

# *2018 Field Education Appreciation Event*

## *Innovations in Field Instruction*

### *A Trauma Informed Approach*

*Presented by:*

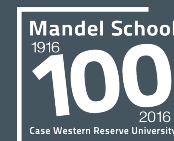
*Amy Korsch-Williams MSSA, CNM, LISW-S*

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*Zoe Breen Wood, MSW, PhD*



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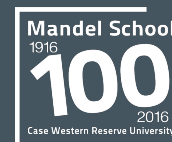


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# *WELCOME!*



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# LIVESTREAM PARTICIPANTS

In order to meet Ohio CSWMFT Board requirements, Livestream participants **must** complete each of the following steps:

1. Using your full name, sign in now to the training now via the Livestream Chat function.
2. Sign out at the conclusion of the training via the Livestream Chat.  
*\*If you are unable to sign in/out using the Chat, please send an email to Rachel Anderson [rea54@case.edu](mailto:rea54@case.edu)*
3. Complete both the required training post-test & evaluation. Links to these documents and the training handouts have been posted at <http://msass.case.edu/fieldedu/field-instructor/>



# *Presentation Overview*

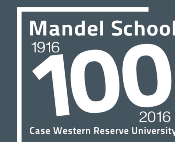
**Slides and handouts are available at:**

<http://msass.case.edu/fieldedu/field-instructor/>

- 9:30** Introduction to Trauma Informed Field Instruction/Research Overview
- 10:15** Secondary Traumatic Stress and Vicarious Trauma: Implications for Field Education
- 10:45** Break
- 11:00** Instructional Strategies in a Trauma Informed Supervision Model  
Next Steps: Implementation of the Model
- 12:00** Organizational Trauma: Implications for Students and Field Instructors
- 12:30** Closing Discussion and Evaluation
- 12:45** Luncheon



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# Objectives

## Increased awareness of:

- **Potential for increased rates of personal trauma history among social work students and the potential implications for field education/ field performance.**
- **Potential indicators and risk factors for the development of secondary trauma stress and vicarious trauma in social work students & practitioners.**
- **Organizational trauma and practice implications**
- **Specific instructional strategies, case studies, teaching materials, exercises & discussions that can be implemented within a trauma informed model of field instruction.**



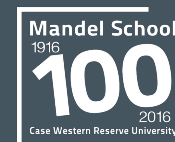
# *Why Trauma Informed?*

- Many students unprepared for how they may be impacted by placement experiences
- Students unaware of how trauma impacts clients, professionals, organizations & systems
- Critical role of field educators in addressing these gaps

*We have recognized a need to support our students in a different way*



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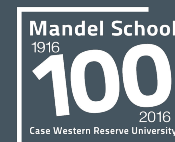
# *Why Trauma Informed?*

**Our approach is structured by a sensitivity to:**

- The reality of traumatic experiences in the lives of most people
- The ways in which trauma has affected individuals, families & communities
- The way in which traumatic experiences impact the educational experiences of our students, in both the classroom and in field



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# *Why Trauma Informed?*

Carello & Butler (2016) found that all students reported experiencing **one or more** of the following

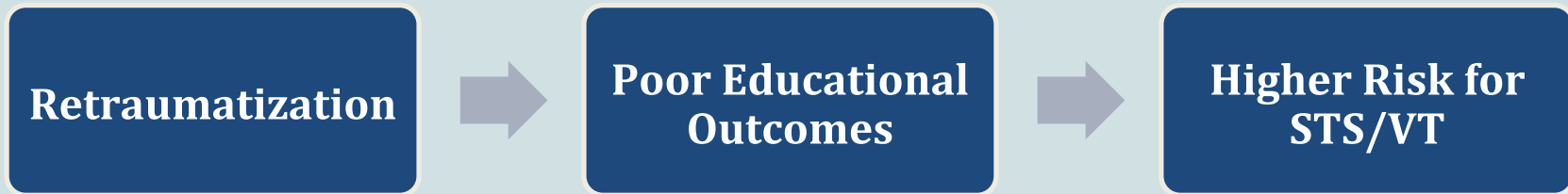
- Exposure to traumatized populations
- Field placement work that directly addressed client trauma
- Experiencing fear, hopelessness and horror as a result of exposure to client trauma
- Reactivation of own feelings/memories (retraumatization)
- ***More than half of students were placed in non-clinical settings***





# *Impact of Trauma on SW Students*

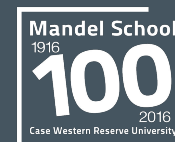
**Exposure to traumatic material can negatively impact students with their own trauma histories.**



**A Trauma Informed Approach Benefits ALL Students**



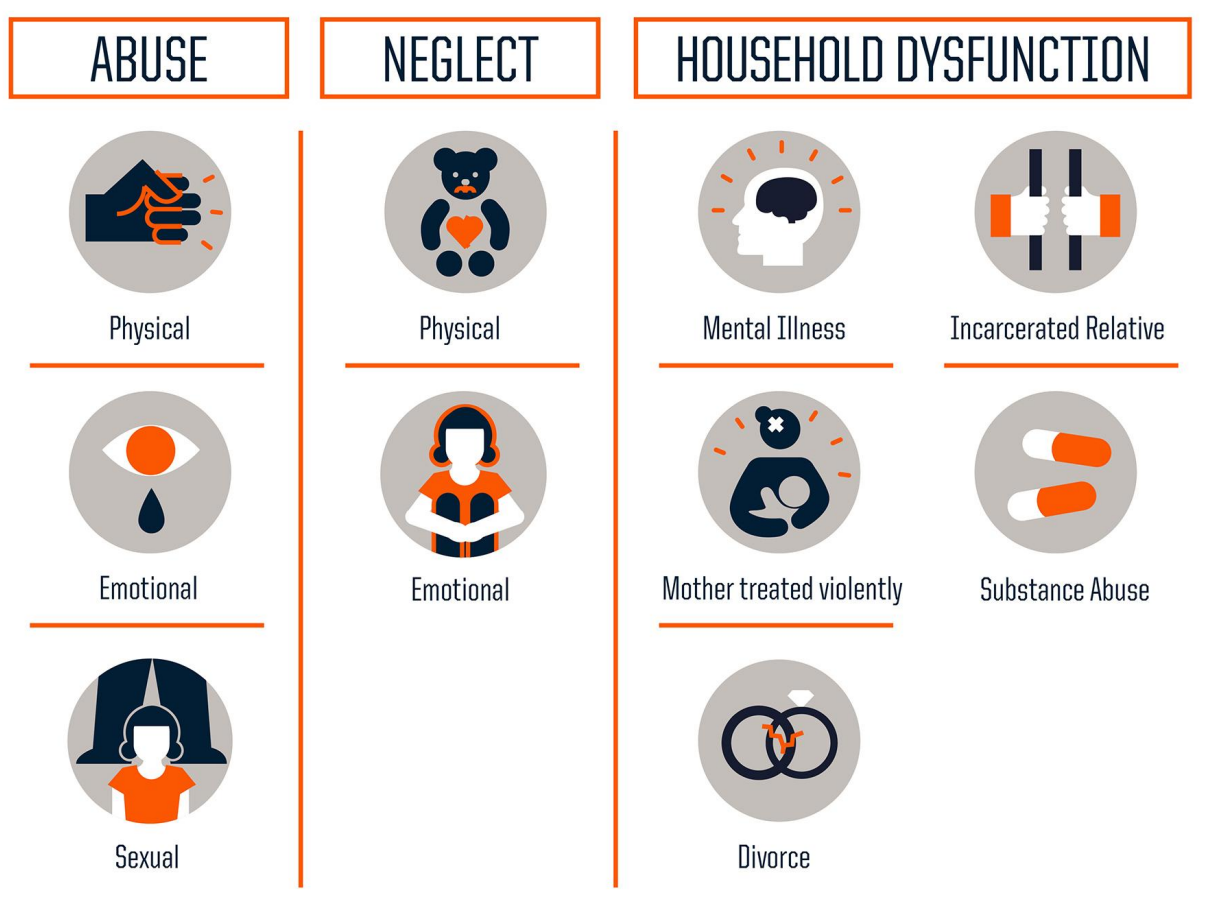
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# The Adverse Childhood Experiences Study

