

**SPECIALIZED
PRACTICE
CURRICULAR
GUIDE *for*
TRAUMA-
INFORMED
SOCIAL WORK
PRACTICE**

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**2015 EPAS Curricular Guide
Resource Series**

Council on Social Work Education
Alexandria, Virginia

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Preface

COMPETENCY-BASED EDUCATION

In 2008 CSWE adopted a competency-based education framework for its EPAS. Competency-based education rests on a shared view of the nature of competence in professional practice. Social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being. EPAS recognizes a holistic view of competence; that is, the demonstration of competence is informed by knowledge, values, skills, and cognitive and affective processes that include the social worker's critical thinking, affective reactions, and exercise of judgment in regard to unique practice situations. Overall professional competence is multidimensional and composed of interrelated competencies. An individual social worker's competence is seen as developmental and dynamic, changing over time in relation to continuous learning (CSWE, 2015, p. 6).

Competency-based education is an outcome-oriented approach to curriculum design. The goal of the outcome approach is to ensure that students can demonstrate the integration and application of the competencies in practice. In the EPAS, social work practice competence consists of nine interrelated competencies and component behaviors that consist of knowledge, values, skills, and cognitive and affective processes. Using a curriculum design that begins with the outcomes, expressed as the expected competencies, programs develop the substantive content, pedagogical approach, and educational activities that provide learning opportunities for students to demonstrate the competencies (CSWE, 2015, p. 6).

SOCIAL WORK COMPETENCIES

The 2015 EPAS stipulates nine competencies for the social work profession. These competencies apply to both generalist and specialized practice. The nine social work competencies are listed in the 2015 EPAS on pp. 7–9. Each of the nine social work competencies is followed by a paragraph that describes the dimensions (*knowledge, values, skills, and cognitive and affective processes*) that make up the competency at the generalist level of practice. This paragraph describes the content that should be reflected in the generalist social work curriculum and represents the underlying content and processes that inform the behaviors. The bullet points under the paragraph descriptions in the EPAS are a set of behaviors that integrate the dimensions of the competency and represent observable components of each competency. The dimensions of the competency inform the behaviors.

FRAMEWORK FOR THE GUIDE

The CSWE Commission on Educational Policy (COEP) developed a framework for the development of curricular guides for areas of specialized practice. The task force followed the guidelines for creating trauma competencies and curricular resources that reflect accreditation standards for master’s programs, listed here:

- 1) Identification of an area of specialized practice for a specific population, problem area, method of intervention, perspective, or approach to practice in social work (Educational Policy [EP] M2.1).
- 2) Discussion of how the area of specialized practice builds on generalist practice as described in EP 2.0 (Accreditation Standard [AS] M2.1.1).
- 3) Identification of the specialized knowledge, values, skills, cognitive and affective processes, and behaviors that extend and enhance the nine social work competencies and prepare students for practice in the area of specialization identified (EP M2.1 and AS M2.1.3).
- 4) Suggested curriculum content and resources (e.g., readings, multimedia and online resources, modules, assignments, experiential exercises, class and field activities) for each of the nine social work competencies

and any additional competencies identified. The curriculum content and resources identified in this guide are not required by accreditation standards and are meant to serve as an optional guide to programs on how to conceptualize trauma-informed social work practice with the nine social work competencies identified in the 2015 EPAS.

- 5) Identification of the competency dimensions (knowledge, values, skills, and cognitive and affective processes) associated with the course content for each competency.

This guide highlights trauma content for social work curricula and can be used with generalist or specialized practice curricula. The guide provides resources for educators desiring to expand this content within their baccalaureate and master's programs and courses.

Introduction

We are pleased to present the *Specialized Practice Curricular Guide for Trauma-Informed Social Work Practice*, part of the 2015 EPAS Curricular Guide Resource Series, to extend the nine generalist level competencies of the Council on Social Work Education (CSWE) Educational Policy and Accreditation Standards (EPAS) to specialized practice. Our hope is that this will be an invaluable resource to faculty and field instructors who are educating students to work effectively in trauma-informed social work practice.

Competency for trauma-informed social work practice* includes the ability to intervene with individuals, families, groups, organizations, and communities in the practice, research, and policy context.

Trauma-informed social work education aims to prepare students through research and best practice standards when working with individuals, families, groups, organizations, and communities. Standards for competent practice in response to trauma are an ethical obligation of the profession, because the likelihood of encountering survivors of trauma in every practice setting is very high. Additionally, trauma-informed social work education recognizes the importance for students to understand the impact of the work on self, colleagues, the organization, and the system. Understanding the impact of secondary traumatic stress, vicarious traumatization, vicarious resilience, and posttraumatic growth is critical to professional growth and development.

* The term *trauma-informed social worker* is used throughout this document to indicate the difference between a generalist practitioner and one with special knowledge, background, and training in trauma concepts, interventions, and/or organizational and policy practice. The authors acknowledge that the field is moving toward the term *trauma-responsive* but chose not to use that term because they do not believe it is as widely understood as the term *trauma-informed*.

The intersections of age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion and spirituality, sex, sexual orientation, and tribal sovereign status add to the inherently complex impact of trauma exposure. These contextual factors contribute to the disproportionate exposure to greater socioeconomic inequalities experienced by the individuals and families that social workers encounter in all the service settings in which they work. The combined impact of disproportionate exposure to current trauma and experiences of historical trauma, marginalization, racism, and oppression shape the perceptions of the children and families, cultural groups, and the broader systems they live in to trauma exposure and intervention efforts. This particularly affects help seeking and access to effective services.

A reciprocal interaction also exists between social, political, and legal systems and the individuals and families traumatized. It affects the systems' capacity to respond effectively to the needs of affected individuals or families and the capacity of the systems themselves to adjust and recover. Inequities embedded in these systems lead to accumulated disadvantages in access to tangible and intangible sources of social support. The resulting inequality contributes to the overrepresentation of individuals who are traumatized among the populations affected by major social problems, such as homelessness, substance abuse, low educational attainment, joblessness, and chronic poor health.

Trauma-informed social workers recognize the following:

- **Trauma and traumatic experiences are inherently complex.**
Trauma occurs in a broad context that includes individuals' personal characteristics, life experiences, and current circumstances. Intrinsic and extrinsic factors influence individuals' experience and appraisal of traumatic events; expectations regarding danger, protection, and safety; and the course of posttrauma adjustment.
- **Trauma recovery is possible but presents specific challenges.**
Traumatic experiences often constitute a major violation of the expectations of the child, family, community, and society regarding the primary social roles and responsibilities of influential figures in the client's life. These life figures may include family members, teachers,

peers, adult mentors, and agents of social institutions such as judges, police officers, health-care and behavioral health-care providers, and child welfare workers. Practitioners are aware of the need to contend with issues involving justice, legal redress, and protection against further harm. In addition, working with trauma-exposed clients can evoke distress in providers that makes it more difficult for them to provide good care. Proper professional development and self-care are important parts of providing high-quality care and of sustaining personal and professional resources and capacities over time (National Child Traumatic Stress Network, 2012).

- **Trauma informs organizational practice.** Whether or not it is recognized, trauma shapes the organizational culture of all service-providing systems. Competent social work organizational practice reflects the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) statement that “trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.” Trauma-informed systems also consider the profound impact that working with and caring for traumatized clients can have on workers and caregivers and provide support to mitigate these effects.



Competency 1

Demonstrate Ethical and Professional Behavior

COMPETENCY DESCRIPTION

Trauma-informed social workers recognize and demonstrate the key characteristics of trauma-informed practice. They adhere to the ethical responsibility to represent themselves as competent only within the boundaries of their education, training, supervised experience, or other relevant professional experience. They are knowledgeable about the impact of personal and collective, secondary, and vicarious exposure to trauma. Trauma-informed social workers recognize the importance of attending to organizational dynamics that contribute to traumatic stress. They demonstrate ethical behavior by developing and maintaining professional development activities at the micro, mezzo, and macro levels. They engage in ethical decision making that addresses the potential risk for harm and retraumatization in the helping relationship. Trauma-informed social workers understand their own trauma-related history, clients' experience of trauma, and their positionality as it relates to issues of diversity. They recognize the impact of historical, collective, global, secondary, and vicarious exposure to trauma and the resulting cognitive shift in worldview. Furthermore, trauma-informed social workers research, study, and implement current evidence-informed approaches and technologies for working with individuals, families, organizations, and communities who have suffered violence, victimization, systemic oppression, abuse, and other personal and collective traumatic experiences while addressing complex ethical issues

that may emerge within and from studying and implementing evidence-informed approaches.

