Innovations in Field Instruction

A Trauma Informed Approach

Presented by:

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WELCOME!
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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

11:45  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
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*
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
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.

Retraumatization ➔ Poor Educational Outcomes ➔ Higher Risk for STS/VT

A Trauma Informed Approach Benefits ALL Students
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
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

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>33%</td>
</tr>
<tr>
<td>1</td>
<td>26%</td>
</tr>
<tr>
<td>2</td>
<td>16%</td>
</tr>
<tr>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>4 or more</td>
<td>12.5%</td>
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</table>

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%.

Childhood traumatic experiences do not occur in isolation.

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

**Behavior**
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

**Physical & Mental Health**
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STIs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

**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
Four or more ACEs leads to substantially increased health risks

- COPD 390%
- Hepatitis 240%
- Depression 460%
- Suicide 1220%
Interacting Layers of Trauma Exposure

- Individual needs & distress
  - Personal traumatic experiences, bullying, family systems stressors, shame,
- Subsets of Trauma Exposure
  - Domestic violence exposure, sexual exploitation, gang violence, social identity threat
  - Territorial/turf violence, drug dealing, refinery pollution, media assault, gentrification
- Community Trauma Exposure
  - Economic exploitation, enslavement, colonization, mass incarceration, displacement, cultural hegemony
- Historical & Structural Trauma
  - Microaggressions, implicit bias, racial trauma

https://rysecenter.org/
Trauma and Social Location

Adverse Childhood Experiences

- Early Death
  - Disease, Disability, and Social Problems
  - Adoption of Health-risk Behaviours
  - Social, Emotional, & Cognitive Impairment
  - Adverse Childhood Experiences

Historical Trauma/Embodiment

- Early Death
  - Burden of disease, distress, criminalization, stigmatization
  - Coping
  - Allostatic Load, Disrupted Neurological Development
  - Complex Trauma/ACE
  - Race/Social Conditions/Local Context
  - Generational Embodiment/Historical Trauma

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

RYSE 2015
Relationships Are More Important Than Adversity

Graphic via Child Trauma Academy

Mean number of comorbid outcomes vs. ACE Score

Relational Poverty

Relational Wealth
### ACE Scores Among SW Students

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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>At least 1</td>
<td>64%</td>
<td>77.6%</td>
<td>77.8%</td>
<td>79%</td>
</tr>
<tr>
<td>4 or more</td>
<td>12.5%</td>
<td>27.5%</td>
<td>31.3%</td>
<td>42%</td>
</tr>
</tbody>
</table>

**How might this impact students? In the classroom, in field, and in the profession?**
## ACE Scores Among Helping Professionals

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

How might this impact our Clients? Agencies? Communities?
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 professional. 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.
Symptoms of STS

- Intrusive imagery of the client’s traumatic material
- Impairment of functioning in social, familial, and/or professional roles
- Numbing or avoidance
- Somatic complaints
- Distressing emotions
- Increased arousal
Signs & Impact of STS

Areas of Impact:
- Cognitive
- Emotional
- Behavioral
- Interpersonal
- Physical
- Professional

Language as Empowerment
**Impact of STS**

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty concentrating</td>
<td>Anxiety</td>
<td>Irritable</td>
</tr>
<tr>
<td>Decreased self-esteem</td>
<td>Guilt</td>
<td>Withdrawn</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>Sleep/appetite issues</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal</th>
<th>Physical</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation</td>
<td>Headaches</td>
<td>Poor quality of care</td>
</tr>
<tr>
<td>Mistrust</td>
<td>GI issues</td>
<td>Absenteeism</td>
</tr>
<tr>
<td>Impact on parenting</td>
<td></td>
<td>Low morale</td>
</tr>
</tbody>
</table>
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)
Implications for Organizational Social Work Practice

- Traumatized Client
- Hostile Socio/Econ Environment
- Pressured Organizations
- Stressed Staff

STOP
- Increasing demands, Limited resources, Little autonomy

- Absenteeism, low morale, poor decision-making

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

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

Workplace Stress

STS/Burnout

Increased Costs

Staff Turnover
Workplace Stress

1. Increased workload
2. Increased job complexity; lack of autonomy
3. Decreased funding for education, training, and supervision
4. Rampant turnover
5. Rampant closures, larger classes & caseloads
6. Workplace injury

(Bloom & Farragher, 2011)
Effective Organizational Responses to Trauma

Systematic  Intentional  Consistent
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)
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)
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?
What About the Helpers?

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

We have a right not to be harmed by our work.
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
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)
Supervision

Potential areas of trauma-informed intervention include:

- Supportive
- Administrative
- Educational
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)
“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)
“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)
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?
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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Thank you!

In Recognition
Social Work Excellence in Field Education