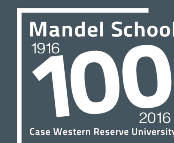
Kaiser Permanente and the CDC surveyed 17,000 HMO members about their childhood experiences, health risk behaviors, and health problems in adulthood.



Felitti et al. (1998)  
 Graphic via The Robert Wood Johnson Foundation



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# ACE Study Overview: Prevalence of Trauma

## Household Dysfunction

- **Substance Abuse**  
27%
- **Divorce**  
23%
- **Mental Illness**  
17%
- **Domestic Violence**  
13%
- **Criminal Behavior** 6%

## Abuse

- **Psychological**  
11%
- **Physical**  
28%
- **Sexual**  
21%

## Neglect

- **Emotional**  
15%
- **Physical**  
10%

(Felitti & Anda, 1997)



# ACE Study Overview: Prevalence of Trauma

Number of ACEs	% of Respondents
0	33%
1	26%
2	16%
3	10%
4 or more	12.5%

Felitti et al. (1998)

**64% of the sample had experienced at least 1 ACE.**

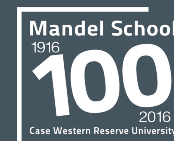
For people with a single category of exposure, the probability of exposure to any additional category ranged from 65-93%.

The probability of two or more additional exposures ranged from 40-70%.

***Childhood traumatic experiences do not occur in isolation.***



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# Possible Risk Outcomes

## BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

## PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



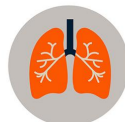
Heart disease



Cancer



Stroke



COPD

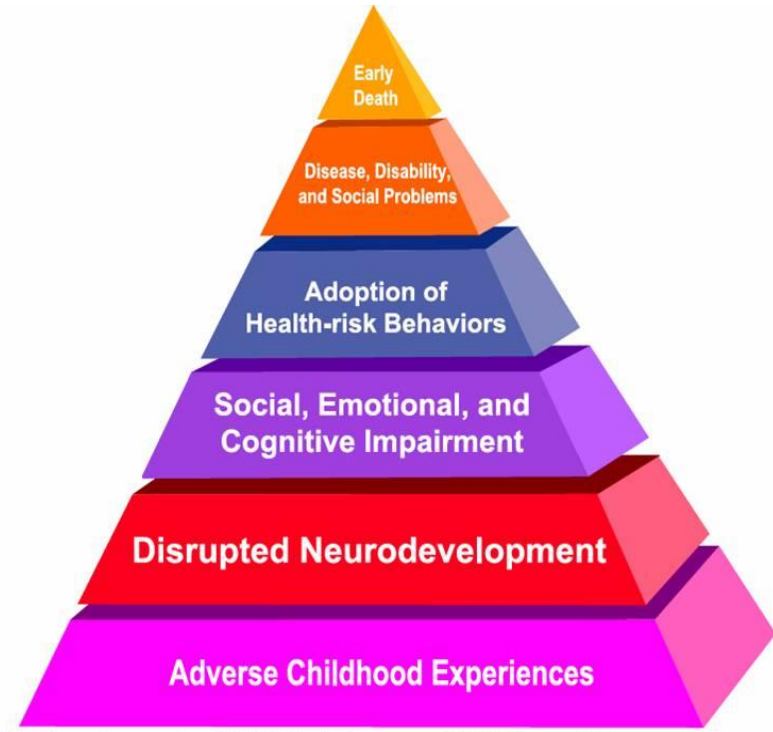


Broken bones

Death



Conception



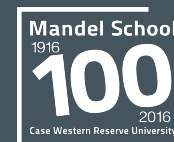
**Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan**

Felitti et al. (1998)

Graphic via The Robert Wood Johnson Foundation



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## Trauma & Health Risks

Four or more ACEs leads to substantially increased health risks

- COPD 390%
- Hepatitis 240%
- Depression 460%
- **Suicide 1220%**

[cdc.gov](http://cdc.gov)