COMPETENCY BEHAVIORS

- Identify, attend, and facilitate ethical considerations including maintaining physical, interpersonal, spiritual, emotional, and psychological boundaries for clients and client systems, face-to-face and virtual, and demonstrate the ability to assess and address barriers to safety for clients across the lifespan.
- Make ethical decisions incorporating understanding of trauma, trauma-reflective treatment, research, and policies along with trauma-informed organizational practice, the National Association of Social Workers (NASW) Code of Ethics, models of ethical decision making, and relevant laws, policies, and regulations.
- Understand their own trauma-related history and their positionality as well as clients' experience of trauma as it relates to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion and spirituality, sex, sexual orientation, and tribal sovereign status.
- Engage in self-reflection, self-regulation strategies, and self-care practice including reflective trauma-responsive supervision to prevent and address secondary traumatic stress, compassion fatigue, vicarious trauma, and burnout in self and organization to enhance effective practice, policies, and research that considers ethical decision making related to trauma.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Barron, I. G., & Abdallah, G. (2015). Trauma recovery in interprofessional cross-cultural contexts: Application of an ethical framework. <i>Journal of Aggression, Maltreatment & Trauma, 24</i> (4), 361–380. doi:10.1080/10926771.2015.1012316	Knowledge Values Skills
Berger, R., & Quiros, L. (2014). Supervision for trauma-informed practice. <i>Traumatology, 20</i> (4), 296–301. http://psycnet.apa.org/record/2014-24414-001	Knowledge Values Skills Cognitive and Affective Processes
Boscarino, J. A., Figley, C. R., & Adams, R. E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York City social workers. <i>International Journal of Emergency Mental Health, 6</i> (2), 57–66.	Knowledge Values
Brockhouse, R., Msetfi, R. M., Cohen, K., & Joseph, S. (2011). Vicarious exposure to trauma and growth in therapists: The moderating effects of sense of coherence, organizational support, and empathy. <i>Journal of Traumatic Stress, 24</i> (6), 735–742. doi:10.1002/jts.20704	Knowledge Values Cognitive and Affective Processes
Goren, E. (2013). Ethics, boundaries, and supervision. Commentary on trauma triangles and parallel processes: Geometry and the supervisor/trainee/patient triad. <i>Psychoanalytic Dialogues, 23</i> (6), 737–743.	Knowledge Values Skills Cognitive and Affective Processes
Hormann, S., & Vivian, P. (2005). Toward an understanding of traumatized organizations and how to intervene in them. <i>Traumatology, 11</i> (3), 159–169. doi:10.1177/153476560501100302	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Readings (continued)

Resource	Competency Dimension
Kopacz, M. S., Simons, K. V., & Chitaphong, K. (2015). Moral injury: An emerging clinical construct with implications for social work education. <i>Journal of Religion & Spirituality in Social Work, 34</i> (3), 252–264. doi:10.1080/15426432.2015.1045681	Knowledge Values Skills Cognitive and Affective Processes
Newman, E., Risch, E., & Kassam-Adams, N. (2006). Ethical issues in trauma related research: A review. <i>Journal of Empirical Research on Human Research Ethics: An International Journal, 1</i> (3), 29–46. doi:10.1525/jer.2006.1.3.29	Knowledge Values Cognitive and Affective Processes
Quiros, L., & Berger, R. (2015). Responding to the sociopolitical complexity of trauma: An integration of theory and practice. <i>Loss and Trauma, 20</i> (2), 149–159. doi:10.1080/15325024	Knowledge Values Skills Cognitive and Affective Processes
Regehr, C., LeBlanc, V., Shlonsky, A., & Bogo, M. (2010). The Influence of clinicians' previous trauma exposure on their assessment of child abuse risk. <i>The Journal of Nervous and Mental Disease, 198</i> (9), 614–618. doi:10.1097/NMD.0b013e3181ef349e	Knowledge Values Skills Cognitive and Affective Processes
Tenbrunsel, A. E., & Messick, D. M. (2004). Ethical fading: The role of self-deception in unethical behavior. <i>Social Justice Research, 17</i> , 223–236.	Knowledge Values Skills Cognitive and Affective Processes

In-Class Exercises

Resource	Competency Dimension
<p>Exercise 1: Ethical Genogram and Professional Development</p> <p>The goal of this in-class exercise is to promote reflection and self-regulation to manage values and maintain professionalism in practice situations.</p> <p>Description and instructions can be found in Appendix 1A.</p>	Values Skills Cognitive and Affective Processes

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>Exercise 2: Ethical Decision-Making Model and Professional Development</p> <p>The goal of this in-class exercise is to support students' understanding of the frameworks of ethical resolution, reducing risks, and increasing professional development.</p> <p>Description and instructions can be found in Appendix 1B.</p>	<p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

Media

Resource	Competency Dimension
<p>"Look Back to Move Ahead: Social Work With Survivors of Trauma." In this clip, a student in supervision discusses with Charles Figley (School of Social Work, Tulane University) her meeting with a Hurricane Katrina survivor.</p> <p>https://www.youtube.com/watch?v=zKA3AaXTitM</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>The National Center on Family Homelessness: Trauma-informed Organizational Toolkit: Comprehensive guidance for developing a trauma-informed organization, including an organizational self-assessment.</p> <p>https://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Professional Quality of Life: Provides theory related to compassion satisfaction and fatigue and the ProQOL tool. Presentation materials available.</p> <p>http://proqol.org/Home_Page.php</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Secondary Traumatic Stress and Reflective Supervision is a toolkit that provides insight for organizations employing community violence workers.</p> <p>http://www.nctsn.org/sites/default/files/assets/pdfs/sts_cv.pdf</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Center for Health and Health Care in School: Has a section on addressing the needs of immigrant and refugee communities.</p> <p>https://www.acf.hhs.gov/sites/default/files/orr/orr_toxic_stress_webinar_9_9_2015_final_slides_508.pdf</p>	<p>Knowledge</p> <p>Skills</p>

(continued)

Media (continued)

Resource	Competency Dimension
<p>Damon Horowitz reviews the enormous new powers that technology gives us: to know more—and more about each other—than ever before. Drawing the audience into a philosophical discussion, Horowitz invites us to pay new attention to the basic philosophy, the ethical principles, behind the burst of invention remaking our world.</p> <p>http://www.ted.com/talks/damon_horowitz</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>The International Society of Traumatic Stress Studies and its members developed and validated a conceptual and empirical framework to guide decisions about research procedure and design in traumatic stress studies.</p> <p>http://www.istss.org/education-research/research/ethical-issues-in-trauma-research.aspx</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>

Assignments

Resource	Competency Dimension
<p>Ethics, Values, and Professional Development in Trauma-Focused Practice</p> <p>This goal of this assignment is to have students consider their principles, values, and beliefs and invest time and thought to answer questions after reading Abramson (1996a), “Reflections on Knowing Oneself Ethically: Toward a Working Framework for Social Work Practice.”</p> <p>Description and instructions can be found in Appendix 1C.</p>	<p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Professional Development and Ethics</p> <p>The goal of this assignment is for students to examine a trauma-focused case study in which a description is provided of a social worker’s actions that reflect various ethical and professional problem behaviors in relation to building and sustaining relationships with clients.</p> <p>Description and instructions can be found in Appendix 1D.</p>	<p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

Field Activities

<p>Trauma-Responsive Field Record</p> <p>The goal of the field record is for the student to document weekly trauma-responsive interactions at the micro, mezzo, and macro systems in their field placement. Students address ethical dilemmas, professional development, and supervision needs within the record.</p> <p>Description and instructions can be found in Appendix 1E.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
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APPENDIX 1A: ETHICAL GENOGRAM DEVELOPMENT FOR SOCIAL WORK STUDENTS WITH TRAUMA CONSIDERATIONS FOR THE PURPOSE OF PROFESSIONAL DEVELOPMENT

The purpose of the Ethical Genogram With Trauma Considerations for Professional Development is to discover factors and identify patterns that may influence the professional development of the social work student. By creating a comprehensive genogram, students are encouraged to think about the origins of personal ethics, values, trauma histories, professional influences, and so on. Patterns may be present that will directly influence the developing professional social worker.

Raising students' awareness of their professional development and professional identities is the primary goal of the activity. By completing this exercise, students will gain an understanding of the influences of family trauma histories, and potential influences of ethical development on their professional development.

Objectives

Students will identify specific aspects of their own lives related to trauma and ethics. By examining the two components, students will be purposeful as they experience ongoing professional development.

The genogram helps people understand where and how they fit into their family, the patterns of choices made, and where those choices naturally end.

Students will look at their family genogram through the lens of trauma histories, ethical development, and professional development.

- Types of traumas for consideration include the following:
 - accidents
 - addiction
 - domestic violence
 - environmental factors
 - grief
 - human-made disasters

- medical factors
- natural disasters
- neglect
- property loss
- separation
- system-induced trauma
- threat to others
- threat of violence
- emotional abuse or assault
- physical abuse or assault
- sexual abuse or assault
- vicarious traumatization
- violence at school or in the community.
- Types of ethical considerations include the following:
 - beliefs, spoken and unspoken
 - consequences related to behaviors or decisions
 - family relationships
 - fragmented or dissolved relationships
 - mentors, formal and informal
 - rules, spoken and unspoken
 - values, spoken and unspoken.
- Types of professional development for consideration include the following:
 - levels of education
 - levels of training

- frequency of ongoing training
- plans for change
- plans for the future.

