Practicing What We Teach: An Overview of Trauma-Informed Teaching and Learning for Social Work Educators

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Why TITL Matters for SW Educators

but why?
Student trauma exposure rates

- 66% - 94% of college students report lifetime exposure to 1 or more traumatic events
  - Most common: life-threatening illness, unexpected death of a loved one
- 9% - 12% meet criteria for PTSD
  - Many more may suffer subsyndromal symptoms

(Bernat et al., 1998; Frazier et al., 2009; Read et al., 2011; Smyth et al., 2008)
Trauma exposure risks

- Listening to trauma narratives increases risk of STS
- Trauma exposure increases student risk of:
  - PTSD
  - Depression
  - Substance use
  - Drop-out
  - Adjustment problems
  - Lower GPA

(Bride, 2007; DeBerard et al., 2004; Duncan, 2000; Figley, 2002)
Trauma in clinical training

- Exposure to traumatic material during clinical training can occur in course readings, video and other presentations, discussions, and during field training.

- Such exposures can contribute to STS (or retraumatization) in students (and also faculty and field educators).

- Higher risk for those with greater histories and those with less trauma training and experience.

(Adams & Riggs, 2008; Bride, 2007; Bussey, 2008; Butler & Carello, 2014; Knight, 2010)
Number of different categories endorsed (not individual instances)

<table>
<thead>
<tr>
<th>Prevalence of Adverse Childhood Experiences (ACE Score)</th>
<th>SSW % (N = 180)</th>
<th>ACE Study % (N = 17,337)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>22.2</td>
<td>32.7</td>
</tr>
<tr>
<td>1</td>
<td>16.1</td>
<td>25.6</td>
</tr>
<tr>
<td>2</td>
<td>18.3</td>
<td>15.5</td>
</tr>
<tr>
<td>3</td>
<td>12.2</td>
<td>9.9</td>
</tr>
<tr>
<td>4</td>
<td>11.7</td>
<td>5.9</td>
</tr>
<tr>
<td>5 or more</td>
<td>19.5</td>
<td>10.5</td>
</tr>
</tbody>
</table>

(Butler & Carello, 2014; ACE Study data adapted from http://www.cdc.gov/ace/prevalence.htm)
## Sources of stress

<table>
<thead>
<tr>
<th>Source</th>
<th>Field (n = 167)</th>
<th>Coursework (n = 180)</th>
<th>Other (n = 180)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>9.6%</td>
<td>0%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Slightly</td>
<td>26.3%</td>
<td>3.3%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Moderately</td>
<td>43.7%</td>
<td>42.8%</td>
<td>33.9%</td>
</tr>
<tr>
<td>Very</td>
<td>12%</td>
<td>41.1%</td>
<td>38.3%</td>
</tr>
<tr>
<td>Extremely</td>
<td>8.4%</td>
<td>12.8%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

(Butler & Carello, 2014)
## Relationships of Student Trauma History and Training Exposures to Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Burnout (ProQOL)</th>
<th>Secondary Traumatic Stress Symptoms (STSS)</th>
<th>Compassion Satisfaction (ProQOL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE Score</td>
<td>.04</td>
<td>.17*</td>
<td>.07</td>
</tr>
<tr>
<td>PTSD Criterion A2</td>
<td>.16</td>
<td>.23**</td>
<td>.14</td>
</tr>
<tr>
<td>Experiences Reactivated</td>
<td>.24**</td>
<td>.38***</td>
<td>.09</td>
</tr>
<tr>
<td>Field clients traumatized</td>
<td>-.07</td>
<td>-.01</td>
<td>.26**</td>
</tr>
<tr>
<td>Work addresses trauma</td>
<td>-.15</td>
<td>-.07</td>
<td>.33**</td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001

(Butler & Carello, 2014)
The implicit curriculum refers to the educational environment in which the explicit curriculum is presented.

The implicit curriculum is as important as the explicit curriculum in shaping the professional character and competence of the program’s graduates. Heightened awareness of the importance of the implicit curriculum promotes an educational culture that is congruent with the values of the profession.
Trauma-Informed K-12 Educational Policy Initiatives

Every Student Succeeds Act

Addressing Childhood Trauma in DC Schools

Trauma Informed Schools: Really Leave No Child Behind

Creating Trauma Sensitive Schools

Helping Traumatized Children Learn

Welcome to TraumaSensitiveSchools.org

ACES Too High!
Article 26 of the Universal Declaration of Human Rights

(1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

(2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms.
Defining Trauma
APA Definitions of Trauma

1987

“Psychological trauma is an occurrence which is outside the scope of everyday human experience and which would be notably distressing to almost anyone.”

