Health Services Administration and the National

Association of State Mental Health Program Directors to bring trauma-informed best practices to human services systems.

Roger Fallot, Ph.D. is Director of Research and Evaluation at Community Connections, Washington, D.C, and is a national expert in the development and evaluation of services for trauma survivors, trauma-informed care, and trauma-specific interventions.

Andrea Blanch, Ph.D. is President of the Center for Religious Tolerance, a non-profit organization promoting the ideals of peace and religious tolerance. A former state mental health commissioner and founding director of the National Trauma Consortium, she has published widely on trauma and women's mental health. From 2004 to 2006 she was Director of the Center for Women, Violence and Trauma at SAMSHA.

Dr. Elisabeth Reichert is Professor of Social Work at Southern Illinois University Carbondale and an expert in human rights in social work practice and social work education. Dr. Reichert directs the Human Rights Resource Center at SIUC, the purpose of which is to facilitate the teaching of human rights within the context of social work education and practice.

The Center for Mental Health Services' National Center for Trauma-Informed Care, within the Substance Abuse and Mental Health Services Administration, is a technical assistance center dedicated to building awareness of trauma-informed care and promoting the implementation of trauma-informed practices in programs and services.

**Field Education Community Advisory Board.** The Field Education Community Advisory Board provides the UBSSW with opportunities to collaborate around topics pertinent to social work education and practice. The Advisory Board meets four times each academic year and includes social workers at all levels of practice from over 35 agencies, including representatives from mental health, child welfare, substance use, health care, developmental disabilities, crisis intervention services, services for veterans and persons who are homeless. To date, several agencies have agreed to actively participate in the alternative project, and we expect more to come on board during the academic year (see Appendix E for Letters of Support from Field Sites).

#### **IV-b. Faculty and special resources within the institution.**

**Faculty resources.** Our faculty has considerable expertise and experience relevant to this project. Faculty members at the University at Buffalo School of Social Work have made important contributions to the literature on trauma, historical trauma, treatment of trauma, and trauma-informed service delivery. Several faculty members, including full-time and part-time faculty, are certified in trauma-specific interventions, such as Eye Movement Desensitization Reprocessing (EMDR), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and Critical Incident Stress Management (CISM). The Dean of the UBSSW is a Board Certified Expert in Traumatic Stress by the American Academy of Experts in Traumatic Stress. Every semester, the school offers an elective course, Trauma Theory and Treatment which is taught by a full-time faculty member.

One full-time faculty member is a supervisor/consultant with the Child Trauma Institute in Greenfield, Massachusetts, and provides consultation and training to child welfare and mental health agencies in Western New York on trauma-informed treatment and care. Additionally, she is developing a training curriculum for the Center for the Development of Human Services, the largest state-funded social services training provider in New York State, aimed at teaching children's services workers and supervisors to deliver trauma-informed child welfare services to children and their families.

**UBSSW Field Education Department.** The UBSSW Field Education Department has a history of proven success in both the development of community-based partnerships and in the implementation of innovative models of field education. The Field Education Department helped to create, for example, a regional network of providers in the area of aging related to the UBSSW Hartford grant. The Buffalo-Rochester Consortium for Gerontological Social Work has provided interactive field seminars to students, and contributed to competency development in the area of social work practice with older adults. Consortium-wide seminars are conducted via distance learning technology and involve presentations by field educators who serve as “master teachers.” Rotation models of field were implemented across aging sites. As part of the Hartford grant, field staff in partnership with faculty implemented a standardized case approach to competency evaluation, and developed expertise in this area, presenting two related papers at the Association for Gerontology in Higher Education in 2009.

**UBSSW Office of Continuing Education.** The UBSSW has a rich history of providing education and training opportunities to community practitioners through our Office of Continuing Education. Since 2001, the UBSSW has offered a noncredit Trauma Counseling Certificate Program for community practitioners through our Continuing Education division. The program consists of 16 days of training over a 3-year period, and teaching faculty include full-time faculty at the UBSSW, as well as other international and national experts.

**Space and equipment.** The UBSSW will provide use of photocopiers, fax machine, and printers for this project, as well as office space for the graduate assistants assigned to the project. Data analysis labs are available for doctoral and master’s students working on this project.

**Buffalo Center for Social Research.** The Buffalo Center for Social Research (BCSR) serves as a core research center for University at Buffalo School of Social Work faculty. Its purpose is to provide infrastructure to assist investigators in their research studies, training project, promote and support interdisciplinary collaboration in research, and disseminate findings into the community and clinical practice. The Center consists of three cores: administrative, project development and support, and project dissemination. The administrative core provides oversight for all activities of the Center ensuring all Federal, State, and University guidelines are being adhered to. The project development and support core provides resources and services to facilitate research and training, such as project personnel space, conference space, interviewing rooms, office space for support staff, data collection, data analysis facilities, and a state of the art technology lab. The dissemination core of the Center initiates mechanisms to disseminate findings of Center investigators through newsletters, websites, and speaker series. Administrative offices for the School of Social Work are located in the University at Buffalo’s Baldy Hall location. This area consists of computer offices and affiliated faculty offices. These facilities provide excellent proximity to the Dean’s office and other faculty offices.

**University at Buffalo.** The University at Buffalo is New York's premier public center for graduate and professional education and the State's largest and most comprehensive public university. As the longest standing public member in New York and New England of the prestigious Association of American Universities, the University at Buffalo stands in the first rank among the nation's research-intensive public universities. Below is a list of significant infrastructure available at the University at Buffalo to support the project.

**The UB Faculty Advisory Committee on Extreme Events: Mitigation and Response.** Convened by UB President John Simpson, this interdisciplinary standing committee was convened as part of the UB 2020 vision for the future. This committee’s charge is to maximize the University at Buffalo’s ability to make lasting contributions in the area of disaster prevention

and response. A UBSSW faculty member, with considerable expertise in trauma research, was appointed to this committee and will bring a social work perspective to the committee's work and collaborative research projects that will emerge.

**UB Teaching and Learning Center.** The Teaching and Learning Center at the University at Buffalo provides opportunities for faculty, both full-time and part-time, to enhance their excellence as teachers by disseminating knowledge, through workshops, speakers, programs, discussion groups, and consultations. The topics include the teaching and learning process, skills and methods to enhance teaching and learning, how to utilize effectively and innovatively the latest developments in information technology and media to enrich course content, presentation and enhancing the student's educational experience. The UBSSW has found the TLC to be a very beneficial resource for our faculty, and we will consult with them on the use of technology and teaching innovations to enhance our curricular changes.

**UB Wellness Education Services and the UB Counseling Services.** The mission of UB Wellness Education Services is to improve the health of students, increase academic success and personal satisfaction, and enhance the health of the campus community. UB Counseling Services offers a broad range of counseling services, both individual and group, to UB students, including workshops on "Coping with Traumatic Events," During the 2008-2009 academic year, Wellness Education Services and UB Counseling Services co-conducted a workshop for UBSSW students, "*Self-Care for Social Workers*". The UB SSW will be consulting with Wellness Education Services and Counseling Services on the development of our Self-Care Plan for social work students.

**Internet Access.** The University provides internet access to all personnel through its network system. This access allows for the development of internet sites to assist in the dissemination of research findings from the project. It also provides access to many library resources, government web pages and documents, and search engines that give pointers to a vast amount of information.

**Library.** The University at Buffalo Libraries rank among the leading research libraries in North America. There are nine units that house more than 2.6 million volumes and 22,660 serials, including 13,000 periodicals. The library offers on-line database searches, including interlibrary loan service, computerized listings of new literature and many full text journals and on-line articles.