Rationale

Completion of the trauma history and ethical genogram will promote reflection and self-regulation to manage personal values and maintain professionalism in practice situations.

Supplies Needed

Each student will need two pieces of paper. It is recommended that students begin the process by using a pencil and following up with colored pencils or highlighters. By creating a draft, then a final version on the second piece of paper, students can make changes as they think of additional aspects for consideration.

Instructions

- 1) Begin sharing the goals and objectives with students.
- 2) Share the worksheet (below) with students.
- 3) Answer questions after students review the worksheet.
- 4) Remain present as students create the genogram.

Process Ideas After Completing the Genogram

Ask each student to discuss his or her genogram with one other student, then give the class time to modify their original work. It is likely that the students will think of additional factors for consideration by talking about their work and by learning about the work product of others.

- 1) Ask students to respond to the statement, “Everything you know you learn in your family: your sense of right and wrong, personal ethics, values, lifestyle, styles of eating, etc.”
- 2) Ask students to consider their own development.

- 3) Ask students to highlight the three most influential people on their genogram and discuss with a peer how, why, and when.
- 4) Ask students to think about what they would like to change. In short, use this time to encourage students to think about how they should move forward to accomplish their future goals.

Worksheet

Instructions

- 1) On the blank portion or the back of this page, create a three-generation genogram of your family.
- 2) Identify the values and morals you adopted from the identified family members. For example, if your parent was hard working and you are hard-working, you will make note of the characteristic near the figure representing your parent on the genogram.
- 3) Identify the values and morals of family members that you did not adopt from the identified family members. For example, if your uncle valued alcohol, and you choose to drink responsibly or not at all, you will make note of the characteristic near the figure representing your uncle on the genogram.
- 4) Identify the strongest positive relationship influences on your moral and ethical development.
- 5) Identify the strongest negative relationship influences on your moral and ethical development.
- 6) Identify individuals who have experienced traumatic events.
- 7) Identify themes among those who have experienced trauma.
- 8) Identify how the trauma histories of family members have affected you.
- 9) Include your trauma history on the genogram.
- 10) Reflect on the process of developing the ethics, morals, values, and trauma genogram.

- 11) Write a reflection paper about the process of completing the genogram. You do not need to write about the items on the genogram. Rather, write about how you felt and what you thought when completing the genogram.
- 12) Write a paper about how you view the trauma history and how the ethical considerations have helped or hindered your professional development.

APPENDIX 1B: ETHICAL DECISION-MAKING MODEL AND PROFESSIONAL DEVELOPMENT (ADAPTED FROM FREDERIC REAMER)

Social workers are encouraged to use ethical decision-making models that promote critical thinking and reflection. The following model was adapted from the work of Frederic Reamer.

The goal of the model is to provide opportunities for participants to increase professional development, self-awareness, and an awareness of the interplay of personal values and professional behavior.

Objectives

- 1) To enable participants to increase their ability to recognize ethical issues and to apply ethical decision-making frameworks and protocols through enhanced use of critical thinking skills.
- 2) To enable participants to increasingly recognize and embrace the role of diversity and social justice in understanding and addressing ethical dilemmas.

Rationale

Social workers must balance ethics of the profession and current practice developments. Students will increase their level of professionalism by examining personal and professional influences. By reflecting on morals, values, and ethics, students will develop an insight-oriented approach. By learning an ethical dilemma resolution framework, students will create a plan for future use.

Supplies Needed

Students will need the worksheet and a pen. Having hard copies or electronic copies of the NASW Code of Ethics is recommended.

Instructions

Consider the following prompts. Answer each question after reading the case.

- 1) Read the case provided by the instructor.
- 2) Define the problem(s).
- 3) Who is involved in the case?
- 4) Who should be involved in resolving the ethical dilemma?
- 5) Can you distinguish between facts and suppositions?
- 6) What are the facts?
- 7) State the issue in the dilemma equation.
 - Is this a choice between two goods?
 - Choice between two risks of harm?
 - _____ vs. _____ (dilemma equation)
- 8) Gather needed information.
 - Go to the NASW Code of Ethics.
 - Which aspect of the code applies to this case?
 - Seek input from others.
 - Whom did you seek for supervision?
 - Why did you seek that particular person for supervision?
 - Look at laws and policies.
 - Did you look at local, state, and federal laws?
 - Look at research related to the profession of social work.
 - Determine your ethical obligation as a social worker and from a personal lens.

- 9) Identify:
 - Brainstorm possible solutions without removing any ideas.
 - Identify potential consequences for all involved.
- 10) Locate the barriers to the possible resolution.
- 11) If you were to implement the solution, what is the expected timeframe for each step?
- 12) How will you know whether your solution is working or has worked?
- 13) How will you evaluate the outcome?
- 14) What type of documentation is needed?
- 15) What steps or items will be documented?
- 16) What are the additional solutions or possibilities?
- 17) If the plan does not have the desired outcome, what should happen next?
- 18) Reflect on the process.
- 19) How does your level of professional development influence your decisions?
- 20) How effectively did you use supervision during this process?

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APPENDIX 1C:

ETHICS, VALUES, AND PROFESSIONAL DEVELOPMENT IN TRAUMA-FOCUSED PRACTICE

Self-knowledge and self-awareness are both important in the ethical decision-making process and essential when engaged in trauma-focused work. This assignment asks you to consider your principles, values, and beliefs and invest some time and thought to answer questions after reading Abramson (1996a), "Reflections on Knowing Oneself Ethically: Toward a Working Framework for Social Work Practice." The purpose of this assignment is to

encourage your thoughtful engagement with these topics and to help you have a better sense of where you stand so that you enter trauma-focused work with firmer footing and an increased understanding of the views, values, and assumptions you bring with you to ethical decision making.

Address each of the following under a separate heading in your paper:

- 1) What is my idea of an ethical clinical social worker, and how does this translate into trauma-focused social work?
- 2) What makes me feel that I have (a) been a good person, (b) done a good job, or (c) made a good contribution? Which of these is most important to me? What motivates me?
- 3) Is respecting a client's self-determination more important than doing good (beneficence) or doing no harm (nonmaleficence)? (Provide a rationale.) Are there circumstances that would cause me to favor one over the other? (If so, explain.)
- 4) What is my view of distributive justice in regard to the allocation of resources (e.g., should resources be distributed according to merit, need, first come-first served, the most disadvantaged, or something else)? Do I believe the influence of discrimination, oppression, or trauma on the client and client system should be considered when allocating resources? (Provide a rationale.)
- 5) Do I believe that we are willful beings who actively shape our own lives and destinies? Or am I more inclined to believe that most human behavior results from factors or circumstances over which we have little control? (Provide a rationale.) How does my view affect my attitude towards clients I serve who have experienced trauma and the assumptions that I make when engaged in trauma work?
- 6) In situations in which an individual's rights conflict with the good of the community, will my concern be for the individual and his or her rights to noninterference and privacy or for the well-being of the community as a whole? What circumstances would cause me to favor one over the other?

- 7) Review the answers to the previous questions and provide a summary of what you have learned about yourself that is important to remember or address in trauma-focused social work.

Note: Your responses will not be graded as right or wrong but rather for their thoughtfulness, depth, and quality. Take time to reflect on the questions and then construct a thorough answer. Your submission is expected to follow the rules of American Psychological Association (APA) style, be proofread, and be grammatically correct, because writing quality will be considered. This should be about 5–7 pages in length for full exploration (excluding the title page).

APPENDIX 1D:

CASE STUDY 1: PROFESSIONAL DEVELOPMENT AND ETHICS

Assuming the perspective of a supervisor, students will examine a trauma-focused case study in which a description is provided of a social worker's actions that reflect various ethical and professional problem behaviors in relation to building and sustaining relationships with clients.

For this assignment, students will take the point of view of the social worker's supervisor. Using the NASW Code of Ethics, the Walker and Clark (1999) article, and other sources discussed throughout the semester, students will identify the salient professional and ethical issues present in this case and create a professional development plan for this social worker. Issues of concern include professional boundaries, limits of confidentiality, the duty to warn, self-determination versus paternalism, ethical fading (Tenbrunsel & Messick, 2004), components of proper documentation, and cultural competence in practice.

Students will also create a remedial plan through which the social worker can correct problem behavior and develop an ongoing plan of professional development to sustain the positive change in this case and help avoid such pitfalls in the future. Students will be given the choice of several case scenarios that take place in various trauma-related professional settings and complete the assignment via submission of a paper in APA format. Students will also describe how they will approach the supervisee to address these concerns and will have the opportunity to role play the conversation in class.

