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

Janice Carello, MA, LMSW, PhD Candidate 2016

### Why TITL Matters for SW Educators



### 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)

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

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

### Sources of stress

|            | Field<br>(n = 167) | Coursework<br>(n = 180) | Other<br>(n = 180) |
|------------|--------------------|-------------------------|--------------------|
| Not at all | 9.6%               | 0%                      | 2.8%               |
| Slightly   | 26.3%              | 3.3%                    | 13.9%              |
| Moderately | 43.7%              | 42.8%                   | 33.9%              |
| Very       | 12%                | 41.1%                   | 38.3%              |
| Extremely  | 8.4%               | 12.8%                   | 11.1%              |

(Butler & Carello, 2014)

## Relationships of Student Trauma History and Training Exposures to Outcomes

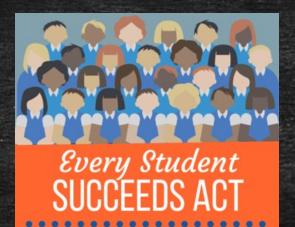
|                               | Burnout<br>(ProQOL) | Secondary<br>Traumatic<br>Stress<br>Symptoms<br>(STSS) | Compassion Satisfaction (ProQOL) |
|-------------------------------|---------------------|--|----------------------------------|
| ACE Score                     | .04                 | .17*   | .07                              |
| PTSD Criterion A2 experiences | .16                 | .23**  | .14                              |
| Reactivated in training       | .24**               | .38***   | .09                              |
| Field clients<br>traumatized  | 07                  | 01   | .26**                            |
| Work addresses trauma         | 15                  | 07   | .33**                            |

<sup>\*</sup>p<.05; \*\*p<.01; \*\*\*p<.001

# CSWE Educational Policy and Accreditation Standards

 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



dis CH\*LDREN'S LAW CENTER family health education.

ADDRESSING CHILDHOOD TRAUMA
IN DC SCHOOLS





CREATING TRAUMA

SENSITIVE SCHOOLS

Helping Traumatized Children Learn

wife national decision are proportions that Senate all challes

Creating and Advocating for Trauma-Sensitive Schools



Trauma and Learning Policy Initiatives a partnership of Massachusetts Advocates for Children and Harvard Law School





ACES Too High!

ACEs = Adverse Childhood Experiences

SUPPORTS FOR STUDENTS AND STAFF

# 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

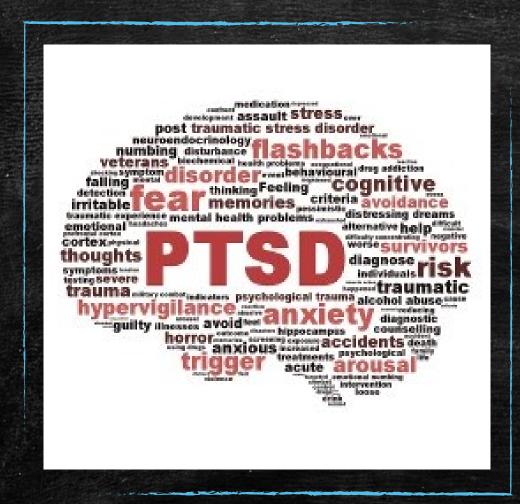
"Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While 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 reexperienced