**Communications.** The Communications Department at the University at Buffalo assists the School of Social Work by providing it with several mechanisms to publish and publicize the work of faculty. The graphics division of the University provides full service printing, photography, logo design, and publication layout, and will be utilized to develop conference brochures and registration materials.

**Human Resources.** The Research Foundation Human Resources Department is responsible for personnel responsibilities including processing staffing paperwork, compensation and benefits program, general personnel administration, and employee relations and development. The Human Resource department will ensure equal opportunity in employment for all persons without regard to race, color, religion, national origin, citizenship, age, disability, veteran status, marital status, sexual orientation, or sex. This practice applies to all employment practices including advertising, recruitment, promotion, transfer, rates of pay or other forms of compensation and selection for training.

**The Computing Infrastructure.** All project data and administrative information will be supported on a Local Area Network (LAN), which will be administrated and maintained by the



School of Social Work, Technology Services Group. Software available through this network includes applications such as: Microsoft Office, email, web browser, Atlas.ti, SPSS, Ci3, Reference Manager and EQS. Services provided include email, calendaring, phone lines and phones. In addition, project faculty and staff will have access to the school's main computing facilities and services. The School of Social Work has sophisticated computer and printer capabilities connected through a network so as to be able to handle the data entry and statistical analysis needs of this project. A copier and fax machine as well as high speed internet access are accessible for project staff. Presentation equipment is also available including several LCD and transparency projectors.

The School of Social Work provides faculty with the necessary computer systems required to complete their research mission. This system consists of file servers to house data, web services and specific research software. This infrastructure also hosts 3 high speed network printers\scanners\copiers as well as personal computers for research faculty and staff to work on which are upgraded with new hardware and software, on a regular basis, to keep current. A state of the art data analysis lab is available to project staff. This infrastructure allows for the efficient administration including security and disaster recovery, storage and analysis of data. The Center also has access to many technologists. The Technology Services Group, solely dedicated to the support of the School of Social Work and the Buffalo Center for Social Research, consists of a Director, a Network Administrator, an Information Systems Developer, an Instructional Support Specialist skilled in the development of electronic learning and multimedia applications, and a Client Support Technician.

The School of Social Work Technology Services Group will offer the following assistance to this project:

- Consultation on usage of technology and computing needs for staff in grants and projects.
- Development of instructional technology applications, as appropriate, to implement within our TI-HR curriculum
- Provide quotes for technology purchases.
- Purchasing assistance for new equipment
- Set-up of project equipment and new staff training.
- Standard software installation and support.
- Develop and/or implement relationship with University CIT services.
- Auto-generated web page for advertising of grant/project.
- Data storage, security, backup and disaster recovery services.
- Inventory tracking of project equipment.
- Provide support, repair and maintenance of project equipment.
- Coordinate technology support with centralized entities when required.
- Phones, line charges and local calls

**IV-c. Funding, including funding sources as well as the fiscal, technological and human resources which will be required to complete the study.** The UBSSW has committed resources to this project, including faculty workload release time from teaching and administrative duties, a Ph.D. student who will be assigned to this project as a graduate assistant (20 hours weekly), and funds for consultants, professional transcription services, refreshments for focus groups, and dissemination of products. The foundation research sequence professors (SW 510: Scientific Methods in Social Work) and (SW 514: Evaluation in Social Work) will

assign appropriate aspects of this project to their students that are consistent with fulfilling course objectives (e.g., development of measures, facilitation of focus groups). The UBSSW Office of Continuing Education will work with project faculty and staff to plan an income-generating conference on trauma-informed service delivery for 2012, so that participant registration will cover the conference costs.

## **V. Documentation of Project Format and Dissemination Plan**

### **V-a and V-c. Character, format and scope of the final products and dissemination.**

All work involved in project implementation will be documented. Minutes of all faculty retreats and faculty meetings have been kept and we will continue to do so. We will also keep minutes of all meetings held with the various constituent groups, such as alumni, field educators, students, and staff. In addition, the following products will be produced from this project and disseminated through conferences, scholarly publications, and the other methods noted:

- Curriculum modules.
- Instruments to assess trauma-informed, human rights social work practice; TI-HR organizational characteristics; and students' knowledge, attitudes, self-efficacy, behavioral intentions, and behavioral skills in TI-HR social work practice.
- Scholarly publications (i.e., journal articles and an edited book) that focus on TI-HR social work practice, instrument development, university and community partnerships, the process of creating a TI-HR school climate, and the curriculum change process,
- Conference presentations by faculty, field education staff, community partners, and doctoral and master's students (e.g., the Baccalaureate Program Directors, the Council on Social Work Education APM and the Society for Social Work and Research).
- Poster exhibition of master's students' project-related work at the UBSSW and school-sponsored events, such as Alumni Day, the Field Educators' Reception, and the Distinguished Lecture Series.
- New collaborations with field practicum sites to integrate trauma-informed social work practice, and an ongoing TI-HR Field Education Consortium.
- A Distinguished Lecture Series on trauma-informed service delivery.
- A conference on trauma-informed service delivery aimed at researchers and practitioners sponsored by the UBSSW Office of Continuing Education. Findings from the project will also enhance other trainings offered by the Office of Continuing Education.

- Podcasts and other web-based resources for researchers and practitioners on trauma-informed care with a human rights perspective, trauma-informed service delivery, and enhanced field education collaborations. Podcasts will feature faculty, community partners, and national, state, and local experts.

The Living Proof Podcast Series is a biweekly podcast series of the University at Buffalo School of Social Work. The purpose of this series is to engage practitioners and researchers in lifelong learning and to promote research to practice, practice to research. Living Proof features conversations with prominent social work professionals, interviews with cutting-edge researchers, and information on emerging trends and best practices in the field of social work. Since August 2008, over 7300 podcasts have been downloaded by people in all 50 states and over 70 countries.

The web page will be a repository for research and best practices on TI-HR social work practice.

- The field education newsletter that is electronically distributed to field educators, field liaisons, and other alumni will feature regular updates on curricular changes, advances in TI-HR approaches in field agencies, and a regular column written by consumers/clients that places their voices front and center.

In addition to disseminating information through the methods mentioned above, the UBSSW will also disseminate project findings and accomplishments through the following resources:

- The UBSSW Field Educators and Field Liaison listservs which reach hundreds of social work practitioners in the community.
- *Mosaics*, the alumni news magazine of the UBSSW that is produced three times a year.
- The Buffalo Center for Social Research's electronic newsletter, *The Practical Researcher*.
- Local and regional coalitions such as the Erie County Coalition Against Domestic Violence, the Buffalo Prenatal-Perinatal Network, Family Voices (a coalition of child welfare agencies), and the Care Management Coalition.

**V-b. Documentation of Human Subjects Approval.**

**Please see Appendix F.**

**V-c. Dissemination of final products. (Please see above: V-a and V-c).**

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Appendix A  
Curriculum Statement



**Our Curriculum Statement**

As a school, we are committed to the promotion of social justice and the protection of human rights.

Our central objective is to educate advanced social workers to practice as professionals skilled in identifying, evaluating and ameliorating human and social conditions that result in individual, family, group, and community trauma.

We view trauma as both a cause and effect of structural oppression, power differentials, and the disproportionate distribution of material and social capital.

Our curriculum provides theory and research-based content on the events and experiences that threaten to degrade human integrity and violate human rights.