2014

“Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives.”
Type I & Type II Trauma Reactions

- **Type I: Short-term, unexpected event (Simple Trauma)**
  - Examples: one time rape, car accident, natural disaster
  - Likely to result in typical PTSD symptoms

- **Type II: Sustained, repeated ordeal stressors (Complex Trauma)**
  - Examples: ongoing abuse, combat, DV, prostitution, captivity, torture
  - More likely to result in long-standing characterological & interpersonal problems, dissociation, substance abuse
DSM V PTSD Symptoms

Intrusions: The traumatic event is re-experienced

Persistent Avoidance: Avoidance of stimuli associated with the trauma

Negative alterations in cognitions: Symptoms involving negative changes in thought or mood

Changes in Arousal and Reactivity: Symptoms of increased arousal and reactivity
Additional CPTSD Symptoms

- **Emotional Regulation:** May include persistent sadness, suicidal thoughts, explosive anger, or inhibited anger
- **Consciousness:** Includes forgetting traumatic events, reliving traumatic events, or having episodes in which one feels detached from one's mental processes or body (dissociation)
- **Self-Perception:** May include helplessness, shame, guilt, stigma, and a sense of being completely different from other human beings
- **Distorted Perceptions of the Perpetrator:** Examples include attributing total power to the perpetrator, becoming preoccupied with the relationship to the perpetrator, or preoccupied with revenge
- **Relations with Others:** Examples include isolation, distrust, or a repeated search for a rescuer
- **One's System of Meanings:** May include a loss of sustaining faith or a sense of hopelessness and despair

From [http://www.ptsd.va.gov/professional/PTSD-overview/complex-ptsd.asp](http://www.ptsd.va.gov/professional/PTSD-overview/complex-ptsd.asp)
PTSD and complex PTSD symptoms

Source: European Journal of Psychotraumatology, 2013, 4: 20706
http://dx.doi.org/10.3402/ejpt.v4i0.20706

PTSD
- Sense of threat
- Avoidance
- Re-experiencing

Complex PTSD
- Interpersonal disturbances
  - Negative self-concept
  - Affect dysregulation
  - Sense of threat
  - Avoidance
  - Re-experiencing

http://traumadissociation.com/complexptsd
From the individual to the globalized world, the impacts of trauma may be experienced by all people. From a single acute traumatic event to widespread insidious trauma, few people are left unaffected.

In order to change the trajectory of trauma, all levels of the spectrum must be addressed.

from ahwg.net
<table>
<thead>
<tr>
<th>Term Clarification</th>
<th>Details</th>
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<tr>
<td>1. Retraumatization</td>
<td>a) Prior trauma/ PTSD symptoms reactivated</td>
</tr>
<tr>
<td></td>
<td>b) New trauma/PTSD symptoms activated</td>
</tr>
<tr>
<td></td>
<td>c) Happens only in relation to clients</td>
</tr>
<tr>
<td></td>
<td>d) May happen in response to clients, family, friends, or others</td>
</tr>
<tr>
<td></td>
<td>e) Person with symptoms may or may not have a trauma history</td>
</tr>
<tr>
<td>2. Secondary Traumatic Stress (STS)</td>
<td>f) AKA compassion fatigue</td>
</tr>
<tr>
<td></td>
<td>g) STS + change in cognitions</td>
</tr>
<tr>
<td></td>
<td>h) Can be in response to a single event</td>
</tr>
<tr>
<td></td>
<td>i) Related to an accumulation of occupational stress</td>
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<td>3. Vicarious Trauma (VT)</td>
<td>j) Overidentify with or try to meet needs through the client</td>
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<td>4. Burnout (BO)</td>
<td></td>
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<tr>
<td>5. Countertransference</td>
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</tbody>
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### Retraumatization
- **a)** Prior trauma/PTSD symptoms reactivated
- **h)** Can be in response to a single event

### Secondary Traumatic Stress (STS)
- **b)** New trauma/PTSD symptoms activated
- **d)** May happen in response to clients or others
- **e)** Person with symptoms may or may not have a trauma history
- **f)** AKA compassion fatigue
- **h)** Can be in response to a single event

### Vicarious Trauma (VT)
- **d)** May happen in response to clients or others
- **e)** Person with symptoms may or may not have a trauma history
- **g)** STS + change in cognitions

### Burnout (BO)
- **e)** Person with symptoms may or may not have a trauma history
- **i)** Related to an accumulation of occupational stress

### Countertransference
- **c)** Happens in relation to clients
- **e)** Person with symptoms may or may not have trauma history
- **j)** Overidentify with or try to meet needs through the client
Trauma

Upset or Distress
To experience trauma is also to...

- Feel terror, confusion, and betrayal
- Be treated as another’s object; experience physical and/or psychological violation
- Be subject to another’s rage, neglect, and/or cruelty
- Feel powerless, helpless, damaged
- Lack agency or control

(Adapted from Butler, Critelli, Rinfrette, 2011)
What it means to be trauma-informed (TI)
To be TI in any context means to

1) **Understand** the role that violence and victimization play in the lives of individuals and

2) **Apply that understanding** to the design and delivery of service systems in order to accommodate the needs and vulnerabilities of trauma survivors and prevent retraumatization/revictimization

*(Harris & Fallot, 2001)*
In other words:

▪ Realize the widespread prevalence and impact of trauma
▪ Recognize signs and symptoms of trauma
▪ Respond empathically
▪ Resist retraumatization

(adapted from SAMHSA, 2014)
To experience retraumatization is also to...