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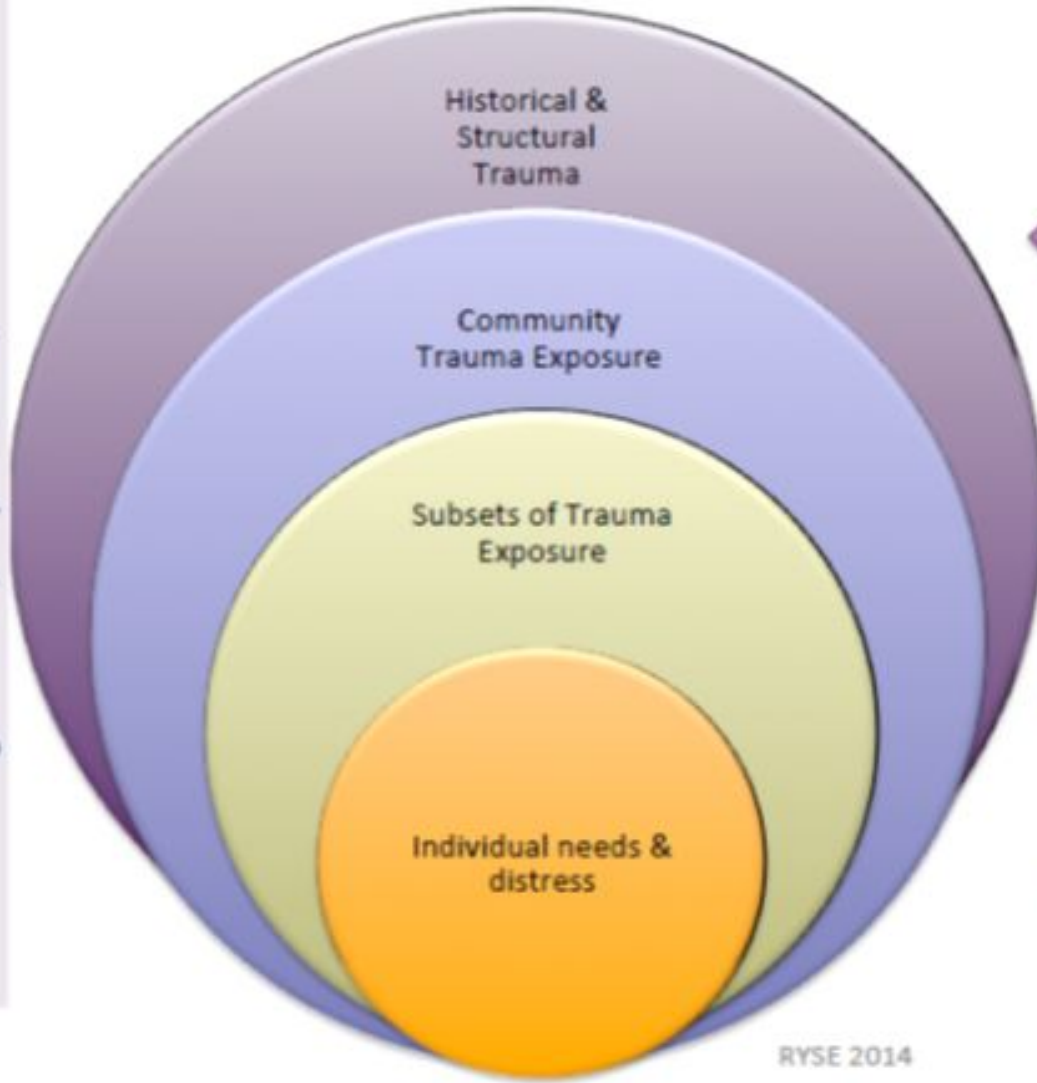


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# Interacting Layers of Trauma Exposure

Microaggressions, implicit bias, racial trauma



- ← Economic exploitation, enslavement, colonization, mass incarceration, displacement, cultural hegemony
- ← territorial/turf violence, drug dealing, refinery pollution, media assault, gentrification
- ← Domestic violence exposure, sexual exploitation, gang violence, social identity threat
- ← Personal traumatic experiences, bullying, family systems stressors, shame,