Following from this perspective, which is guided by our vision, mission, and values, we have developed a curriculum through which we educate students to recognize the diversity, depth, and breadth of the causes and consequences of oppression, as well as the capacities within individuals and systems of all sizes for developing new strengths, competencies, and resilience.

We educate social workers to intervene with individuals, families, groups, communities, and in systems of care and institutions using trauma-informed and evidence-based practice.

Approved 5/9/2008



**Appendix B**  
**Course Description**

Perspectives on Trauma and Human Rights: Contemporary Theory,  
Research, Policy, & Practice

**COURSE DESCRIPTION**

Through this required, advanced year course, students will deepen their understanding of perspectives and approaches that can be taken to understand trauma and uphold human rights. Emphasis will be placed on facilitating integrative and complex analyses of concepts and skills introduced in the foundation year. Course content will offer students a survey of diverse ways of conceptualizing, researching, preventing, and redressing trauma and human rights violations.

**COURSE OBJECTIVES**

After completing this course, students will be able to:

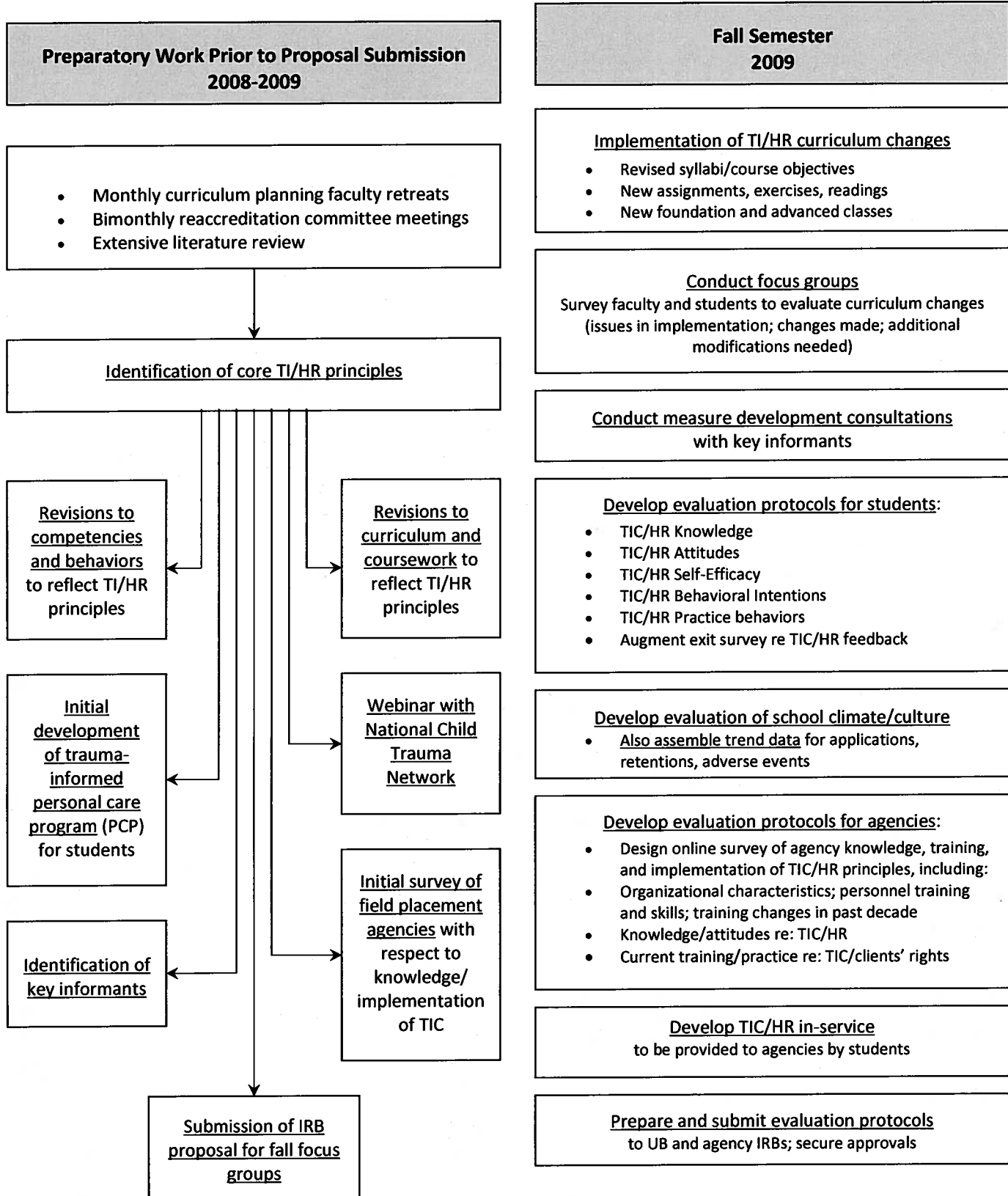
1. Analyze the relation of individual, family, and community-level trauma to: historical legacies of oppression; current issues of power and privilege; theories of human behavior; and principles of universal human rights;
2. Articulate a human rights perspective of contemporary domestic and international social issues and dilemmas;
3. Be conversant in theoretical explanations of the impact of events and experiences on the integrity and rights of individuals and systems;
4. Identify the diverse risk and protective factors for trauma and human rights violations, including the roles of: social norms; policy and practice at all levels; biopsychosocial functioning; and the dynamic of interpersonal relationships;
5. Examine the role of research in understanding trauma and its impact, enhancing and evaluating practice in the treatment of trauma, and identifying capacities for resilience;
6. Distinguish models of evidence-based and trauma-informed praxis from conventional practices and approaches.