References

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Case Study

Pat is a social worker who provides individual and group treatment in a partial hospitalization setting of a community mental health center. She has 10 years of experience in clinical social work, and she considers herself a specialist in trauma-focused work. For the past several years she has had a caseload heavy with clients who have suffered multiple traumas. Her days (which generally are long) usually consist of group therapy sessions, scheduled individual appointments, and tending to crises that arise from her client caseload.

One of her clients, Morgan, age 22, has been in both group and individual treatment with Pat and at the agency for several years. Morgan was physically abused as a child and sexually abused by multiple perpetrators for most of her childhood and teen years. She has been diagnosed with posttraumatic stress disorder (PTSD) and depression. She is triggered easily and experiences intense flashbacks that include auditory, tactile, and visual memories. She needs a great deal of assistance to reorient and experiences increased intensity and frequency of flashbacks when uncovering and processing new or extreme trauma memories. The treatment team notes that Morgan does better and feels safer when she has a predictable structure and a clear understanding of her role and others' expectations of her participation and when the team members maintain good boundaries and work within well-defined roles and parameters.

In the last several weeks, the team has noticed that Morgan has appeared to lose ground; she has been more tearful, lethargic, and less interactive and has been experiencing one or more flashbacks daily. During an informal debriefing the team engages in while writing progress notes at the end of the day, Pat shares that Morgan has needed her support more in the past couple of weeks. She shares that Morgan has called her after hours almost daily—so

much so that Pat has worked out a special arrangement with the after-hours call service and with Morgan so that they can be quickly connected. She has assessed this arrangement to be working because Morgan has been calling her more frequently, sometimes twice in an evening, when she needs support. On days that Pat and Morgan have individual counseling, Pat sometimes sends Morgan a text of support at the end of the work day (around 6 or 7) to remind her that Pat is there for support if it is needed. Pat says that Morgan seems to appreciate this, because she has begun to bring her a small gift each time they meet. Pat has designated a shelf in her office for Morgan's gifts. Pat is very pleased that they have formed such a strong connection, similar to a parent-child bond, because she feels this will improve their work together. She is aware that cognitive-behavioral therapy (CBT) (the agency's preferred approach) has evidentiary support but sees the success of this case as anecdotal support for continuing her work as she always has. She also says that the comments she receives on Facebook about the case also confirm she is on the right track. She states that she has decided to document Morgan's individual sessions only in general terms to provide her with safety during her work.

During end-of-the-day wrap-ups, staff members read and respond to the journal entries that clients are asked to write at the close of each treatment day. The procedure at the agency is for the team to rotate which member responds to clients throughout the week. Jim, a team member, picks up Morgan's journal to read and comment. He sees that all staff entries made in the last 3 weeks were made by Pat. In the comments, she often reminds Morgan of how special she is and how much Pat cares about her and her progress. While he is reading the journal, Pat suggests they consider arranging a weekend camping trip for staff and clients, thinking this would be a good grounding and relationship-building activity. She shares that she has mentioned this to Morgan and proposed it as a corrective family activity.

In his next supervision appointment, Jim shares the above information with the supervisor.

APPENDIX 1E: TRAUMA-RESPONSIVE FIELD RECORD

Student Name:

Agency Name:

Field Instructor Name:

Field Placement (name/title):

Task Supervisor, if applicable (name/title):

Faculty Field Liaison, if applicable:

Record Set Number (identify which log set submitted; for example, Journal Set 1 includes Week 1 and Week 2):

Section I: What did you do this week? Provide specific examples of engagement, assessment, intervention, and evaluation.

Section II: What did you learn this week? Describe what you would have done differently. Why? When thinking about how to answer this question, think about two areas: (1) the knowledge you gained and (2) the skill you learned.

Section III: Have you worked with a client exposed to violence, abuse, victimization, or other traumatic situations? If yes, how was your work different with these clients from others on your caseload? What knowledge, values, or skills do you need to acquire to help you serve clients when trauma is prominent in their lives?

Section IV: Describe the process that occurred resulting in learning or not learning.

Section V: Describe your supervisory experience. During supervision, were you able to address compassion fatigue, burnout, secondary traumatic stress, or vicarious trauma exposure with your supervisor related to difficult ethical or trauma-related situations during your week? How does your supervision

reflect on your professional development? Provide a list of the agenda items submitted to the task supervisor or field instructor for weekly supervision. When thinking about how to answer this, keep in mind that weekly supervision is a requirement of participation in your field education experience. If you are not receiving weekly supervision, inform your field instructor or your faculty field liaison. Supervision is nonnegotiable for an emerging social worker.

Section VI: Emerging systems perspective. Insert here the wording of your field agency's mission statement. The mission statement should remain here to remind you of the purpose underlying decisions within your organization.

- a) Identify and describe how various systems in your field experience supported the mission of the agency or
- b) Identify and describe how various systems in your field experience did not support the mission of the agency.



Competency 2

Engage Diversity and Difference in Practice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Trauma-informed social workers know that trauma occurs in a socio-political-cultural context, creating variable risk for trauma. They understand the intersectionality of diversity factors specified in 2015 EPAS (EP 3.0 on diversity) that result in disproportionate trauma exposure, access to services, and social support resources. They engage in trauma work grounded in values of cultural humility, respecting all individuals as experts of their own experiences. They understand the ideals of inclusive excellence, the complex history and impact of structural oppression, and the effects of intergenerational and historical trauma on an individual's, family's, or community's ability to thrive. Trauma-informed social workers uphold policies and protections for vulnerable people and marginalized populations in practice and research, advocating for trauma-informed interventions and inquiry. They draw on their professional values and use the tools of self-reflection and critical thinking to increase their self-awareness, mediating the impact of their own experiences, cognitive processes, and personal affective responses to trauma. They promote inclusivity and the rights of survivors and communities to be treated with dignity and respect and the need for responsive assessment and intervention services. Clients are valued from a strength perspective as individuals inherently capable of healing, resiliency, and wellness.

COMPETENCY BEHAVIORS

- Engage in the ongoing process of developing cultural competence.
- Understand and build Knowledge regarding the powerful impact of diversity factors in shaping trauma experiences, help-seeking behaviors, and responses to trauma at the micro, mezzo, and macro levels.
- Integrate the meaning of trauma and responses for individuals, families, and cultural and societal groups into all levels of social work practice grounded in cultural humility.
- Implement trauma-informed principles of care, advocating for policies and trauma-sensitive services at the individual, organizational, and societal levels that are responsive to those underrepresented and oppressed in society.
- Develop cognitive self-awareness and affective self-regulation in response to the influence of personal biases and values in working inclusively with clients and constituencies.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Bartlett, J. D., Smith, S., & Bringewatt, E. (2017). <i>Helping young children who have experienced trauma: Policies and strategies for early care and education</i> (Child Trends 2017, Publication 2017-19). New York, NY: Columbia University, National Center for Children in Poverty. Retrieved from https://www.childtrends.org/wp-content/uploads/2017/04/2017-19ECETrauma.pdf	Knowledge Skills
Bergeron, M.-A. Y. (2013). The interface of institutional, sociopolitical, and relational trauma in clinical encounters: The case of Adelita and Mrs. Diaz. <i>Smith College Studies in Social Work</i> (0037-7317), 83(2-3), 213-232.	Knowledge Skills Cognitive and Affective Processes

(continued)

Readings (continued)

Resource	Competency Dimension
Drożdżek, B., & Wilson, J. P. (2015). Voices of trauma: Treating psychological trauma across cultures. <i>International Journal of Social Psychiatry</i> , 62(1), 76-83.	Knowledge Skills Cognitive and Affective Processes
Gold, S. N., Pole, N., & Triffleman, E. (Eds.). (2010). Trauma and ethnoracial diversity. [Special issue]. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i> , 2(1). doi:10.1037/a0018979	Knowledge
Hall-Clark, B. N., Kaczurkin, A. N., Asnaani, A., Zhong, J., Peterson, A. L., Yarvis, J. S., . . . Foa, E. B. (2017). Ethnoracial differences in PTSD symptoms and trauma-related cognitions in treatment-seeking active duty military personnel for PTSD. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i> . Retrieved from http://dx.doi.org/10.1037/tra0000242	Knowledge Cognitive and Affective Processes
Herring, S., Spangaro, J., Lauw, M., & McNamara, L. (2012). The intersection of trauma, racism, and cultural competence in effective work with Aboriginal people: Waiting for trust. <i>Journal of Australian Social Work</i> , 66(1), 104-117. doi:10.1080/0312407X.2012.697566	Knowledge
Hicks, S. R. (2015). <i>A critical analysis of posttraumatic slave syndrome: A multigenerational legacy of slavery</i> (Doctoral dissertation, California Institute of Integral Studies). UMI 3712420.	Knowledge Cognitive and Affective Processes
Lord, J. H., Hook, M., Alkhateeb, S., & English S. J. (2008). <i>Spiritually sensitive caregiving: A multi-faith handbook</i> . Burnsville, NC: Compassionate Books, Inc.	Knowledge Values
Martz, E. (2010). Introduction to trauma rehabilitation after war and conflict. In E. Martz (Ed.), <i>Trauma rehabilitation after war and conflict: Community and individual perspectives</i> (pp. 1-25). New York, NY: Springer-Verlag.	Knowledge Skills Cognitive and Affective Processes
Maschi, T., & Schwalbe, C. (2012). Unraveling probation officers' practices with youths with histories of trauma and stressful life events. <i>Oxford Social Work Research Journal</i> , 36(1), 21-30.	Knowledge Skills