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

#### PTSD and complex PTSD symptoms

source: European Journal of Psychotraumatology

2013. 4: 20706

http://dx.doi.org/10.3402/ejpt.v4i0.20706

Sense of threat

**Avoidance** 

Re-experiencing

Interpersonal disturbances

Negative self-concept

Affect dysregulation

Sense of threat

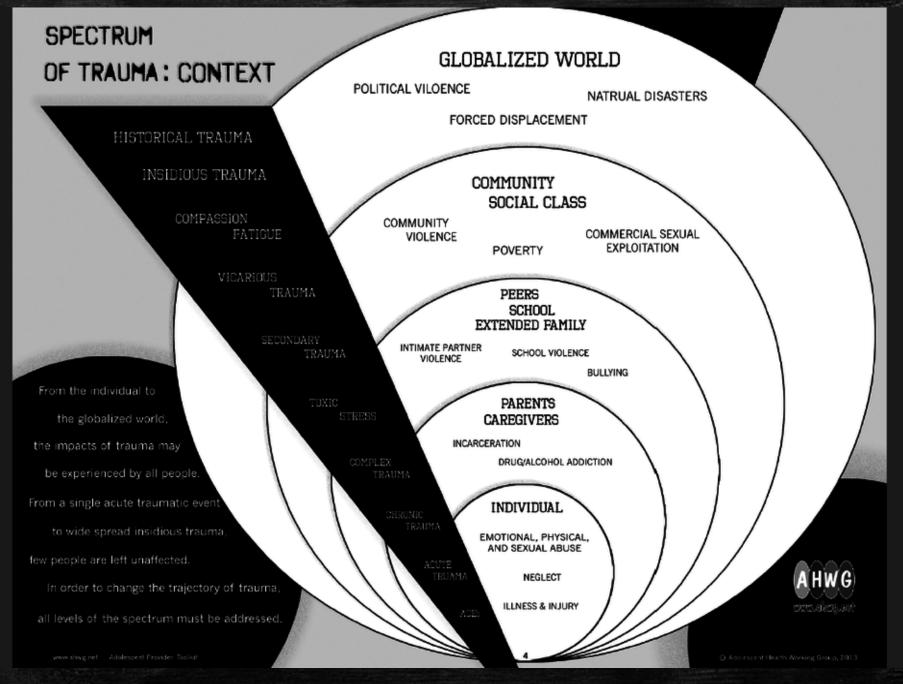
**Avoidance** 

Re-experiencing

PTSD

Complex PTSD

http://traumadissociation.com/complexptsd



from ahwg.net

#### Term Clarification

- 1. Retraumatization
- 2. Secondary Traumatic Stress (STS)
- 3. Vicarious Trauma (VT)
- 4. Burnout (BO)
- 5. Countertransference

- a) Prior trauma/ PTSD symptoms reactivated
- b) New trauma/PTSD symptoms activated
- c) Happens only in relation to clients
- d) May happen in response to clients, family, friends, or others
- e) Person with symptoms may or may not have a trauma history
- f) AKA compassion fatigue
- g) STS + change in cognitions
- h) Can be in response to a single event
- i) Related to an accumulation of occupational stress
- j) Overidentify with or try to meet needs through the client

#### 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

What it means to be traumainformed (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

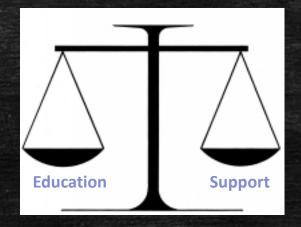
Retraumatization



Upset or Distress

### Balancing act

"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."

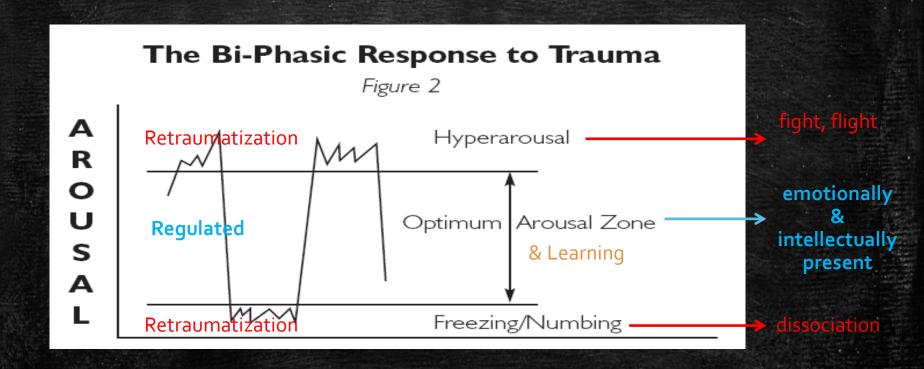


"The major challenge to educators working with highly stressed or traumatized adults is to furnish the structure, predictability, and sense of safety that can help them begin to feel safe enough to learn."

(Ko et al, 2008, p. 398)

(Perry, 2006, p. 25)

### Impact on arousal & on learning



### 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

Individual in Environment

What is wrong with you?

What has happened to you?