Appendix C

Timeline

## APPENDIX C – Project Timeline Part 1

### UB School of Social Work Alternative Proposal: Implementing a Trauma-Informed (TI)/Human Rights (HR) Curriculum



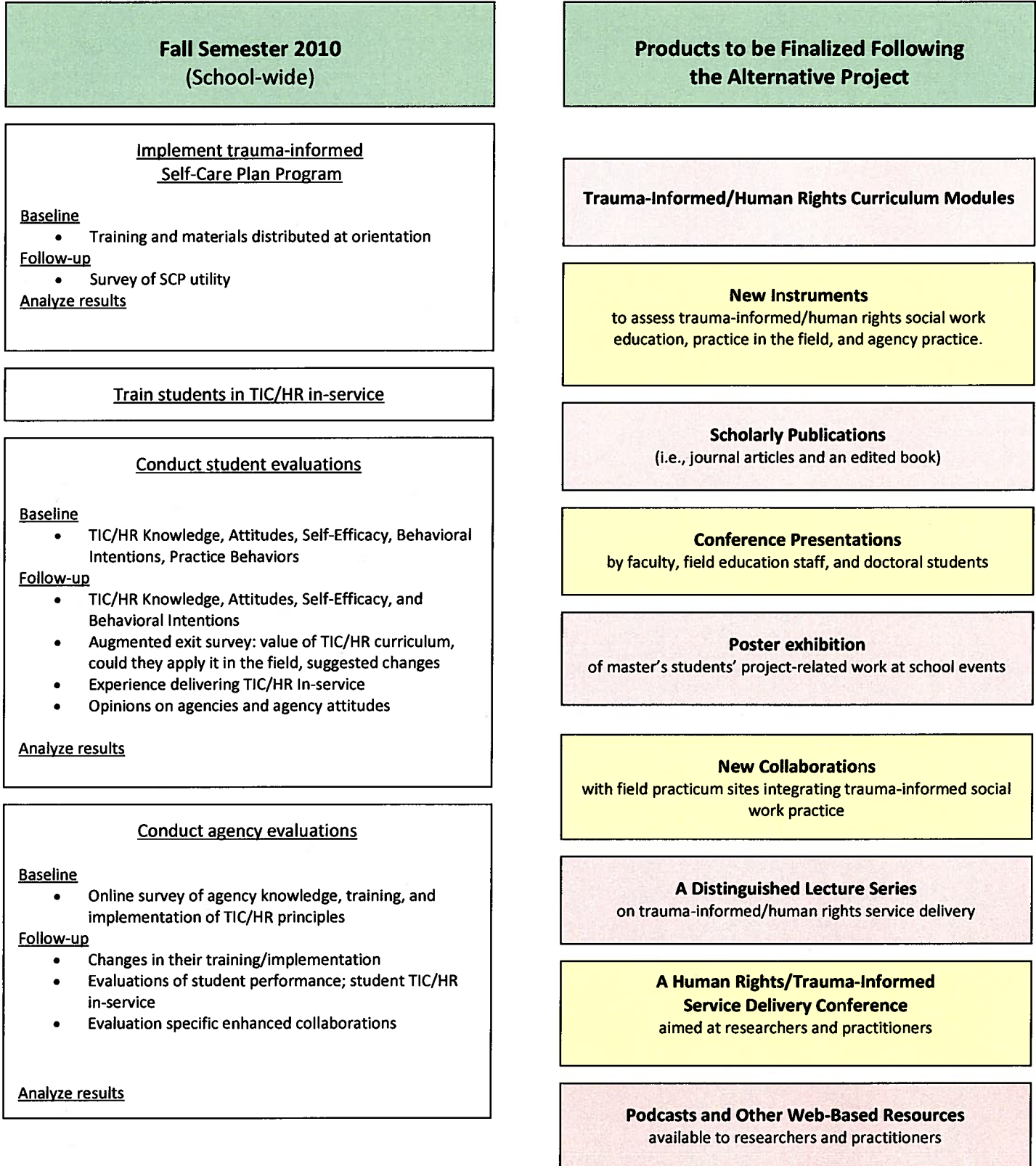
## APPENDIX C – Project Timeline Part 2

### UB School of Social Work Alternative Proposal: Implementing a Trauma-Informed (TI)/Human Rights (HR) Curriculum

<b>Spring Semester 2010</b> (Part-Time Advance Standing Students)	<b>Summer Semester 2010</b> (Full-time Advanced Standing Students)
<p><u>Implement pilot trauma-informed self-care plan program</u></p> <p><u>Baseline</u> - Training and materials distributed at orientation <u>Follow-up</u> - Survey of SCP utility; anonymous survey of uses, reactions <u>Revise materials and training</u> based on findings</p>	<p><u>Implement revised pilot trauma-informed self-care plan program</u></p> <p><u>Baseline</u> - Training and materials distributed at orientation <u>Follow-up</u> - Survey of SCP utility; anonymous survey of uses, reactions <u>Revise materials and training</u> based on findings</p>
<p><u>Begin enhanced agency collaborations</u></p>	<p><u>Train students in TIC/HR in-service</u></p>
<p><u>Train students in TIC/HR in-service</u></p>	<p><u>Revised Pilot student evaluations</u></p> <p><u>Baseline</u></p> <ul style="list-style-type: none"><li>TIC/HR Knowledge, Attitudes, Self-Efficacy, Behavioral Intentions, Practice Behaviors</li></ul> <p><u>Follow-up</u></p> <ul style="list-style-type: none"><li>TIC/HR Knowledge, Attitudes, Self-Efficacy, Behavioral Intentions, Practice Behaviors</li><li>Augmented exit survey: value of TIC/HR curriculum, could they apply it in the field, suggested changes</li><li>Experience delivering TIC/HR In-service</li><li>Opinions on agencies and agency attitudes</li></ul> <p><u>Revise materials</u> based on findings</p>
<p><u>Pilot student evaluations</u></p> <p><u>Baseline</u></p> <ul style="list-style-type: none"><li>TIC/HR Knowledge, Attitudes, Self-Efficacy, Behavioral Intentions, Practice Behaviors</li></ul> <p><u>Follow-up</u></p> <ul style="list-style-type: none"><li>TIC/HR Knowledge, Attitudes, Self-Efficacy, Behavioral Intentions, Practice Behaviors</li><li>Augmented exit survey: value of TIC/HR curriculum, could they apply it in the field, suggested changes</li><li>Experience delivering TIC/HR In-service</li><li>Opinions on agencies and agency attitudes</li></ul> <p><u>Revise materials</u> based on findings</p>	<p><u>Revised Pilot agency evaluations</u></p> <p><u>Baseline</u></p> <ul style="list-style-type: none"><li>Online survey of agency knowledge, training, and implementation of TIC/HR principles</li></ul> <p><u>Follow-up</u></p> <ul style="list-style-type: none"><li>Changes in their training/implementation</li><li>Evaluations of student performance</li><li>Evaluation of student TIC/HR in-service</li><li>Evaluation of specific enhanced collaborations</li></ul> <p><u>Revise materials</u> based on findings</p>
<p><u>Pilot agency evaluations</u></p> <p><u>Baseline</u></p> <ul style="list-style-type: none"><li>Online survey of agency knowledge, training, and implementation of TIC/HR principles</li></ul> <p><u>Follow-up</u></p> <ul style="list-style-type: none"><li>Changes in their training/implementation</li><li>Evaluations of student performance</li><li>Evaluation of student TIC/HR in-service</li><li>Evaluation of specific enhanced collaborations</li></ul> <p><u>Revise materials</u> based on findings</p>	<p><u>Resubmit revised evaluation protocols</u> to UB and Agency IRBs for final approvals (baseline and follow-up)</p>

### APPENDIX C – Project Timeline Part 3

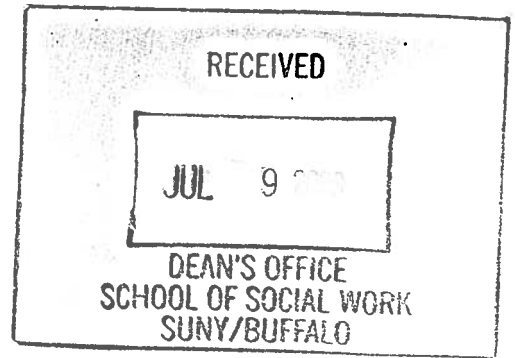
#### UB School of Social Work Alternative Proposal: Implementing a Trauma-Informed (TI)/Human Rights (HR) Curriculum



Appendix D

Letters of Support – Consultants

Anna F. Jennings PhD  
The Anna Institute  
21 Ocean Street  
Rockland, Maine 04841



July 3, 2009

Nancy J. Smyth, PhD  
Dean and Professor  
School of Social Work  
685 Baldy Hall  
University at Buffalo  
State University of New York  
Buffalo, NY 14260-1250

Dear Dean Smyth:

I am pleased and honored to offer my services to the School of Social Work at the University at Buffalo as a consultant on your reaffirmation for reaccreditation project titled *Developing Concepts, Frameworks and Applications of a Trauma-Informed, Human Rights Perspective in Social Work Practice*. The development of a trauma-informed, human rights perspective is vital to the quality and effectiveness of social work research, policies and practice, and essential to the provision of safe, healing environments for people in need of health, behavioral health and human services. Students in the School of Social Work will benefit greatly from such a curriculum, as will the many people they will serve whose lives have been impacted by trauma.