(continued)

Readings (continued)

Resource	Competency Dimension
Mechanic, M., & Pole, N. (2013). Methodological considerations in conducting ethnoculturally sensitive research on intimate partner abuse and its multidimensional consequences. <i>Sex Roles, 69</i> (3), 205-225. doi:10.1007/s11199-012-0246-z	Knowledge
Rikard, R. V., Hall, J. K., & Bullock, K. (2015). Health literacy as a barrier to trauma-informed care across diverse groups. <i>Traumatology, 21</i> (3), 227-236.	Knowledge Cognitive and Affective Processes
Searle, J., Goldberg, L., Aston, M., & Burrow, S. (2017). Accessing new understandings of trauma-informed care with queer birthing women in a rural context. <i>Journal of Clinical Nursing</i> . Online advance publication. doi:10.1111/jocn.13727	Knowledge Cognitive and Affective Processes

In-Class Exercises

Resource	Competency Dimension
<p>Culturagram Exercise: Self-evaluation and development of self-awareness in understanding cultural identity, personal beliefs, unconscious and conscious biases, and prejudices</p> <p>Goal: The goal of this exercise is to help students explore their own and their family members' trauma histories and cultural identities, including their family values, immigration histories, attitudes, and cultural beliefs, as well as their individual and family practices.</p> <p>See Appendix 2A for instructions.</p>	Knowledge Values Skills
<p>Case Studies/Vignettes That Attend to Diversity: Understanding the impact of multiple factors in the experience of trauma and developing effective response strategies at all levels (micro, mezzo, and macro)</p> <p>Goal: The goal of this exercise is to engage students in understanding the impact of culture, including race, gender, sexual orientation, age, and other factors that influence an individual's experience of trauma, coping mechanisms, and help-seeking behaviors. Students will reflect on the intervention strategies and explore evidence-based, culturally competent intervention strategies. Various case vignettes have been provided for instructors that can be used to generate in-class or online discussion.</p> <p>See Appendix 2B for Mahin and Annalisa case study.</p> <p>See Appendix 2C for additional vignettes.</p> <p>See Appendix 2D for case study regarding risk assessment and safety planning.</p>	Knowledge Values Skills Cognitive and Affective Processes

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>Reflecting on Media Material: Examining and exploring trauma related to gender-based violence, unconscious bias, and oppression</p> <p>Goal: The goal of this exercise is to engage students in examining and reflecting on media material to identify ways in which diversity, cultural contexts, and identities guide the experience of trauma and encouraging students to challenge personal biases related to working with people who have experienced trauma.</p> <p>See Appendix 2E for links to media and discussion prompts.</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>ETHNIC Model Applied to Mr. Dwe's Case: Applying and evaluating a culturally competent trauma-informed model of care in response to trauma survivors</p> <p>Goal: The goal of this exercise is to apply the ETHNIC model of intervention to the case vignette of Mr. Dwe. Students will be instructed to conduct a trauma-informed bio-psycho-social-spiritual assessment and examine their interpersonal interaction and collaboration with the client, family members, and the larger community in co-creating the treatment plan.</p> <p>See Appendix 2F for case vignette of Mr. Dwe.</p> <p>See Appendix 2G for the ETHNIC model guidelines.</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>Trauma-informed Community Response Exercise</p> <p>Goal: The goal of this exercise is to assist students in constructing a trauma-informed community response to a hate crime.</p> <p>See Appendix 2H for instructions.</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>Organizational Development Strategies Exercise</p> <p>Goal: The goal of this exercise is to construct culturally responsive and trauma-informed organizational development strategies to address the needs of immigrant residents.</p> <p>See Appendix 2I for instructions.</p>	Knowledge Skills

<i>Media</i>	
Resource	Competency Dimension
<p>Cultural Competency Curriculum for Disaster Preparedness and Crisis Response. This free e-learning program from the Department of Health and Human Services (HHS) Office of Minority Health is designed to facilitate the delivery of culturally and linguistically competent services in disaster situations. It is accredited for up to 9 continuing education credits for social workers and other professionals. Modules in the online training can be found at https://cccdpccr.thinkculturalhealth.hhs.gov/default.asp</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>Awake, a Dream From Standing Rock. This documentary tells the story of the #NODAPL movement, a peaceful Native-led resistance to the Dakota Access pipeline. Written and directed by a team of indigenous and nonindigenous filmmakers, including Digital Smoke Signals founder Myron Dewey, Floris White Bull, and Academy Award nominees Josh Fox and James Spione. awakethefilm.org. Trailer: ps://www.youtube.com/watch?v=lprMaqJQtSA</p> <p>(The film provides the opportunity to explore themes of trauma and diversity including indigenous people, violence, historical trauma, environmental injustice, poverty, and culture.)</p>	Knowledge Values Cognitive and Affective Processes
<p>Me Facing Life: Cyntoia's Story. A documentary about a 16-year-old African American girl sentenced to life for murder. More information and streaming of clips of the documentary are available at http://www.pbs.org/independentlens/films/me-facing-life/</p> <p>(Opportunities for exploration of complex trauma, gender and sexual violence, race, criminal justice and incarceration, and economic issues.)</p>	Knowledge Values
<p>Moonlight. The story of a young gay African American, Chiron, growing up with a mother addicted to crack in a rough part of Miami. http://moonlight.movie/</p> <p>(Opportunities to explore sexual orientation, race, poverty, child neglect, and violence.)</p>	Knowledge Values Cognitive and Affective Processes
<p>The Resettled. A half-hour documentary film about challenges and successes experienced by refugees from Iraq, Burma, Vietnam, Congo, and Liberia who resettle in the United States. It depicts those who welcome and those who are opposed to refugees resettling in their communities. https://www.youtube.com/watch?v=ijZNp2UMeBI</p>	Knowledge Values
<p>Interactive Web-based map showing movement of refugees around the world from 2000 to 2015. Carnegie Mellon University's CREATE Lab developed this interactive map to shed perspective on global refugee flows around the world. https://explorables.cmucreatelab.org/explorables/annual-refugees/examples/webgl-timemachine/</p>	Knowledge Cognitive and Affective Processes

Assignments

Instructor Note: The selected trauma-related assignments contain aspects of diversity (e.g., age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, national origin, immigration status, marital status, political ideology, race, religion and spirituality, sex, sexual orientation, and tribal sovereign status). When reviewing the assignments for inclusion in your classes, consider the following:

- Which diversity factors should be introduced or discussed before integrating the assignment?
- Which social justice or inclusion issues should be introduced or discussed before integrating the assignment?
- Which diversity-related social justice issues might result from students completing the assignment?
- What diversity-related Knowledge should students gain from this assignment?
- What are the short- and long-term diversity-related learning objectives you want to accomplish via this assignment?

Resource	Competency Dimension
<p>Implications for Future Social Work Practice</p> <p>Goal: The goal of this assignment is for students to address the needs of diverse individuals, groups, and communities that have experienced trauma. When learning about marginalized populations, students are encouraged to demonstrate dignity and respect for others, avoiding the risk of studying people as objects.</p> <p>See Appendix 2J for instructions.</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>Macro-Level Assignment: Traumatic Event Assessment Research Paper</p> <p>Goal: The goal of this assignment is for students to evaluate community needs after exposure to a traumatic event, providing a thorough critique emphasizing diversity and trauma-informed practices.</p> <p>See Appendix 2K for instructions.</p>	Knowledge Skills Cognitive and Affective Processes

Field Activities

Resource	Competency Dimension
<p>Field Seminar Assignment: Child Case Presentation</p> <p>Goal: The goal of this assignment is for students to present the deidentified case of a child they are working with, simulating a clinical staffing team of their peers, and obtain feedback and recommendations.</p> <p>See Appendix 2L for instructions.</p>	Knowledge Values Skills Cognitive and Affective Processes

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>Online Course Discussion Board Questions About Cultural Humility</p> <p>Goal: Students will explore the role of culture in acute, complex, and chronic trauma, including identification of resources about cultural humility.</p> <p>See Appendix 2M for instructions.</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Field Practicum Assignment: Assessment of Client and Organization's Ability to Assist</p> <p>Goal: To assess the impact of trauma on a client's development and well-being, with a focus on the organization's ability to provide culturally relevant resources.</p> <p>See Appendix 2N for instructions.</p>	<p>Knowledge</p> <p>Skills</p>

APPENDIX 2A: CULTURAGRAM EXERCISE, SELF-EVALUATION AND DEVELOPMENT OF SELF-AWARENESS IN UNDERSTANDING CULTURAL IDENTITY, PERSONAL BELIEFS, AND UNCONSCIOUS AND CONSCIOUS BIASES AND PREJUDICES

The goal of this exercise is to help students explore their own and their family members' trauma histories and cultural identities, including their family values, immigration histories, attitudes, and cultural beliefs as well as their individual and family practices.