Trauma as disorder

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)

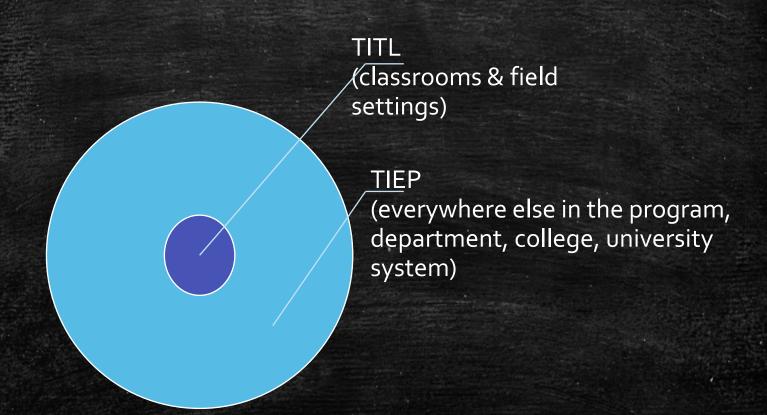
# TI SW education means practicing what we teach



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



#### TIEP



ADDRESSING CHILDHOOD TRAUMA
IN DC SCHOOLS



# 由

School of Social Work



#### TITL





## 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

 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
- 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
- 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

# Resources

#### TI practice & policy initiatives

- Every Student Succeeds Act: <a href="https://www.gpo.gov/fdsys/pkg/BILLS-114s1177enr/pdf/BILLS-114s1177enr/pdf/BILLS-114s1177enr/pdf/BILLS-114s1177enr.pdf">https://www.gpo.gov/fdsys/pkg/BILLS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1177enr/pdf/BILS-114s1179enr/pdf/BILS-114s1179enr/pdf/BILS-114s1179enr/pdf/BILS-114s1179enr/pdf/BILS-114s1179enr/pdf/BILS-114s1179enr/pdf/BILS-114s1179enr/pdf/BILS-114s1179enr/pdf/BILS-114s1179enr/pdf/BILS-114s1179enr/pdf/BI
- Institute on Trauma and Trauma-Informed Care: <a href="http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html">http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html</a>
- National Center for Trauma-Informed Care: <a href="http://www.samhsa.gov/nctic">http://www.samhsa.gov/nctic</a>
- National Child Traumatic Stress Network: <a href="http://www.nctsn.org/">http://www.nctsn.org/</a>
- Trauma and Learning Policy Initiative: <a href="http://traumasensitiveschools.org/">http://traumasensitiveschools.org/</a>
- Trauma Informed Care Project: <a href="http://www.traumainformedcareproject.org/resources.php">http://www.traumainformedcareproject.org/resources.php</a>

#### TI theory & principles

- Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming Children and Youth,* 17(3), 17-21.
- Bloom, S. L., & Sreedhar, S. Y. (2008). The Sanctuary Model of trauma-informed organizational change. *Reclaiming Children and Youth*, 17(3), 48-53.
- Butler, L.D., Critelli, F.M., & Rinfrette, E.S. (2011). Trauma-informed care and mental health.
   Directions in Psychiatry, 31(3), 197-208.
- Cole, S.F., Eisner, A., Gregory, M., & Ristuccia, J. (2013). Helping traumatized children learn:
   Creating and advocating for trauma-sensitive schools. Massachusetts Advocates for Children
   Trauma and Learning Policy Initiative. Retrieved from <a href="http://tlpi.jacksonwhelan.netdna-cdn.com/wp-content/uploads/2013/11/HTCL-Vol-2-Creating-and-Advocating-for-TSS.pdf">http://tlpi.jacksonwhelan.netdna-cdn.com/wp-content/uploads/2013/11/HTCL-Vol-2-Creating-and-Advocating-for-TSS.pdf</a>
- Elliot, D.E., Bjelajac, P., Fallot, R.D., Markoff, L.S., & Reed, B.G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33(4), 461-477.
- Harris, M., & Fallot, R.D. (Eds.) (2001). *Using trauma theory to design service systems*. New directions for mental health services. San Francisco, CA: Jossey-Bass.
- St. Andrews, A. (2013). *Trauma and resilience: An adolescent provider toolkit*. San Francisco, CA: Adolescent Health Working Group, San Francisco. Retrieved from <a href="http://ahwg.net/resources-for-providers.html">http://ahwg.net/resources-for-providers.html</a>
- Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. Rockville, MD: Author. Retrieved from <a href="http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf">http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf</a>