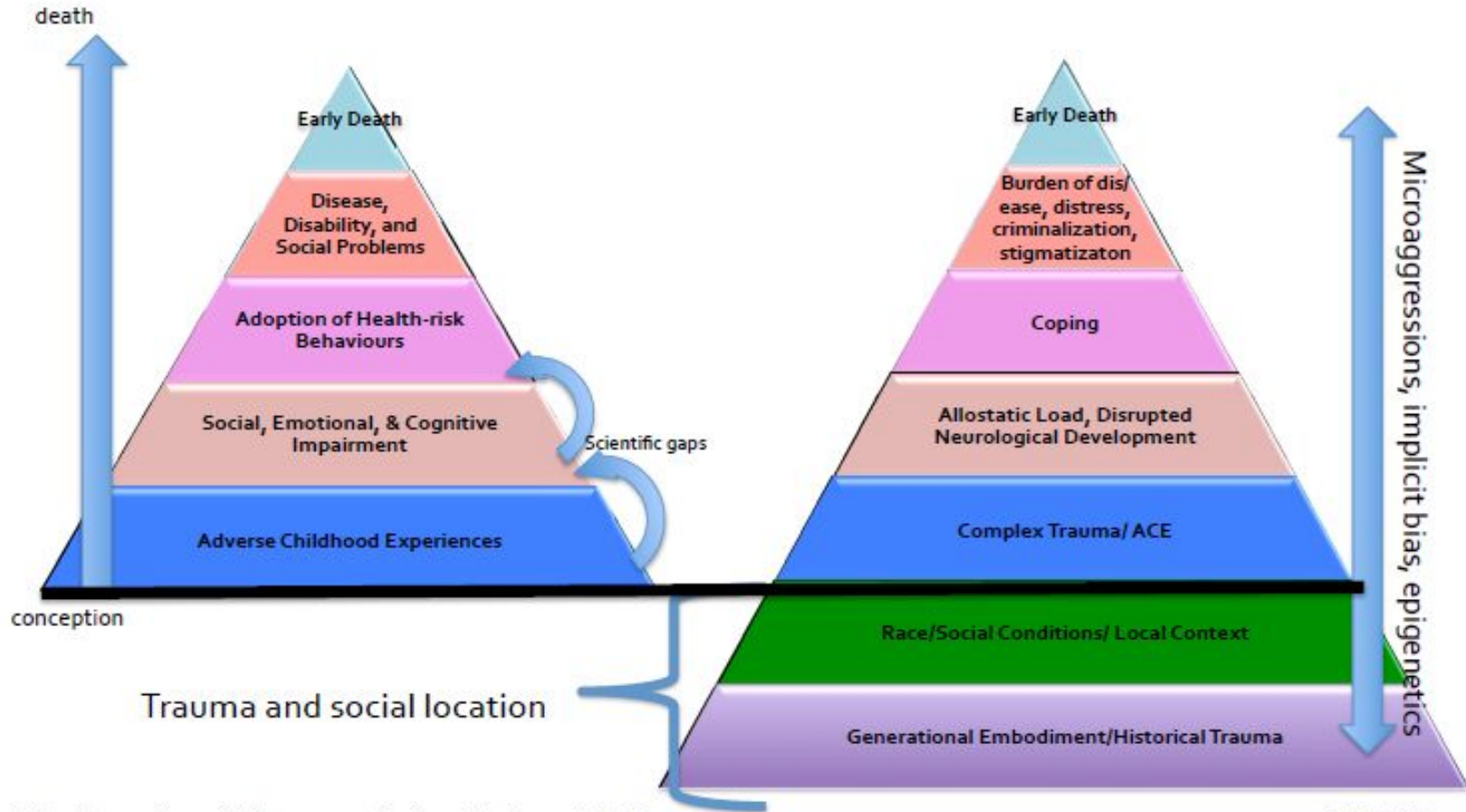
RYSE 2014

# Trauma and Social Location



## Adverse Childhood Experiences\*

## Historical Trauma/Embodiment

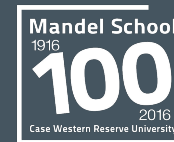


\*<http://www.cdc.gov/violenceprevention/acestudy/pyramid.html>

RYSE 2015



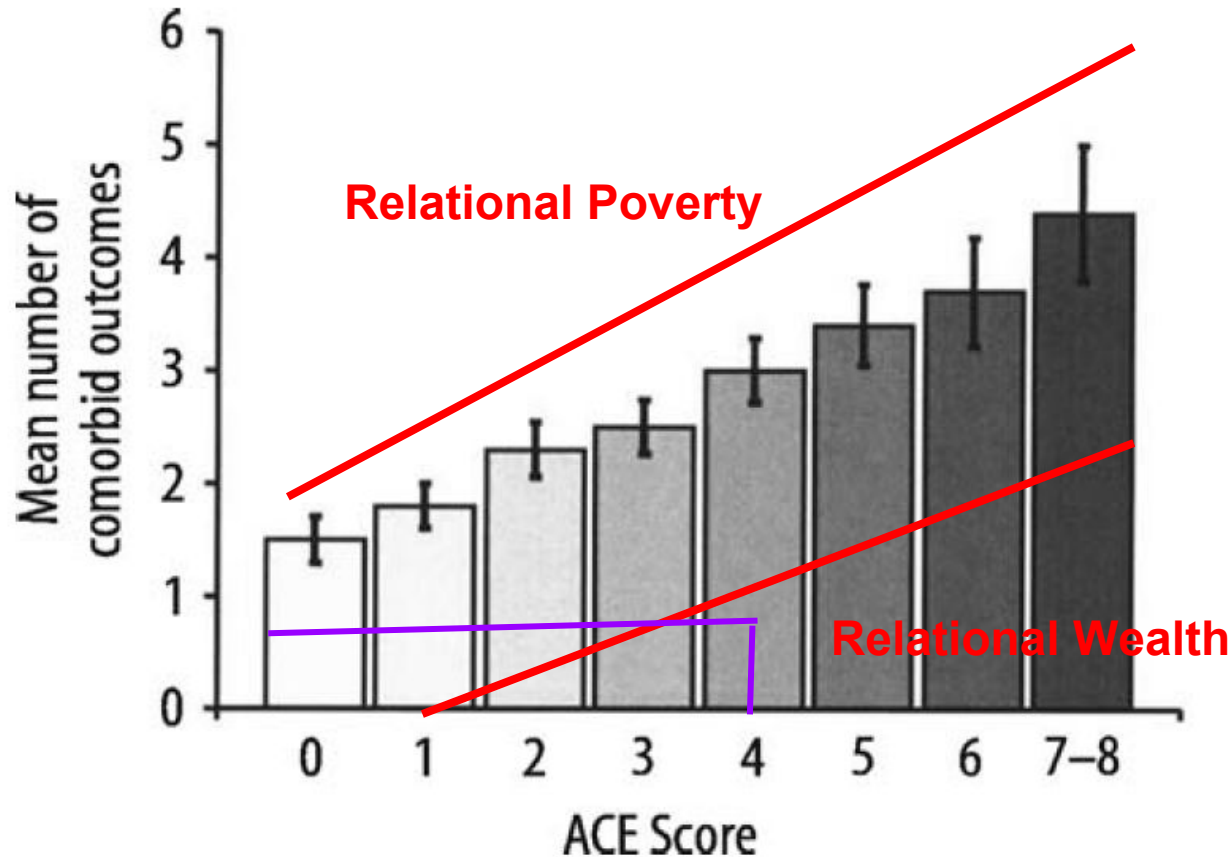
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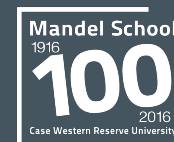
# Relationships Are More Important Than Adversity



Graphic via Child Trauma Academy



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# *ACE Scores Among SW Students*

<b>Number of ACEs</b>	<b>Original ACE Study</b>	<b>Gilin &amp; Kaufman (2015)</b>	<b>Butler et al. (2016)</b>	<b>Thomas (2016)</b>
<b>At least 1</b>	<b>64%</b>	<b>77.6%</b>	<b>77.8%</b>	<b>79%</b>
<b>4 or more</b>	<b>12.5%</b>	<b>27.5%</b>	<b>31.3%</b>	<b>42%</b>

*How might this impact students? In the classroom, in field, and in the profession?*



# *ACE Scores Among Helping Professionals*

<b>Number of ACEs</b>	<b>Original ACE Study</b>	<b>Esaki &amp; Larkin (2015)</b>	<b>Lee et al. (2017)</b>
<b>At least 1</b>	<b>64%</b>	<b>70.1%</b>	<b>77.4%</b>
<b>4 or more</b>	<b>12.5%</b>	<b>15.9%</b>	<b>31.0%</b>

*How might this impact our Clients?  
Agencies?  
Communities?*



# *Impact of Trauma on the Workforce*

## *Creating Common Language*

### **Definitions:**

**Retraumatization:** reactivating trauma-related symptoms signaled by exposure to material reminiscent of an earlier traumatic event.

**Secondary Traumatic Stress (STS):** the development of trauma-related symptoms in the clinician following the disclosure of trauma-related material by the client (Figley, 1995).

**Vicarious Trauma (VT):** caregiving individuals own internal experience becomes transformed through engagement with the client's traumatic material (McCann & Pearlman, 1990).



## Secondary Traumatic Stress and Related Conditions: Sorting One from Another

**Secondary Traumatic Stress** refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

**Compassion fatigue**, a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.

**Vicarious trauma** refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material.

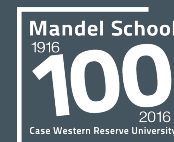
**Compassion satisfaction** refers to the positive feelings derived from competent performance as a trauma professionals. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

**Burnout** is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the terms is not used to describe the effects of indirect trauma exposure specifically.