Before class, students should review the following articles:

- Congress, E. P. (1994). The use of culturagrams to assess and empower culturally diverse families. *Families in Society: The Journal of Contemporary Human Services*, 46, 531–540.
- Congress, E. P. (2013). Cultural and ethical issues in working with culturally diverse patients and their families: The use of the culturagram to promote cultural competent practice in health care settings. In A. Metteri, T. Kroger, A. Pohjola, & P.-L. Rauhala (Eds.), *Social work visions from around the globe: Citizens, methods, and approaches* (pp. 249–262). Binghamton, NY: Haworth Social Work Practice Press.

Students are graded on their ability to reflect the concepts of Congress's 1994 article and apply it to their personal immigration histories and cultural identities. Be as honest as you feel comfortable being in responding to these questions. The instructor can have students complete the culturagram exercise independently (and speak with family members if needed) to secure the necessary information and then work in dyads to share and discuss their learning about their family of origin's cultural identity and ties. Instructors should be aware of the possibility that students may uncover or share family trauma histories in the process of completing this exercise. Students may not be willing to disclose things that may carry stigma or that they do not feel able to discuss with others. It is highly recommended that instructors consider implementing guidelines to support the well-being of their students.

During the discussion, it may be helpful to construct the culturagram and complete the information required in the varied sections before beginning the discussion. Consider the following prompts:

- 1) Reflect on your own family's journey to the United States.
- 2) Why did they come? Did they choose to come?
- 3) What was their experience like when they first arrived? Examine the premigration, migration, and postmigration experience and identify elements that could relate to trauma and loss.
- 4) Identify your family's trauma experiences and coping practices within your family.
- 5) How closely tied are you to your cultural heritage? Identify your current norms and values and trace their origin.
- 6) What languages do you speak? Why? How does language influence your identity?
- 7) How does culture frame your and your family's traditions and practices?
- 8) If you are unaware of this information, try to ask a member of your family.
- 9) If you are unable to obtain information, then explain how this may affect your sense of self or identity.

APPENDIX 2B: VIGNETTES

The vignette examples may be used in multiple ways to engage students in determining how they might identify and respond to social work challenges across difference, depending on their roles, and establish a treatment alliance. These vignettes are examples used to generate ideas, and we encourage instructors to use them flexibly. Instructors may use these vignettes, alter them, or develop their own along with questions that apply directly to their courses. Students are divided into small groups to work collaboratively on each vignette and then are asked to share in the larger group discussion.

Mahin & Analisa Trauma Competencies Class Exercise: Diversity

Mahin is a 35-year-old immigrant woman of Iranian descent. She recently moved in with her partner, a 42-year-old White woman, Analisa, whom she met at work. This was a huge step for Mahin because her family would not accept her sexual orientation and disowned her. Mahin is a trained software professional and has a well-paying job in a multinational company. They live in an affluent White neighborhood. Mahin reports that she is religious but has not visited a mosque in more than 5 years. She immigrated to the United States with her parents when she was 14 years old and reflected that moving to a new high school was very challenging.

History With Analisa

Mahin met Analisa 2 years ago, and they became friends. Last year their relationship became intimate, and 2 months ago Mahin moved into Analisa's apartment. Mahin reports that Analisa was very caring in the beginning but has become emotionally and verbally abusive, especially when she gets "mad." Analisa throws things on the floor and once broke the television, and recently she started pushing and shoving Mahin when they get into an argument. Two days ago, Mahin had to wear sunglasses to work to hide her eyes, which were swollen from being "accidentally" elbowed by Analisa.

Break the class into groups. Read the case study, and after reviewing the articles and readings (listed below), answer the following prompts:

PROMPT 1

Using Bronfenbrenner's ecological model and a genogram or timeline, examine the impact of culture on the client's trauma experience, past and present. Discuss and identify elements of historical trauma and trauma related to migration and other forms of oppression, attending to the impact on various levels of the ecological system.

PROMPT 2

Discuss some of the cultural barriers you have assessed that may have prevented Mahin from seeking help. How does Mahin's cultural sense of self affect her response to the abuse she is experiencing?

PROMPT 3

What are some key areas you would include while planning your bio-psycho-social-spiritual assessment? Feel free to discuss a specific culturally competent trauma-informed assessment tool and provide an argument for why you consider the tool effective. Discuss the client's protective factors and cultural resources that have guided her survival mechanisms.

Required Readings

- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology, 22*, 723-742.
- De Vries, M. W. (2007). Trauma in cultural perspective. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York, NY: Guilford.

APPENDIX 2C: ADDITIONAL VIGNETTES

Johara is a 32-year-old Oromo, Ethiopian woman who has been living in this country for several years after fleeing ethnic persecution. She came to therapy because she has had recurrent bad dreams about her family back home. She

explained that she dreams there is a fire in the village back home, and she is standing on the roof of one home while her family is on another roof, and she is unable to get to them. When the therapist asks her why she seems so sad, she replies that back home she would go to the village elder, who would tell her what the dream means, but she is unable to do that here.

- 1) Discuss what you might say to address both trauma history and diversity in order to build a therapeutic alliance?
- 2) How might differences in culture, race, gender, age, class, and other aspects of identity affect the therapeutic process if you were the assessing therapist and this was your client?

Jin is a young Chinese American man who comes to therapy because his wife is concerned about a deepening depression. He states that he has become increasingly angry with her at home, and she insisted that he seek some help. For some time, he has been unable to find work, and this has caused his irritable behavior and moodiness at home. He explains that he met his wife in China before they moved here, and his wife and her friends are college educated and he is not. Many of them are still in school and tend to tease him about “doing nothing” whenever they get together. He feels they don’t understand and that he is at least as bright as they are, but he must find work to support his parents immediately. He was imprisoned in China during pro-democracy protests, and he does not have the means to attend college now. He feels very ashamed that he is unable to find work and provide for his family and is considering moving somewhere else.

- 1) Discuss how culture might influence his coping.
- 2) Discuss what you might say to acknowledge the impact of both trauma and diversity on building a therapeutic alliance.
- 3) How might differences in culture, race, gender, age, class, and other aspects of identity and privilege affect the therapeutic process if you were the assessing therapist and this was your client?

Mary is a Mandingo sexual abuse survivor from Liberia who has been working in therapy for some time. Although she has processed the traumatic experiences of her past, she still struggles with the shame of rape. She feels isolated from her community of friends and depressed. When the therapist asks her about how women recover from these situations back home, she says, “Oh that’s easy. We have a ceremony for healing shame and welcoming women back into the community. The whole village of women go down to the river and perform a cleansing. Then the rape survivor is welcomed back into the village and their shame is healed. But I can’t do that here.”

- 1) What would be a culturally sensitive response to strengthen the therapeutic alliance?
- 2) How might you address the impact of both trauma and diversity on her experiences of isolation and shame?
- 3) How might differences in culture, race, gender, age, class, and other aspects of identity and privilege affect the therapeutic process if you were the assessing therapist and this was your client?

Joseph was referred to you by the domestic violence program in town after assaulting his wife during a heated argument about who she can be friends with. He and his wife are from Sierra Leone and have only recently reunited with one another after a long separation while he was getting established in this country. When Joseph arrives in therapy, he is very upset, stating that “it is important for a man to have control in the household. You cannot expect me to change overnight what took your country hundreds of years to change. We are not like that. That is not our culture!”

- 1) What would be a culturally sensitive response to address both trauma and diversity to strengthen the therapeutic alliance?
- 2) How might differences in culture, race, gender, age, class, and other aspects of identity and privilege affect the therapeutic process if you were the assessing therapist and this was your client?

Marta is a Bosnian middle-aged mother who survived the war in her country. She is seeing you for help with raising her “Americanized” 8-year-old daughter. Each time she comes to see you, she brings a gift (e.g., large chocolate bars, home cooking, Schnapps, a table cloth). Initially, you thought it was appropriate to accept a gift to not offend this client; however, now you find that you must say something.

- 1) What would be a culturally sensitive response to strengthen the therapeutic alliance?
- 2) How might you address the impact of trauma and diversity on her understanding of the professional relationship?
- 3) How might differences in culture, race, gender, age, class, and other aspects of identity and privilege affect the therapeutic process if you were the assessing therapist and this was your client?