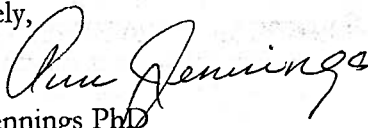
As a consultant on this project I will provide my assistance in development of the following:

1. Research instruments to assess students' knowledge, self-efficacy, attitudes, practice behaviors, and behavioral intentions with respect to trauma-informed/human rights perspective to be administered at the time the student enters the MSW program.
2. Student exit surveys to be administered at the time the student leaves the program and that will assess the points listed in number 1 above.
3. Curriculum modules on trauma-informed/human rights perspective that can be used in social work practice, research, human behavior and the social environment, and policy courses.
4. Surveys to assess the use of trauma-informed care/human rights perspective in internship sites.

I will be able to provide 24 – 32 hours for the project (of which additional time can be negotiated) for \$175.00 per hour. Please note that the service I am willing to provide is not a service for which I am already paid.

I wish you success in completing the proposal for this exciting project. I look forward to hearing that the project is approved.

Sincerely,

  
Ann Jennings PhD





## Community Connections

July 2, 2009

Nancy J. Smyth, PhD  
Dean and Professor  
School of Social Work  
685 Baldy Hall  
University at Buffalo  
State University of New York  
Buffalo, NY 14260-1250

Dear Dean Smyth:

Community Connections, Inc. is very pleased to offer our services to the School of Social Work at the University at Buffalo as a consultant on your reaffirmation for reaccreditation project titled *Developing Concepts, Frameworks and Applications of a Trauma-Informed, Human Rights Perspective in Social Work Practice*.

As consultants on this project, Community Connections (I will be the lead consultant) will provide you with assistance in developing the following:

1. Research instruments to assess students' knowledge, self-efficacy, attitudes, practice behaviors, and behavioral intentions with respect to trauma-informed/human rights perspective to be administered at the time the student enters the MSW program.
2. Student exit surveys to be administered at the time the student leaves the program and that will assess the points listed in number 1 above.
3. Curriculum modules on trauma-informed/human rights perspective that can be used in social work practice, research, human behavior & the social environment, and policy courses.
4. Surveys to assess the use of trauma-informed care/human rights perspective in internship sites.

Community Connections will be able to provide 24 to 32 hours for the project (additional time can be negotiated) for \$175.00 per hour. Please note that the service Community Connections and I, as the primary consultant, are willing to provide is not a service for which we are already paid.

I wish you success in completing the proposal for this exciting project. I look forward to hearing that the project is approved.

Sincerely,

Roger D. Fallot, Ph.D.  
Director of Research and Evaluation

801 Pennsylvania Avenue, S.E., Suite 201, Washington, D.C. 20003  
Phone (202) 546-1512, Fax (202) 544-5365, [www.ccdc1.org](http://www.ccdc1.org)

Other locations: 650 Pennsylvania Avenue, SE, Washington DC 20003, Suites 310 & 450  
8210 Houston Ct, Takoma Park, MD 20912

# Center for Religious Tolerance

Religion as a Force for Peace

---

July 6, 2009

Nancy J. Smyth, PhD  
Dean and Professor  
School of Social Work  
685 Baldy Hall  
University at Buffalo  
State University of New York  
Buffalo, NY 14260-1250

Dear Dean Smyth:

I am very pleased to offer my services to the School of Social Work at the University at Buffalo as a consultant on your reaffirmation for reaccreditation project titled *Developing Concepts, Frameworks and Applications of a Trauma-Informed, Human Rights Perspective in Social Work Practice*.

I have worked in the field of public mental health, human rights, and trauma informed care for almost thirty years as a training and human resource specialist, program developer and evaluator, mental health commissioner, and consultant. My areas of specific focus have included consumer empowerment, psychiatric rehabilitation and recovery, women's mental health, and the impact of severe trauma. Most recently, I have become involved in issues of cultural difference, particularly with refugee and immigrant populations, and in applications of the trauma model to international areas of conflict. I currently direct a nonprofit organization working in Israel/Palestine (the *Center for Religious Tolerance*) and also consult on a routine basis with several federal and state agencies and national mental health organizations.

As a consultant on this project I will provide you with my assistance in the developing following:

1. Research instruments to assess students' knowledge, self-efficacy, attitudes, practice behaviors, and behavioral intentions with respect to trauma-informed/human rights perspective to be administered at the time the student enters the MSW program.
2. Student exit surveys to be administered at the time the student leaves the program and that will assess the points listed in number 1 above.
3. Curriculum modules on trauma-informed/human rights perspective that can be used in social work practice, research, human behavior & the social environment, and policy courses.
4. Surveys to assess the use of trauma-informed care/human rights perspective in internship sites.

I will be able to provide 24-32 hours for the project (additional time can be negotiated) for \$175.00 per hour. Please note that the service I am willing to provide is not a service for which I am already paid.

I wish you success in completing the proposal for this exciting project. I look forward to hearing that the project is approved.

Sincerely,

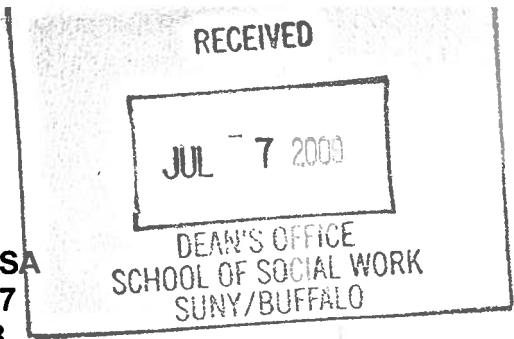
A handwritten signature in blue ink that reads "Andrea Blanch". The signature is fluid and cursive, with the first name "Andrea" and last name "Blanch" clearly legible.

Andrea Blanch, PhD

President and Director, *Center for Religious Tolerance*

Consultant, *National Center on Trauma Informed Care, CMHS, SAMHSA, ORR*

ELISABETH REICHERT  
2016 WALNUT STREET  
MURPHYSBORO IL 62966 USA  
TELEPHONE: (618) 684-5687  
FACSIMILE: (618) 687-1798



July 3, 2009

Nancy J. Smyth, PhD  
Dean and Professor  
School of Social Work  
685 Baldy Hall  
University at Buffalo  
State University of New York  
Buffalo, NY 14260-1250

Dear Dean Smyth:

**RE: CONSULTANCY SERVICES**

I am very pleased to offer my services to the School of Social Work at the University at Buffalo as a consultant on your reaffirmation for reaccreditation project titled *Developing Concepts, Frameworks and Applications of a Trauma-Informed, Human Rights Perspective in Social Work Practice*.

As a consultant on this project I will provide you with my assistance in the developing following:

1. Research instruments to assess students' knowledge, self-efficacy, attitudes, practice behaviors, and behavioral intentions with respect to trauma-informed/human rights perspective to be administered at the time the student enters the MSW program.
2. Student exit surveys to be administered at the time the student leaves the program and that will assess the points listed in number 1 above.
3. Curriculum modules on trauma-informed/human rights perspective that can be used in social work practice, research, human behavior & the social environment, and policy courses.
4. Surveys to assess the use of trauma-informed care/human rights perspective in internship sites.

I will be able to provide **30 hours** for the project (of which additional time can be negotiated) for **\$100 per hour**. **PLEASE NOTE THAT THE SERVICE I AM WILLING TO PROVIDE IS NOT A SERVICE FOR WHICH I AM ALREADY PAID.**

**Dean Smyth**  
**July 3, 2009**  
**Page two**

I wish you success in completing the proposal for this exciting project. I look forward to hearing that the project is approved.