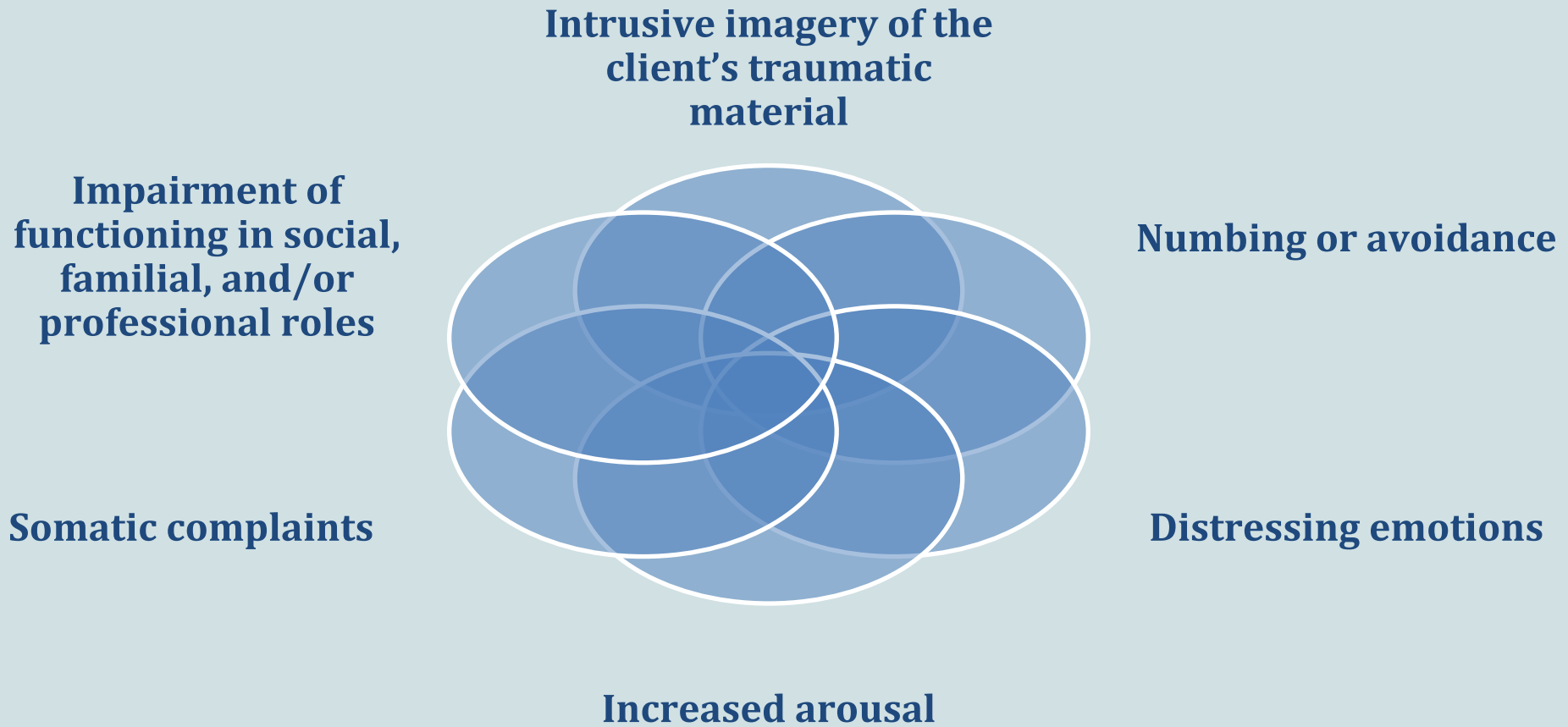
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# Symptoms of STS



# Signs & Impact of STS



## Areas of Impact:



## Language as Empowerment



# *Impact of STS*

## **Cognitive**

- **Difficulty concentrating**
- **Decreased self-esteem**

## **Emotional**

- **Anxiety**
- **Guilt**
- **Depression**

## **Behavioral**

- **Irritable**
- **Withdrawn**
- **Sleep/appetite issues**

## **Interpersonal**

- **Isolation**
- **Mistrust**
- **Impact on parenting**

## **Physical**

- **Headaches**
- **GI issues**

## **Professional**

- **Poor quality of care**
- **Absenteeism**
- **Low morale**





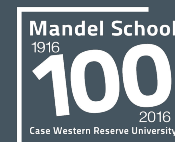
# Trauma Organized Systems

- ***“A system that has become fundamentally and unconsciously organized around the impact of chronic & toxic stress, even when this undermines the essential mission of the system”.***
- **Organizations, like individuals, are living systems**
- **Vulnerable to stress, particularly chronic & repeated**
- **Chronic stress slowly robs an organization of basic interpersonal safety & trust, leading to a decline in organizational health.**
- **Organizations, like individuals, can be traumatized; often resulting in similarly devastating effects.**

Bloom (2012)



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# Implications for Organizational Social Work Practice