### Applying TI to college classrooms

- Carello, J., & Butler, L. D. (2015). Practicing what we teach: Traumainformed educational practice. *Journal of Teaching in Social Work*, 35(3), 262-278.
- Carello, J., & Butler, L. D. (2014). Potentially perilous pedagogies: Teaching trauma is not the same as trauma-informed teaching. *Journal of Trauma & Dissociation*, 15(2), 153-168.
- Episode 168 Dr. Lisa Butler and Janice Carello: Potentially Perilous Pedagogies: Teaching Trauma Is Not the Same as Trauma-Informed Teaching. (2015, May 25). inSocialWork® Podcast Series. [Audio Podcast] Retrieved from <a href="http://www.insocialwork.org/episode.asp?ep=168">http://www.insocialwork.org/episode.asp?ep=168</a>
- Fava, N.M., & Bay-Cheng, L.Y. (2013). Trauma-informed sexuality education: Recognizing the rights and resilience of youth. *Sex Education*, 13(4), 383-394.

### Preventing VT and Retraumatization in clinical training

- Black, T. G. (2006). Teaching trauma without traumatizing: Principles of trauma treatment in the training of graduate counselors. *Traumatology*, 12, 266–271. doi:10.1177/1534765606297816
- Cunningham, M. (2004). Teaching social workers about trauma: Reducing the risks of vicarious trauma in the classroom. *Journal of Social Work Education*, 40(2), 305-317.
- Dane, B. (2002). Duty to inform. *Journal of Teaching in Social Work, 22*(3/4), 3-20.
- DePrince, A., & Newman, E. (2011). Special issue editorial: The art and science of traumafocused training and education. *Psychological Trauma, Theory, Research, Practice, and Policy,* 3(3), 213-214.
- Gilin, B., & Kauffman, S. Strategies for teaching about trauma to graduate social work students. Journal of Teaching in Social Work, 35(4), 378-396.
- Knight, C. (2013). Indirect trauma: Implications for self-care, supervision, the organization, and the academic institution. The Clinical Supervisor, 32, 224-243.
- Miller, M. (2001). Creating a safe frame for learning: Teaching about trauma and trauma treatment. *Journal of Teaching in Social Work*, 21(3/4), 159-176.
- McCammon, S. L., (1999). Painful pedagogy: Teaching about trauma in academic and training settings. In Stamm, B. H. (Ed.), Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators (2nd ed.). Baltimore, MD: Sidran Press.
- O'Halloran, M.S., & O'Halloran, T. (2001). Secondary traumatic stress in the classroom: Ameliorating stress in graduate students. *Teaching of Psychology*, 28(2), 92-97.
- Zurbriggen, E.L. (2011). Preventing secondary traumatization in the undergraduate classroom: Lessons from theory and clinical practice. *Psychological Trauma: Theory, Research, Practice, and Policy, 3*(3), 223-228.

### **Teaching sensitive topics**

- Barlow & Becker-Blease (2012). Caring for students in courses with potentially threatening content. *Reflections*, 18(2), 42-47.
- Bertram, C.C., & Crowley, S. (2012). Teaching about sexual violence in higher education: Moving from concern to conscious resistance. *Frontiers*, 33(1), 63-82.
- Lowe, P. (2015). Lessening sensitivity: Student experiences of teaching and learning sensitive issues. *Teaching in Higher Education*, 20(1), 119-129.

### Pedagogies of discomfort & compassion

- Boler, M., & Zembylas, M. (2003). Discomforting truths: The emotional terrain of understanding difference. In Trifonas, P.P. (Ed.) *Pedagogies of difference:* Rethinking education for social change (pp. 110-136). New York: RoutledgeFalmer.
- Brooks, J.G. (2011, Winter/Spring). Bearing the weight: Discomfort as a necessary condition for "less violent" and more equitable dialogic learning. Educational Foundations, 43-62.
- Coulter, S., Campbell, J., Duffy, J., & Reilly, I. (2013). Enabling social work students
  to deal with the consequences of political conflict: Engaging with victim/survivor
  service users and a 'Pedagogy of Discomfort.' Social Work Education, 32(4), 439452.
- Zembylas, M., & McGlynn, C. (2012). Discomforting pedagogies: Emotional tensions, ethical dilemmas, and transformative possibilities. *British Educational Research Journal*, 38(1), 41-59.