Mary is an African American woman who grew up in a religious Southern Baptist household where she experienced domestic violence. She married in her late twenties and was happy during her first year of marriage. Her husband was in the Marines and deployed to Iraq 1 year after their marriage. When he returned from his 9-month tour of duty, he had many symptoms of PTSD. Mary awoke one night to find her husband yelling and threatening her with a knife. Since then, her husband has sought treatment at the Veterans Health Administration. Mary has found herself feeling more and more helpless and is now struggling with flashbacks to violence from her childhood. She struggles with nightmares of her father beating her mother, and she has begun binge eating and secretly cutting her arms. She has become frightened to leave her house. She came to treatment because she can't regain her sense of calm and fears that she has no friends. She reports that her husband has not been violent and is doing well in his treatment program but that she still does not trust him or other people. She has increasingly isolated herself at home and reports feeling depressed. She feels unable to share any of her concerns with others, even her church friends, because she fears they will humiliate her and tell her that she deserves abuse.

- 1) How do you begin forming a treatment alliance with Mary, attending to the influence of trauma and diversity? What are the steps you would take?
- 2) How might differences in culture, race, gender, age, class, and other aspects of identity and privilege affect the therapeutic process if you were the assessing therapist and this was your client? How would you address these differences?

Richard is a 25-year-old gay, married White man who was an activated National Guard veteran who served one deployment in Iraq. He presents in treatment due to the deterioration of intimacy with his spouse since he returned from Iraq. Richard reports that his deployment to Iraq as part of an infantry unit was “bad.” He was a gunner on an armored vehicle during that deployment. He served on convoy duty frequently, and this involved driving on roads often booby trapped with explosives, and they were shot at by snipers sometimes. He described one incident in which the Humvee just behind his was blown up. One of his buddies was in that vehicle and was killed along with two other soldiers. Richard reports that he thinks of Iraq often, usually every day. Sometimes all he can think about are the horrifying events, and he can’t get the thoughts out of his head. He doesn’t want to forget his friend, but the thoughts are extremely distressing. Richard reports that he has trouble falling and staying asleep, and several nights a week he has nightmares related to Iraq. He is tired during the day. Richard reports he has been drinking a lot, sometimes up to a case of beer a day. Richard’s husband complains that he is “cold” and unfeeling since returning home and refuses most intimate advances. Richard reluctantly comes in today. He says he feels like “a wuss” coming in for help and believes a soldier should take care of his own problems. He acknowledged he fears he might be “locked up” for being “crazy.” Richard also reports some past experiences of emotional and physical abuse by a stepfather who was an alcoholic.

- 1) How would you address the trauma- and diversity-related impacts of Richard’s fears toward forming a treatment alliance?

- 2) Discuss the potential impact of differences or similarities in culture, class, gender, race, sexual orientation, and other forms of diversity on the treatment relationship. How would you address these differences?

Katrina is a 28-year-old Mexican American nursing student who came to a mental health clinic after a racist incident that occurred with an elderly White man at the nursing home where she works. She was running a social group for residents when this man began making racist comments about Mexicans in response to viewing television news about “illegal” immigration. He then turned to Katrina to ask her whether she was here legally. Katrina tried to laugh it off at that moment in deference to his status, but later she became upset. She complained, “This is happening everywhere now.” “My family is legal but there are many friends and family who are being affected negatively by these comments, and I’m feeling very depressed. This is not why my family came to this country. I’m having trouble sleeping, and lately I don’t feel like going to work to see these residents anymore. I don’t know what to say to this man. I don’t want to get fired.”

- 1) How would you address Katrina’s fears about forming a working alliance that are informed by historical trauma and diversity experiences?
- 2) How might differences in culture, race, gender, age, class, and other aspects of identity and privilege affect the therapeutic process if you were the assessing therapist and this was your client? How would you address these differences?

APPENDIX 2D: RISK ASSESSMENT AND SAFETY PLANNING

(Note: This is an in-person or virtual role play. Students should be provided with background content and guidance on developing safety plans before doing this exercise.)

Students should collaborate with their group members to assign roles based on the responsibilities listed below. Students can collaborate in selecting a case or be assigned a case based on the instructor’s discretion. Students can

be broken down in groups of five and internally decide on the roles they select for themselves. Although each section is assigned to a specific student, each student can question, add to, or challenge another's discussion or presentation points. The purpose is to learn in a collaborative way and problem solve as a team. **Note:** Each role is designed to build on the previous role (i.e., Student B cannot post or speak unless Student A has posted or spoken).

- **Student A:** Select a case and embody the client selected. Provide a description of the client (e.g., age, sex, gender, race and ethnicity, ability, sexual orientation, family composition), their cultural identities, current situation, nature of trauma being experienced, presenting problems, and family situation. Discuss how membership in a specific social group may contribute to the problem.
- **Student B:** Write a brief description of the client's trauma responses related to his or her experience of violence, including attention to any diversity factors presented. Discuss the client's past and current coping mechanisms and the impact of the trauma on the client's current functioning. Include client strengths and any challenges based on the cultural background of the client.
- **Student C:** Examine the client's current and past responses and apply them to Prochaska, DiClemente, and Norcross (1992) transtheoretical model of the stages of change.
- **Student D:** Conduct a risk assessment based on the information provided by Students A, B, and C. Briefly discuss the questions you will ask the client and the areas you will explore to understand the client's safety concerns.
- **Student E:** Observe the interaction between all parties and take notes of your impressions, including interpersonal interactions, behaviors, assessment questions, and observations of both verbal and nonverbal communications. After collecting this information, share your analysis with the group.
- **All Students:** In reviewing the information secured from the client after the risk assessment, develop a safety plan that addresses the client's primary concerns.

Resources

- Messing, J. T., Amanor-Boadu, Y., Cavanaugh, C. E., Glass, N., & Campbell, J. C. (2013). Culturally competent intimate partner violence risk assessment: Adapting the Danger Assessment for immigrant women. *Social Work Research, 37*(3), 265–275.
- Messing, J., & Campbell, J. (2016). Lethality assessment in domestic violence cases. *Domestic Violence Report, 21*(6), 89–104.
- Messing, J. T., & Thaller, J. (2015). Intimate partner violence risk assessment: A primer for social workers. *British Journal of Social Work, 45*, 1804–1820. doi:10.1093/bjsw/bcu012
- Multi-agency practice guidelines: Handling cases of forced marriage (n.d.). Retrieved from http://ikwro.org.uk/wp-content/uploads/2013/04/forced-marriage-guidelines_English.pdf
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 9*, 1102–1114.
- National Network to End Domestic Violence personal safety apps: <https://www.techsafety.org/safetyapps>
- RapidSOS
 - Circle of 6
 - bSafe you
 - ASK (Assault.Services.Knowledge)

APPENDIX 2E: REFLECTING ON MEDIA MATERIAL

The goal of this exercise is to engage students in examining and reflecting on media material to identify ways in which diversity, cultural contexts, and identities guide the experience of trauma and encourage students to challenge personal biases related to working with others who have experienced trauma.

Discussions can be conducted in smaller groups of four or five or in an open class discussion.

Videos and TED Talks

Jasvinder Sanghera: Fighting Forced Marriage and Honour-Based Abuse
https://www.youtube.com/watch?v=h_Xh5MXA7yY

Memory Banda: A Warrior's Cry Against Child Marriage

<https://www.youtube.com/watch?v=xkFTZcUPjBg&t=598s>

Yassmin Abdel-Magied: What Does My Headscarf Mean to You?

<https://www.youtube.com/watch?v=18zvlz5CxPE>

Helen Abdali Soosan Fagan: Diagnosed With PTSD and MDD, and Managing to Get a PhD

<https://www.youtube.com/watch?v=JCrZimA5bKs&t=508s>

The Healing Power of the Drum

<https://www.youtube.com/watch?v=nujol-ESHvQ>

Discussion Prompts (for In Person and Online)

- 1) How does diversity affect the experience of trauma?
- 2) How do help-seeking behaviors differ based on a person's cultural context and trauma?
- 3) How do culture and context guide trauma responses?
- 4) How does unconscious bias relate to our work with trauma survivors?
- 5) How important is self-awareness in being an effective trauma specialist?

APPENDIX 2F: MR. DWE CASE

Mr. Dwe is a 23-year-old Karen man who arrived 2 months ago from a refugee camp in Thailand. He is seeing you today because he has problems sleeping and feels anxious. He also reports crying and isolating himself. Mr. Dwe grew up in a refugee camp in Thailand and does not remember ever living in Burma. His parents fled Burma when he was an infant. He knows that his mother's village was burned down and his grandmother died in that fire. His father was injured fleeing the conflict in his hometown, and neither parent talks about it much. His life in the refugee camp was at times quite difficult. He remembers never having enough food. When he was 11, his camp was burned down by rebels and Burmese soldiers, and he had to relocate to a makeshift camp. Several neighbors were killed in the fire. He remembers walking through the

jungle for days and being hungry. He also remembers seeing his mother crying. He thinks that something bad happened to her but doesn't know what.