- **Increasing demands,  
Limited resources,  
Little autonomy**

- **Absenteeism, low  
morale, poor  
decision-making**

**Workplace  
Stress**

**STS/Burnout**

**Increased Costs**

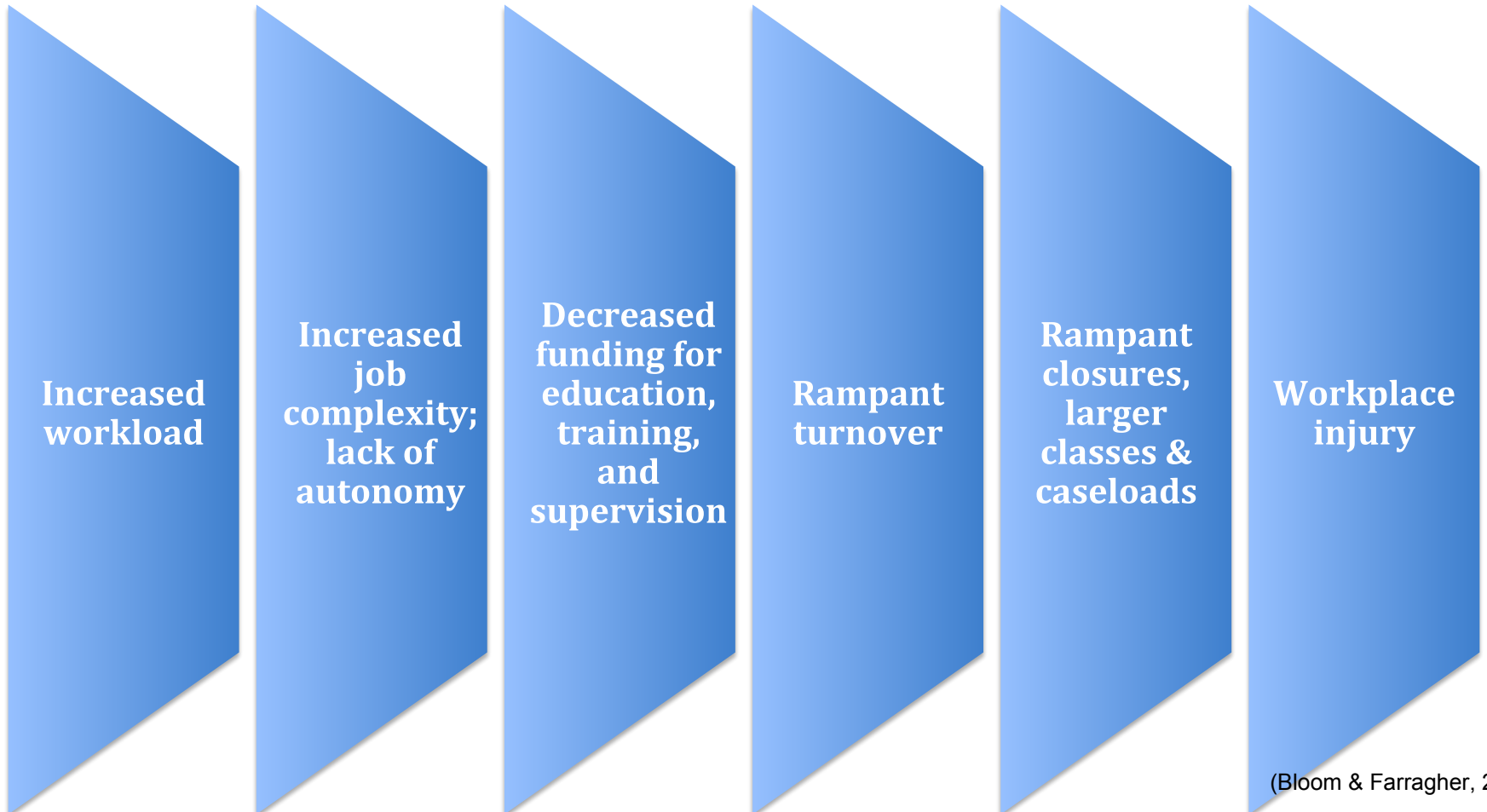
**Staff Turnover**

- **Recruitment,  
training, temp  
services, increase  
workload for existing  
staff**

**Decrease in quality of  
care for clients, student  
turnover, student  
mistrust**



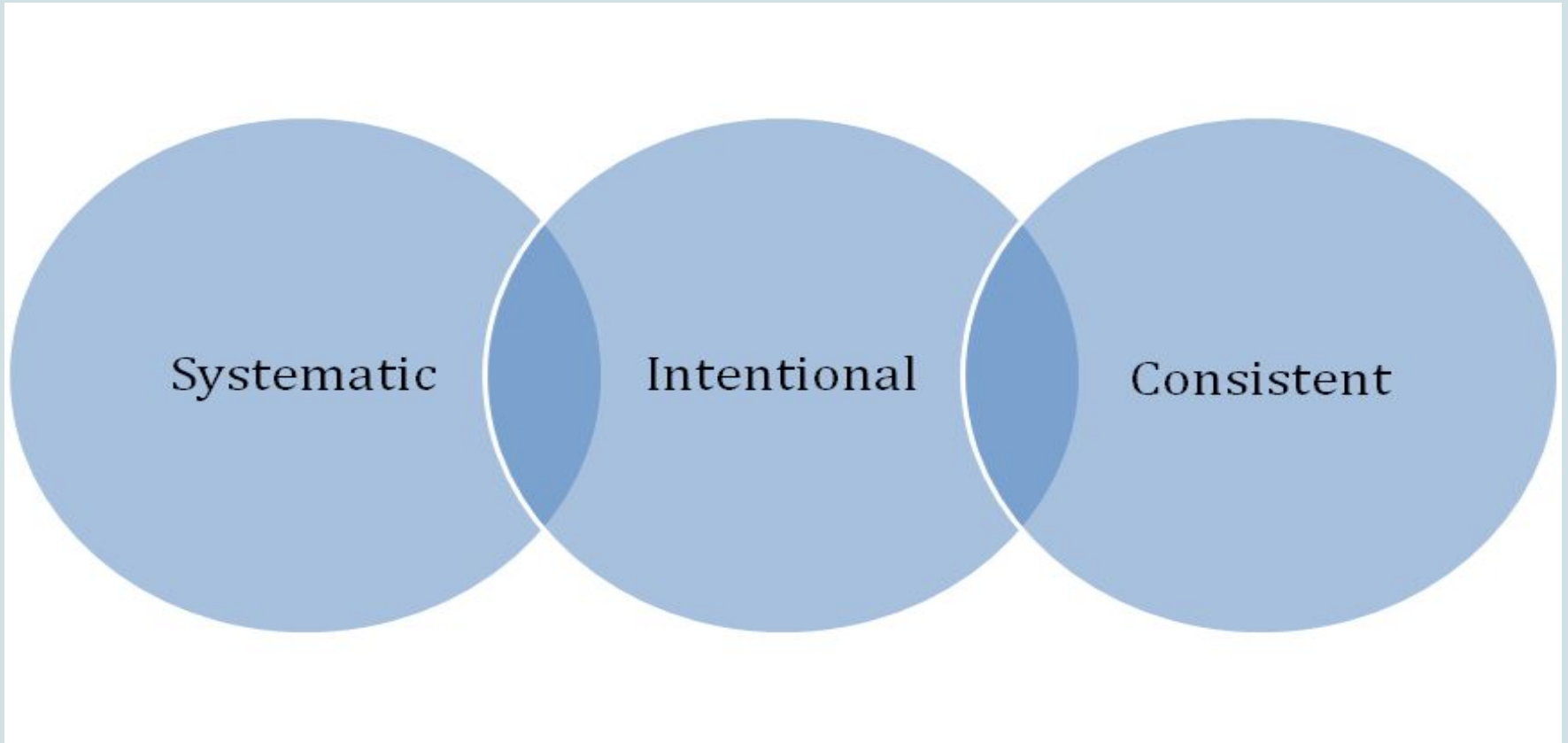
# Workplace Stress



(Bloom & Farragher, 2011)



# Effective Organizational Responses to Trauma



# Microaggressions



*“Brief, commonplace verbal, behavioral, or environmental indignities (whether intentional or unintentional) that somehow communicate negative or denigrating messages to members of marginalized groups.”*

Can be in reference to supervisees or their clients.