- Feel terror, confusion, and betrayal
- Be treated as another’s object; experience physical and/or psychological violation
- Be subject to another’s rage, neglect, and/or cruelty
- Feel powerless, helpless, damaged
- Lack agency or control
- Exposures and/or relationship dynamics that recapitulate these experiences can also be retraumatizing

(Adapted from Butler, Critelli, Rinfrette, 2011)
Retraumatization

Upset or Distress
“Trauma confronts schools with a serious dilemma: how to balance their primary mission of education with the reality that many students need help in dealing with traumatic stress to attend regularly and engage in the learning process.”

(Ko et al, 2008, p. 398)

“The major challenge to educators working with highly stressed or traumatized adults is to furnish the structure, predictability, and sense of safety that can help them begin to feel safe enough to learn.”

(Perry, 2006, p. 25)
Impact on arousal & on learning

Adapted from Schupp (2004)

The Bi-Phasic Response to Trauma

Figure 2

Retraumatization

Regulated

Hyperarousal

Optimum

Arousal Zone

& Learning

Freezing/Numbing

fight, flight

emotionally & intellectually present

dissociation

Adapted from Schupp (2004)
Trauma-Informed ≠ Trauma Specific

Trauma-Informed

Understanding the effects of trauma on learners & practicing methods that promote resilience & prevent further harm

Trauma-Specific

Treating specific symptoms or syndromes related to traumatic experiences
TI means shifting our focus

Individual

What is wrong with you?

Trauma as disorder

(Bloom, 1999; Bloom & Sreedhar, 2008)

Individual in Environment

What has happened to you?

Trauma as injury

(Bloom, 1999; Bloom & Sreedhar, 2008)
TI means changing our environment

“Trauma-informed care is conceptualized as an organizational change process centered on principles intended to promote healing and reduce the risk of retraumatization for vulnerable individuals.”

(Bowen & Murshid, 2016, p. 223)
TI SW education means practicing what we teach

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective.
Definition, Principles & Objectives of Trauma-Informed Teaching and Learning (TITL)
The scope of TIEP vs TITL

TITL
(classrooms & field settings)

TIEP
(everywhere else in the program, department, college, university system)
TI Social Work Education

To be trauma-informed in the context of social work education means

a) to understand the ways in which violence, victimization, and other forms of trauma can impact students

and

b) to use that understanding to inform teaching policies and practices in order to minimize the possibilities for (re)traumatization and maximize the possibilities for educational and professional success

(adapted from Butler, Critelli, & Rinfrette, 2011; Carello & Butler, 2014, 2015; Harris & Fallot, 2001)
TI SW education DOES NOT mean

- Avoiding teaching or learning about trauma or other sensitive or difficult topics
- SW students will never experience stress, STS, VT, or retraumatization
- SW training programs will not be rigorous
- All students will be able to successfully complete SW training programs at the time they seek them
Objectives of TITL

1. Recognize the impact of violence and victimization on development, learning, and coping strategies
2. Minimize possibilities of retraumatization; maximize possibilities of successful educational and professional outcomes
3. Identify successful educational and professional outcomes as the primary goal
4. Employ an empowerment model
5. Strive to maximize choices and control
Objectives of TITL (continued)

6. Mitigate power imbalances through relational collaboration

7. Create an atmosphere that is respectful of the need for safety, respect, and acceptance

8. Emphasize strengths, highlighting competencies over deficiencies and resilience over pathology

9. Strive to be culturally competent and to understand people in the context of their life experiences and cultural background

10. Solicit input from all class members and involve them in evaluation processes

(Adapted from Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005)
Principles of TITL

1. Physical, Emotional, Social, and Academic Safety
2. Trustworthiness and Transparency
3. Support and Connection
4. Inclusiveness and Shared Purpose
5. Collaboration and Mutuality
6. Empowerment, Voice, and Choice
7. Cultural, Historical, and Gender Issues
8. Resilience, Growth, and Change

(Adapted from Carello & Butler, 2015; Cole, Eisner, Gregory, & Ristuccia, 2013; SAMHSA, 2014; St. Andrews, 2013)
Resources
TI practice & policy initiatives

• Institute on Trauma and Trauma-Informed Care: http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html
• National Center for Trauma-Informed Care: http://www.samhsa.gov/nctic
• National Child Traumatic Stress Network: http://www.nctsn.org/
• Trauma and Learning Policy Initiative: http://traumasensitiveschools.org/
• Trauma Informed Care Project: http://www.traumainformedcareproject.org/resources.php
TI theory & principles

Applying TI to college classrooms

Preventing VT and Retraumatization in clinical training

Teaching sensitive topics

Pedagogies of discomfort & compassion