Sincerely,

A handwritten signature in cursive script, appearing to read "Elisabeth Reichert", followed by a large, stylized flourish or checkmark.

Elisabeth Reichert, Ph.D.

Professor

School of Social Work

Mailcode 4329

Southern Illinois University at Carbondale

Carbondale, Illinois 62901-4329

(University phone number: 618 453 2243)

Appendix E

Letters of Support – Field Sites



DENNIS C. WALCZYK  
Chief Executive Officer

June 22, 2009

Nancy J. Smyth, Dean  
School of Social Work  
University at Buffalo, State University of New York  
685 Baldy Hall  
Buffalo, New York 14260

*Nancy*  
Dear Dean Smyth:

Catholic Charities is pleased to collaborate with the School of Social Work as you integrate a trauma-informed, human rights perspective into your curriculum. We are very excited about the direction the School of Social Work is taking with its curriculum, and we look forward to partnering with you in your efforts.

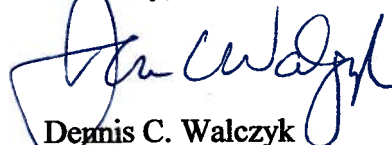
Catholic Charities is the most comprehensive human service provider in WNY, serving those in need since 1923, without regard to age, race or religious affiliation. Last year, Charities' 53 offices served more than 160,000 people, 60 percent of who were children and seniors. We have been a field education placement site for the School of Social Work for over 20 years.

As you move forward, please consider us for membership on the TIC-HR Field Education Consortium that you will be convening to inform and guide your efforts in the field. We value that type of dynamic exchange between practitioners and the university.

As you develop and implement your new curriculum, please think of us as you plan focus groups and surveys to assess knowledge and skills in the field related to a trauma-informed, human rights perspective in social work practice. Our agency could also potentially serve as a site for students' research projects as you evaluate your new curriculum and its implications for field placements.

We look forward to working closely with you as you move in this exciting direction.

Sincerely,



Dennis C. Walczyk  
Chief Executive Officer

Celebrating  
**85**  
Years of Service to  
Western New York

ACCREDITED BY



DCW/tr



# American Red Cross

Greater Buffalo Chapter

June 23, 2009

Nancy J. Smyth  
School of Social Work  
University at Buffalo, State University of New York  
685 Baldy Hall  
Buffalo, New York 14260

Dear Dean Smyth:

The American Red Cross, Greater Buffalo Chapter is pleased to collaborate with the School of Social Work as you integrate a trauma-informed, human rights perspective into your curriculum. We are very excited about the direction the School of Social Work is taking with its curriculum, and we look forward to partnering with you in your efforts.

As you know the American Red Cross, Greater Buffalo Chapter prevents, prepare and respond to emergencies and help individuals and families lead healthy lives. We assist individuals and families with their immediate emergency disaster-caused needs and assist with recovery plans. We have been a field education placement site for the past five years.

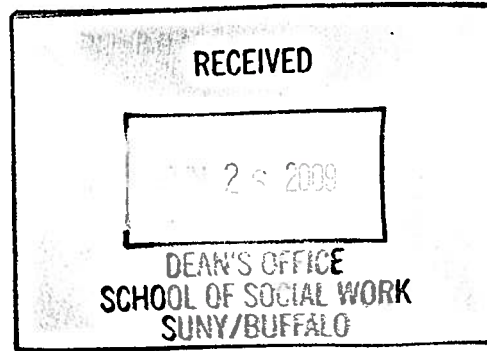
As you move forward, please consider us for membership on the TIC-HR Field Education Consortium that you will be convening to inform and guide your efforts in the field. We value that type of dynamic exchange between practitioners and the university.

As you develop and implement your new curriculum, please think of us as you plan focus groups and surveys to assess knowledge and skills in the field related to a trauma-informed human rights perspective in social work practice. Our agency could also serve Potentially serve as a site for students' research projects as you evaluate your new curriculum and its implications for field placements.

We look forward to working closely with you as you move in this exciting direction.

Sincerely,

Kenneth J. Turner  
Senior Director  
Emergency Services



786 Delaware Avenue  
Buffalo, NY 14209-2088  
(716) 886-7500  
[www.redcross.org/ny/buffalo](http://www.redcross.org/ny/buffalo)



☐ 1526 Walden Avenue, Suite 400  
Cheektowaga, NY 14225  
716.895.6700  
Fax 895.0436  
*Administrative*  
716.895.7167  
Fax 332.4488

☐ 608 William Street  
Buffalo, NY 14206  
716.855.1384  
Fax: 855.1386



☐ 1131 Broadway  
Buffalo, NY 14212  
716.896.7350 (First Floor)  
(716) 896.7712 (Second Floor)  
Fax: 896.7717

☐ 1500 Broadway  
Buffalo, NY 14212  
716.893.0062  
Fax: 893.0070

☐ 11 West Main Street  
Lancaster, NY 14086  
716.681.5077  
Fax: 681.5079

*Counseling & Treatment Services*

Elizabeth L. Mauro, LCSW-R  
*Executive Director*

June 17, 2009

Nancy J. Smyth, Dean  
School of Social Work  
University at Buffalo, State University of New York  
685 Baldy Hall  
Buffalo, New York 14260

Dear Dean Smyth:

Mid-Erie Counseling and Treatment Services is pleased to collaborate with the School of Social Work as you integrate a trauma-informed, human rights perspective into your curriculum. We are very excited about the direction the School of Social Work is taking with its curriculum, and we look forward to partnering with you in your efforts.

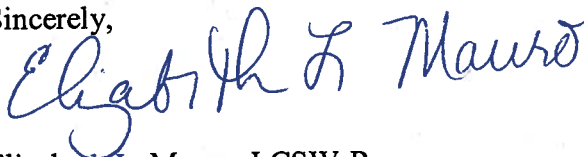
As you know, Mid-Erie is a private, not-for-profit, licensed community mental health center that provides outpatient mental health and chemical dependency services to children, adults and families. The core of Mid-Erie's services are provided on the East side of Buffalo with additional services located in Cheektowaga, Lancaster and various area schools. We have been a field education placement site for the School of Social Work for about 20 years.

As you move forward, please consider us for membership on the TIC-HR Field Education Consortium that you will be convening to inform and guide your efforts in the field. We value that type of dynamic exchange between practitioners and the university.

As you develop and implement your new curriculum, please think of us as you plan focus groups and surveys to assess knowledge and skills in the field related to a trauma-informed, human rights perspective in social work practice. Our agency could also potentially serve as a site for students' research projects as you evaluate your new curriculum and its implications for field placements.

We look forward to working closely with you as you move in this exciting direction.

Sincerely,



Elizabeth L. Mauro, LCSW-R  
Executive Director

# Western New York Developmental Disabilities Services Office

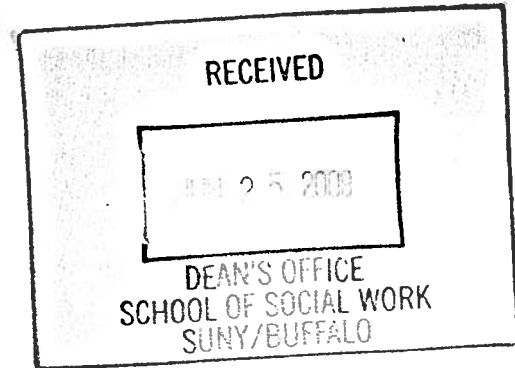
**Diana Jones Ritter**  
Commissioner



**Bruce M. Korotkin**  
Director

June 23, 2009

Nancy J. Smyth, Dean  
School of Social Work  
University at Buffalo, State University of New York  
685 Baldy Hall  
Buffalo, New York 14260



Dear Dean Smyth:

The Western New York Developmental Disabilities Services Office is pleased to collaborate with the School of Social Work as you integrate a trauma-informed, human rights perspective into your curriculum. We are very excited about the direction the School of Social Work is taking with its curriculum, and we look forward to partnering with you in your efforts.