**LANGUAGE MATTERS.**

## Impact > Intent



# Microaggressions

## Dominant Themes:

- Invalidating racial-cultural issues
- Making stereotypic assumptions about black clients
- Making stereotypic assumptions about supervisees
- Reluctance to give performance feedback for fear of being viewed as racist
- Focusing primarily on clinical weaknesses
- Blaming clients of color for problems stemming from oppression
- Offering culturally insensitive treatment recommendations

*Culture and race are components of the supervisory relationship. Through a trauma-informed lens, we must address these dynamics in supervision.*

(Constantine & Sue, 2007)



# Parallel Process

***Definition: "two or more systems – whether these consist of individuals, groups, or organizations – have significant relationships with one another, they tend to develop similar affects, cognition, and behaviors, which are defined as parallel processes."***

- **Agencies need to take care of staff in order to...**
  - **Improve outcomes for clients**
  - **Improve staff well-being**
  - **Increase staff retention/reduce turnover**
- **Staff need to take care of themselves in order to:**
  - **Maintain positive work/life balance**
  - **Avoid burnout and STS**
  - **Understand themselves and their trauma reactions**



(Bloom & Farragher, 2011)





# Parallel Process

***Definition: "two or more systems – whether these consist of individuals, groups, or organizations – have significant relationships with one another, they tend to develop similar affects, cognition, and behaviors, which are defined as parallel processes."***

- **Organization to supervisor**
- **Impact of FI stress/pressure on relationship with student**
- **Then student to client**
- **Organizational culture – how create larger support network**

(Bloom & Farragher, 2011)



# *Where Does Your Agency Fall?*

## **Trauma-Organized**

**Parallel processes occurring; stress at all levels; poor communication, lack of transparency, not supportive**

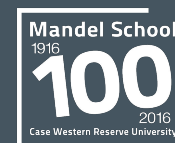
## **Trauma-Informed**

**Recognizes impact of trauma, avoids retraumatizing, prioritizes safety, trust, transparency at all levels**

**What might help to move the needle?**



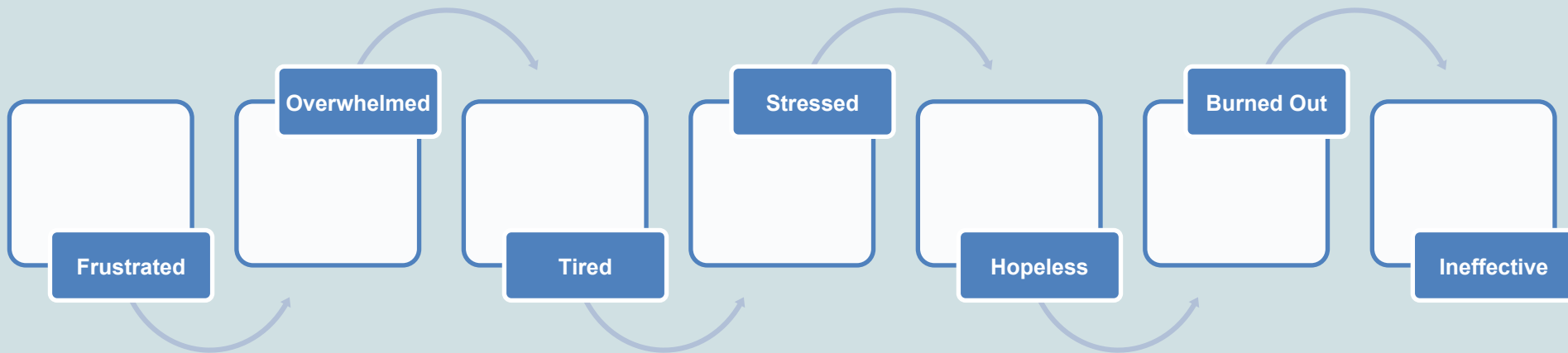
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# What About the Helpers?

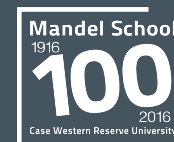
*We should not be taught to expect...*



**We have a right not to be harmed by our work**



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# Trauma-Informed Systems

**Being “trauma-informed” means:**

- Being sensitive to the reality of traumatic experiences in the ***lives of most people***.
- Being sensitive to the ways in which trauma has affected ***individuals, families, and entire groups*** (i.e.. Native Americans, African Americans, and LGBT individuals).
- Becoming sensitive to the ways in which trauma impacts ***organizations and entire systems***.



# *SAMHSA's Trauma-Informed Care*

## **Realize**

Understand  
trauma as  
widespread

## **Recognize**

Aware of signs  
& symptoms

## **Respond**

Integrate  
knowledge  
into policies &  
practices

## **Resist**

Actively avoid  
retraumatizing



# *SAMHSA's Key Principles of TI Care*

**Safety**

**Trustworthiness &  
Transparency**

**Peer Support**

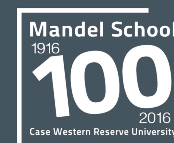
**Collaboration &  
Mutuality**

**Empowerment, Voice,  
& Choice**

**Cultural, Historical, &  
Gender Issues**



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# *The TIFI Model: Supporting Student Success*

The Council on Social Work Education has designated that standards for competent practice in response to trauma are an *ethical obligation* in social work education.