As you know, The Western New York Developmental Disabilities Services Office is the regional office of the New York State Office of Mental Retardation and Developmental Disabilities. In addition to the direct provision of services to individuals with developmental disabilities, the DDSO is responsible for determining eligibility for OMRDD services as well as quality assurance oversight and program development. We have been a field education placement site for the School of Social Work for over 15 years and value this relationship.

As you move forward, please consider us for membership on the TIC-HR Field Education Consortium that you will be convening to inform and guide your efforts in the field. We value that type of dynamic exchange between practitioners and the university.

As you develop and implement your new curriculum, please think of us as you plan focus groups and surveys to assess knowledge and skills in the field related to a trauma-informed, human rights perspective in social work practice. Our agency could also potentially serve as a site for students' research projects as you evaluate your new curriculum and its implications for field placements.

We look forward to working closely with you as you move in this exciting direction.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin R. Penberthy".

Kevin R. Penberthy, LCSW-R  
Program Coordinator for District Services

/ebs



**Buffalo Public Schools**  
James A. Williams, Ed. D. Superintendent

## Academy School @44

1369 Broadway  
Buffalo, New York 14212  
(716) 816-3270 – Fax (716) 897-8027  
*Gregory Mott, Principal*

*Michael Morris, Assistant Principal*

---

June 19, 2009

Nancy J. Smyth, Dean  
School of Social Work  
University at Buffalo, State University of New York  
685 Baldy Hall  
Buffalo, New York 14260

Dear Dean Smyth:

The Buffalo Public Schools are pleased to collaborate with the School of Social Work as you integrate a trauma-informed, human rights perspective into your curriculum. We are very excited about the direction the School of Social Work is taking with its curriculum, and we look forward to partnering with you in your efforts.

As you know, the Crisis Prevention and Response Team responds to crises in all of our schools. We have been a field education placement site for the School of Social Work for a number of years.

As you move forward, please consider us for membership on the TIC-HR Field Education Consortium that you will be convening to inform and guide your efforts in the field. We value that type of dynamic exchange between practitioners and the university.

As you develop and implement your new curriculum, please think of us as you plan focus groups and surveys to assess knowledge and skills in the field related to a trauma-informed, human rights perspective in social work practice. Our agency could also potentially serve as a site for students' research projects as you evaluate your new curriculum and its implications for field placements.

We look forward to working closely with you as you move in this exciting direction.

Sincerely,

Bonnie M. Kirisits, LMSW  
Social Worker  
Crisis Prevention and Intervention Team



1183 Monroe Avenue  
Rochester, New York  
14620-1699  
(585) 256-7500  
TTY (585) 256-7881  
FAX (585) 256-7510

[www.hillside.com](http://www.hillside.com)

Accreditation:  
Council on Accreditation

June 16, 2009

Nancy J. Smyth, Dean  
School of Social Work  
University at Buffalo, State University of New York  
685 Baldy Hall  
Buffalo, NY 14260

Dear Dean Smyth:

Hillside Family of Agencies is pleased to collaborate with the School of Social Work as you integrate a trauma-informed, human rights perspective into your curriculum. We are very excited about the direction the School of Social Work is taking with its curriculum, and we look forward to partnering with you in your efforts.

As you know, Hillside Family of Agencies provides child welfare, mental health, developmental disabilities, youth and family development, juvenile justice, and special education services to children and families at more than 40 locations across Western and Central New York and Prince George's County in Maryland. Hillside is accredited by the Council on Accreditation. It is Hillside's strategic intent to be the leader in translating research into effective practice solutions. We have been a field education placement site for the School of Social Work for more than 25 years.

As you move forward, please consider us for membership on the TIC-HR Field Education Consortium that you will be convening to inform and guide your efforts in the field. We value that type of dynamic exchange between practitioners and the university.

As you develop and implement your new curriculum, please think of us as you plan focus groups and surveys to assess knowledge and skills in the field related to a trauma-informed, human rights perspective in social work practice. Our agency could also potentially serve as a site for students' research projects as you evaluate your new curriculum and its implications for field placements.

We look forward to working closely with you as you move in this exciting direction.

Sincerely,

A handwritten signature in black ink, appearing to read "Maria Cristalli", written in a cursive style.

Maria Cristalli  
Chief Strategy and Quality Officer



# CAZENOVIA RECOVERY SYSTEMS, INC.

## **Board of Directors**

Catherine M. Braniecki,  
*President*  
Roy S. Turner,  
*Vice President*  
Karen J. Nelson,  
*Treasurer*  
John Anderson,  
*Secretary*  
Rosemary Duran  
Susan A. Green  
Andrea Mujahid-Moore  
David H. Nelson, Esq.  
Julian C. Johnson, Esq.

## **Executive Director**

Suzanne L. Bissonette

## **Administrative Office**

2671 Main Street  
Buffalo, NY 14214  
(716) 852-4331  
Fax: (716) 852-4533

## **Turning Point House Intensive Residential Rehabilitation**

9136 Sandrock Road  
Eden, NY 14057  
(716) 992-4972  
Fax: (716) 992-4791

## **Cazenovia Manor Community Residence**

486 North Legion Drive  
Buffalo, NY 14210  
(716) 822-8932  
Fax: (716) 828-0804

## **New Beginnings Community Residence**

376 Dewitt Street  
Buffalo, NY 14213  
(716) 884-4952  
Fax: (716) 884-3910

## **Supportive Living**

605 Fillmore Avenue  
Buffalo, NY 14212  
(716) 894-7274  
Fax: (716) 894-7275

## **Visions Place Mental Health & Substance Abuse Residential Program**

923 Sycamore Street  
Buffalo, NY 14212  
(716) 893-8598  
Fax: (716) 332-9365

July 2, 2009

Nancy J. Smyth, Dean  
School of Social Work  
University at Buffalo, State University of New York  
685 Baldy Hall  
Buffalo, New York 14260

Dear Dean Smyth:

Cazenovia Recovery Systems, Inc. is pleased to collaborate with the School of Social Work as you integrate a trauma-informed, human rights perspective into your curriculum. Cazenovia Recovery Systems is a private not-for-profit corporation whose primary purpose is to provide a continuum of community residential treatment and support services to men and women recovering from substance abuse, as well as co-occurring disorders.

The vast majority of individuals served in our programs are likely to have histories of physical abuse, sexual abuse and other types of trauma-inducing experiences. These histories lead to their mental health and co-occurring disorders, including substance abuse problems, health problems, eating disorders, HIV/AIDS issues, and contact with the criminal justice system. The need to spark and speed the healing and recovery process from violence and trauma is critical. Cazenovia is very interested in initiating a transition to trauma-informed programs and services allowing us to be more supportive and minimize re-traumatization.

For years, Cazenovia Recovery Systems clinical and direct care staff have benefitted from participation in many of your class and certificate offerings. We have also been a long time field education placement site for the School of Social Work. We are very excited about the direction the School of Social Work is taking with its curriculum, and we look forward to the possibility of partnering with you in your efforts.

As you move forward, please consider us for membership on the TIC-HR Field Education Consortium that you will be convening to inform and guide your efforts in the field. We value that type of dynamic exchange between practitioners and the university. Our agency could also potentially serve as a site for students' research projects as you evaluate your new curriculum and its implications for field placements.

We look forward to working closely with you as you move in this exciting direction.

Sincerely,

  
Suzanne L. Bissonette  
Executive Director

Appendix F  
IRB Approval

University at Buffalo | State University of New York  
Social and Behavioral Sciences Institutional Review Board  
IRB ID Number: IRB00003128  
515 Capen Hall | Buffalo, NY 14260  
SBSIRB@research.buffalo.edu  
Telephone: (716) 645-6474  
Federal Wide Assurance ID Number: FWA00008824

DATE: 7/7/2009  
TO: Dr. Robert Keefe  
SSW  
FROM: Joel O. Raynor, Chair  
Christian Marks, Administrator  
RE: Study #3727: Developing concepts, frameworks and applications of a trauma-informed, human rights perspective in social work practice  
Initial Approval of Proposal

The above referenced protocol was reviewed by the Social and Behavioral Sciences Institutional Review Board (SBSIRB) at the University at Buffalo. We are pleased to inform you that your project is now approved by the Board. The expiration date of this approval is 7/7/2010. The SBSIRB has also determined that this study presents no greater than minimal risks to participants and therefore renewal/continuing review may be performed using expedited procedures. This protocol has been approved under the following expedited review categories:

Expedited Category 7: Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

Research investigators are responsible for obtaining informed consent and for insuring that no human subject will be involved in the research prior to the obtaining of the consent. The IRB has approved a signed consent documentation procedure for use with all participants in this study. Ensure that each person signing a written consent form is given a copy of the form. The form must be the one reviewed and approved by the IRB; the approval and expiration dates of the IRB's review of this project are stamped on the form. Copy and use this stamped consent form for the approval period stamped on the consent form and destroy any unsigned, out of date consent forms in your file. Place the consent documents signed by subjects in the repository approved by the IRB and keep for a period of three years after the final IRB approval period.

The following HIPAA mechanisms have been approved in conjunction with this study:  
As this protocol does not use individually identifiable health information, no HIPAA authorizations are provided with this study

This approval includes all documents/materials accompanying this memo in a password protected pdf file with the University at Buffalo Crest/SBSIRB approval watermark.

As principal investigator for a study involving human participants, you assume certain responsibilities to the Social and Behavioral Sciences Institutional Review Board. Specifically:

1. No subjects may be enrolled prior to the IRB approval date.
2. For all projects that have not been granted an exemption, the study may not be conducted beyond the expiration date without re-approval by the IRB.
3. For all projects that have not been granted an exemption, the SBSIRB must be notified when a project is closed by filling out a continuation/renewal form and submitting it to the SBSIRB.
4. Report all Serious Events/Problems (SEPs) to the SBSIRB according to the timetable on the SEP Initial Report Form.
5. Conduct the protocol exactly as approved unless a protocol amendment is prospectively approved by the IRB. Changes in research procedures, recruitment or consent processes shall not be initiated by research

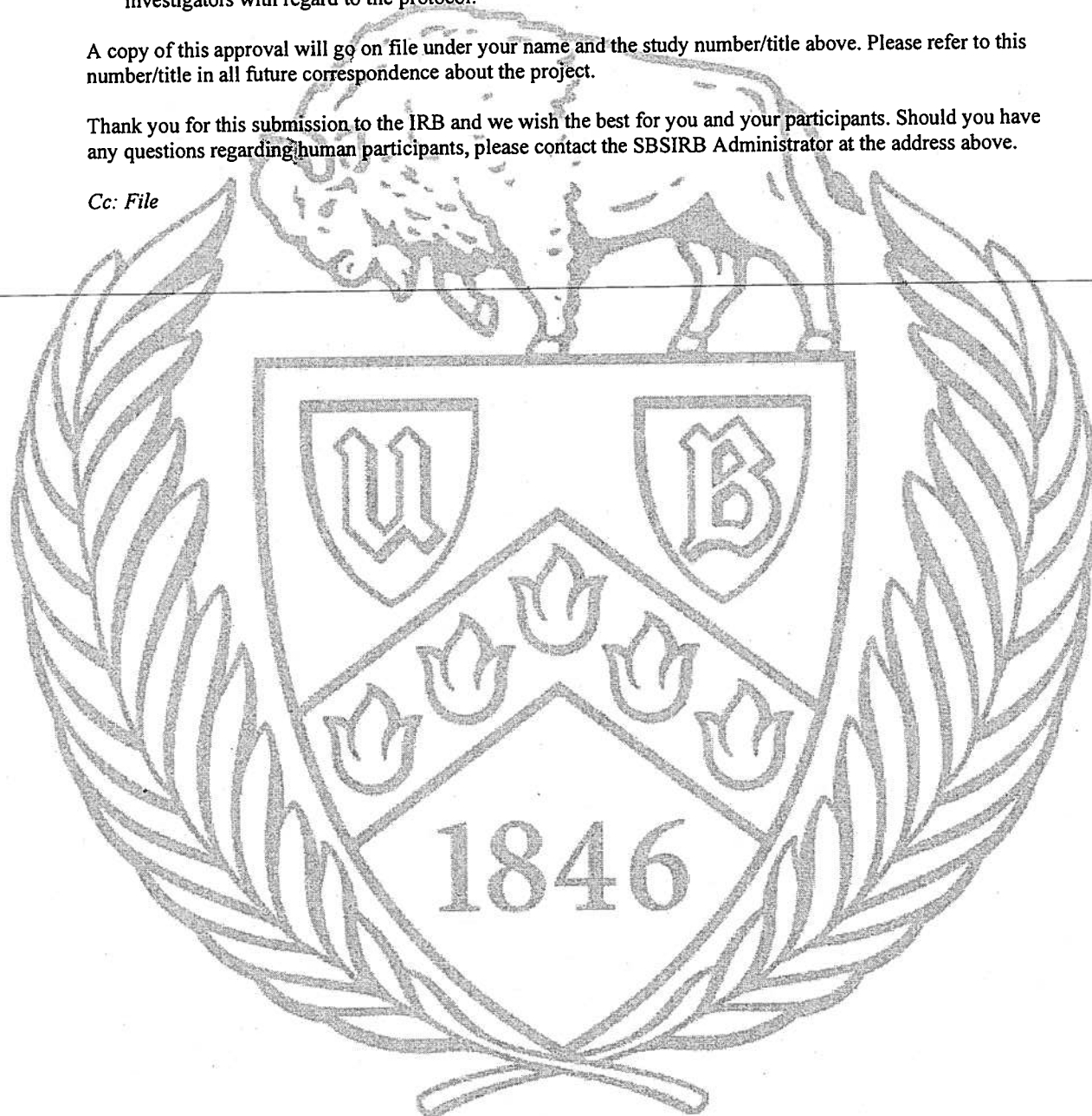
investigators without IRB review and approval, except where necessary to eliminate apparent immediate hazards to subjects.

6. Comply with all IRB decisions, conditions, and requirements. Principal Investigators are responsible for making sure that studies are conducted according to the protocol and for all actions of the staff and sub-investigators with regard to the protocol.

A copy of this approval will go on file under your name and the study number/title above. Please refer to this number/title in all future correspondence about the project.

Thank you for this submission to the IRB and we wish the best for you and your participants. Should you have any questions regarding human participants, please contact the SBSIRB Administrator at the address above.

*Cc: File*



Approved by the University at Buffalo SBSIRB