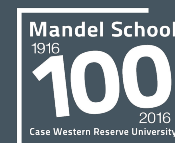
*It is crucial that we work in partnership to:*

- Provide a theoretical framework to help students understand the thoughts, feelings & reactions that may emerge as a function of their field experiences
- Take **intentional** steps to avoid retraumatization and vicarious traumatization

(Adapted from Cunningham, 2004)



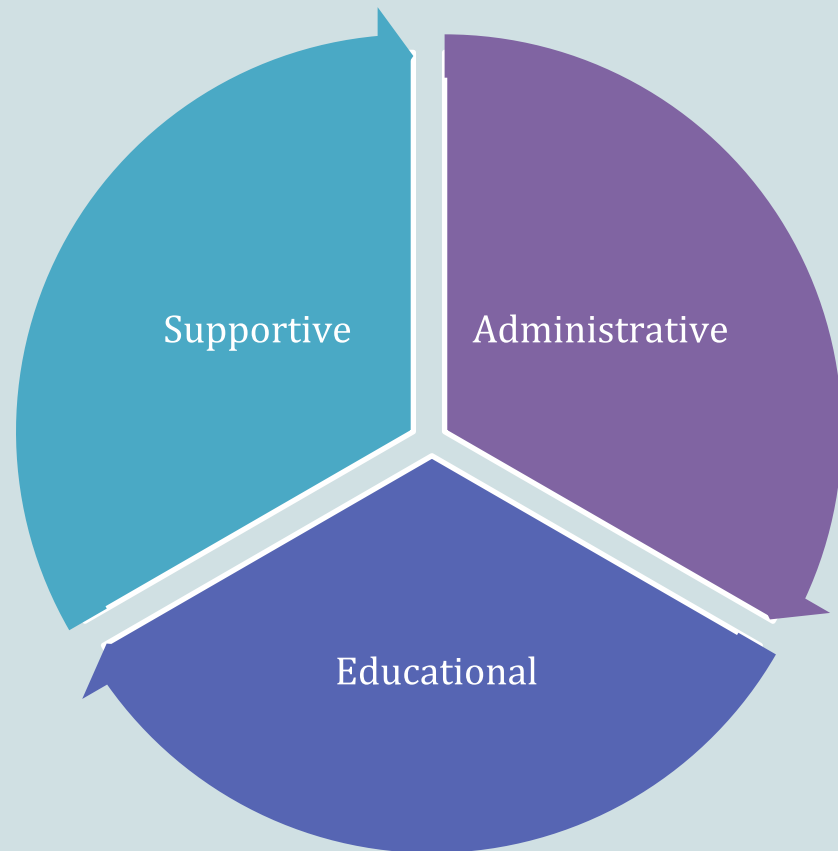
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# *Supervision*

**Potential areas of trauma-informed intervention include:**





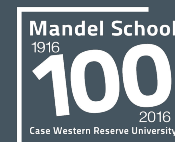
# *Secondary Traumatic Stress Core Competencies for Supervisors*

1. **Knows** signs, symptoms, risk factors & impact of **STS**; supports available.
2. Able to self-assess, monitor, and address **own STS**.\*\*
3. **Facilitates sharing** emotional experience of doing trauma work in a **safe and supportive manner**.
4. **Assists** supervisee **in emotional regulation** after difficult encounters\*\*
5. **Knows** basic Psychological First Aid – or other **crisis support models**
6. **Models using a trauma lens** to guide case conceptualization and service delivery
7. Structures **resilience-building** into supervision.\*\*\*
8. **Distinguishes** between expected **changes in supervisee perspectives** and **cognitive distortions** related to indirect trauma exposure
9. Uses **appropriate self-disclosure** in supervisory sessions

(NCTSN, 2018)



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# **“Knowledge and capacity to self-assess, reflective capacity to monitor, and address the supervisor’s own personal secondary traumatic stress.”**

*Looks like:*

**Recognizing the impact of race, historical trauma, implicit bias, culture, or other trauma history on yourself. Describing how it may manifest in supervision.**

**Self-assessing for signs and symptoms of STS that may be impacting your functioning.**

**Addressing signs and symptoms of STS when they arise in your own life.**

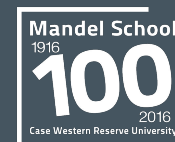
**Willingly seek support from peers or your own supervisor.**



(NCTSN, 2018)



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# “Knowledge of skills to assist the supervisee in emotional re-regulation after difficult encounters...”

*Looks like:*

## Education

**Define self-regulation**

**Teach self-regulation skills**

## Assessment

**Evaluate supervisee’s well-being**

**Observe the supervisee’s emotional response**

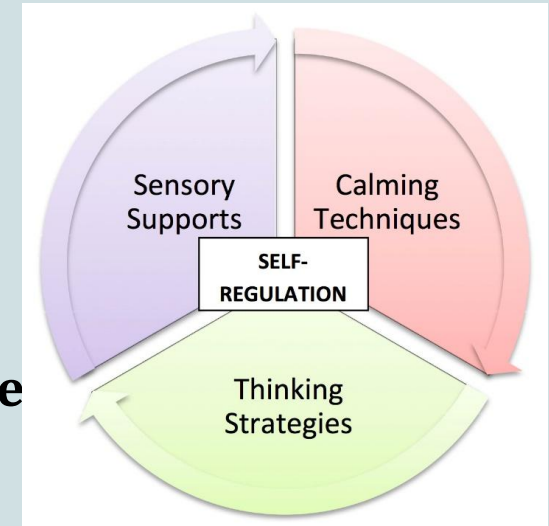
## Coaching and Supporting

**Assist with self-regulation, including cognitive skills and behavioral recovery**

**Communicate concern and support**

**Aid supervisee in developing skills for managing intense affect.**

(NCTSN, 2018)



# “Knowledge of resiliency factors and ability to structure resilience-building into individual and group supervisory activities...”

*Looks like:*

## **FACILITATING**

**Supervisee’s mastery over trauma material/cases**

## **IDENTIFYING**

**Supervisee’s strengths**

## **CONNECTING**

**Supervisee to a team; reduce isolation**

## **SUPPORTING**

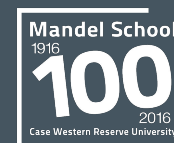
**Development of compassion satisfaction**



(NCTSN, 2018)



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# *Trauma-Informed Field Instruction*

Safety

Trustworthiness &  
Transparency

Peer Support

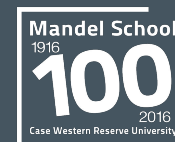
Collaboration & Mutuality

Empowerment, Voice, &  
Choice

Cultural, Historical, &  
Gender Issues



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# Putting it to work

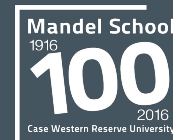
- In your groups, review the vignette and answer questions at the top of the sheet.
- Your reporter is the person whose birthday is closest to today.



# What did we learn?



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# Individual & Large Group Exercise

**What are the next steps for you and/or your team/organization?**

- **Personal life**
- **Professional life**
- **Agency-wide**
- **In all realms**

**Make a personal list and CIRCLE the ones you will begin implementing.**

**As a large group, we will discuss.**





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**(216) 368-2689**

**Thank you!**

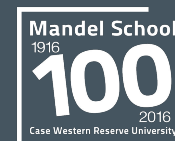
**In Recognition**

**Social  
Work  
Excellence  
in Field Education**



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