When they arrived at the new camp, his father had to bribe some guards to be able to stay. Mr. Dwe has a younger sister who doesn't talk much. He said that she often woke up screaming at night and seemed scared a lot. Mr. Dwe also lost some of his friends who joined or were forced to become part of the Burmese army. On one occasion, he was also forced to carry weapons for the Burmese army for several weeks but was released and found his way back to the camp. It is likely that he witnessed brutal treatment during his brief captivity.

Mr. Dwe's education was disrupted in camp, and he has not yet finished high school. He states that he has trouble concentrating in English class and often can't sleep at night due to worries about friends and family who are still back in the camp. Sometimes he feels very sad and worries that his heart is not well, but he doesn't like to share his feelings. He tries to pray for comfort.

In the United States, Mr. Dwe is the only person in his family who has been able to find work. He works at night washing dishes in a bakery. The bus route to his job is dangerous. On several occasions, he has been attacked by gang members who mistake him for Hmong and beat him up. He has started drinking alcohol to help him sleep and to calm his fears. He has been recruited by different gang youth to sell drugs, but so far he is not involved. Mr. Dwe has only 8 months of refugee assistance before he must pay his own rent. He fears that the rents are too high for him to pay for an apartment for his whole family. He worries about the need to learn English in time to find a better job. He fears that he will be unable to pay his travel loan back. He also worries about having enough food to feed his family. The food that he has been able to find at the local food shelf is unfamiliar to his family. Mr. Dwe lives with his family in low-income housing, and he has been charged by his landlord to treat his apartment for bedbugs twice even though he says that he is not responsible for these bugs. Mr. Dwe's father wonders whether they should all go back home because at least they did not have to pay rent there.

QUESTIONS FOR CLINICAL DISCUSSION

- 1) How does culture shape Mr. Dwe's efforts to cope?
- 2) What might you say to help engage Mr. Dwe in a collaborative alliance?

- 3) How does culture affect Mr. Dwe's experience of trauma and his understanding of treatment and recovery?
- 4) How would you explain the impact of trauma and evidence-based options for treatment in culturally responsive ways?
- 5) How might differences in culture, race, gender, age, class, and other aspects of identity and privilege affect your work with this client? How would you address these differences?

QUESTIONS FOR POLICY DISCUSSION

- 1) How does United Nations' policy toward refugees, and Karen refugees in particular, inform services provided to Karen refugees in Thailand (including security, food, health care, and decisions about resettlement and repatriation)?
- 2) How does U.S. refugee resettlement policy inform the resettlement goals and services provided to Mr. Dwe's family?
- 3) What additional U.S. policies may affect the resettlement success of Mr. Dwe's family? Discuss policies related to family income, health care, housing, and education.
- 4) How might differences in culture, race, gender, age, class, and other aspects of identity and privilege affect your work with this client? How would you address these differences?

APPENDIX 2G: ETHNIC MODEL, EXERCISE GUIDELINES

ETHNIC Model Applied to Mr. Dwe's Case: Applying and evaluating a culturally competent trauma-informed model of care in response to trauma survivors

The goal of this exercise is to apply the ETHNIC model (Levin, Like, & Gottlieb, 2000) to the case vignette of Mr. Dwe. Students will be instructed to conduct a trauma-informed bio-psycho-social-spiritual assessment and examine their interpersonal interaction and collaboration with the client, family members, and the larger community in co-creating the treatment plan.

Instructions

The ETHNIC model can be used as a conceptual framework to develop an effective trauma-informed intervention with this client (see Appendix 2F for the case vignette of Mr. Dwe). This exercise can be conducted in an in-person or online class. The students are asked to role play the characters from the case vignette. This exercise may be done in smaller groups of two or larger groups of four to six. The group will engage in case conceptualization (including the engagement, assessment, and intervention phases), identify challenges faced, and participate in group problem-solving processes. Emphasis is to be placed on discussing the client's culture and its impact on his traumatic experiences and on identifying culturally competent response strategies. Students present their case conceptualization, treatment, and evaluation plan to the class. Students are expected to also provide feedback to their classmates' case presentations.

Instructors may ask students to cover the following areas of assessment (or include your own):

- Briefly describe the case and client, including the presenting problem and reasons for referral.
- Clearly map out the bio-psycho-social assessment you will be conducting, including assessing the client's trauma history, family history, psychological history, medical history, and social functioning.
- Discuss the client's past and current coping mechanisms and the impact of the trauma on their current functioning. Include any challenges based on the cultural background of the client.
- Examine the interpersonal interactions with the client during your initial sessions and explain what they might indicate about his or her interaction with others.
- Discuss other collaborations that you explored to respond effectively, such as working with family members, community leaders, religious figures, and other system (employment, health care, government, attorneys) stakeholders.

- Post the initial assessment, and in collaboration with the client discuss your formulation of two or three treatment goals you have identified. Your goals should be clear, concise, and measurable.
- Propose two evidence-based intervention modalities that may be effective for the client and describe your evaluation plan regarding your measurable and expected outcomes.

ETHNIC Model

E=EXPLANATION

- What do you think may be the reason you have these symptoms?
- What do your friends, family, and others say about these symptoms?
- Do you know anyone else who has or had this kind of problem?
- What concerns you most about your problem(s)?

T=TREATMENT

- What kind of medicines, home remedies, or other treatments, if any, have you tried for this illness?
- Is there anything you eat, drink, or do (or avoid) on a regular basis to stay healthy?
- What kind of treatment are you seeking from me?

H=HEALERS

- Have you sought any advice from alternative or folk healers, friends, or other people to help with the problem?

N=NEGOTIATE

- Negotiate options that will be mutually acceptable to you and your client and that do not contradict but rather incorporate your client's beliefs.
- Ask what are the most important results your client hopes to achieve from this intervention.

I=INTERVENTION

- Determine an intervention with your client. This may include alternative treatments, spirituality, and healers as well as other cultural practices.

C=COLLABORATION

- Collaborate with the client, family members, other health-care team members, healers, and community resources.

Reference

Levin, S., Like, R., & Gottlieb, J. (2000). *ETHNIC: A framework for culturally competent clinical practice*. New Brunswick, NJ: Department of Family Medicine, UMDNJ-Robert Wood Johnson Medical School.

Additional ETHNIC Model Resources

Genetic Counseling Cultural Competency Toolkit. Retrieved from <http://geneticcounselingtoolkit.com/default.htm>

Hays, P. A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy* (2nd ed.). Washington, DC: American Psychological Association.

Kobylarz, F. A., Heath, J. M., & Like, R. C. (2002). The ETHNIC(S) mnemonic: A clinical tool for ethnogeriatric education. *The American Geriatrics Society, 50*, 1582-1589.

SAMHSA. (2015). TIP 59: Improving cultural competence. Retrieved from <https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>

Steinberg Warren, N. (2009). *Cultural and spiritual mnemonic tools for use in genetic counseling*. Engelberg, J. Memorial Fellowship, Engelberg Foundation to the National Society of Genetic Counselors,

**APPENDIX 2H:
TRAUMA-INFORMED COMMUNITY RESPONSE**

The goal of this exercise is to assist students in constructing a trauma-informed community response to a hate crime. Students must choose a community that has survived a hate crime or politically motivated attack on a population. It is best to choose a trauma that occurred in your local community for this exercise, but you may also choose a national experience that affected local

community members. Examples might include the highly publicized attacks on the LGBTQ community, communities of color, immigrant communities, or even 9/11. In small groups, discuss the following questions and be prepared to share your ideas with the larger classroom:

- 1) What is the impact of this trauma on the larger community? Who is constructing the narrative about this trauma in the media? Does that narrative reflect the perspective of all community members? What is left out? How could you begin to explore this issue? Discuss the biases that you might bring to understanding this traumatic event.
- 2) Discuss a macro-level approach to assessing the overall impact of the trauma on the community. What would you do most immediately to assess this impact for community members, and what might happen later?
- 3) Discuss a trauma-informed model or process for analyzing and addressing the needs presented by your local community and target population. Give concrete examples to share with the larger class. How does knowledge of both trauma and the various community cultures enrich the proposed process for macro-level interventions? Explore the difference between exposure to a traumatic event and the varied levels of trauma responses.

APPENDIX 2I: ORGANIZATIONAL DEVELOPMENT STRATEGIES EXERCISE

The goal of this exercise is to construct culturally responsive and trauma-informed organizational development strategies to address the needs of immigrant residents.

Instructions

Break into small groups, choose an immigrant population that is local to your community, and discuss the following vignette in relation to the immigrant population your group has chosen:

You are the director of a county human services agency. Part of your job is to ensure that local multidisciplinary service agencies are working together

effectively to meet the needs of county residents. Lately, you have received complaints from service providers about the increased and chaotic demands of their immigrant populations. Immigrant community leaders have also complained that agencies are not meeting the needs of their communities. On further inquiry, you learn that physicians complain that immigrants have too many mental health concerns that present as physical complaints. Social service agencies and school personnel claim that they are unable to meet the needs of families because of trauma-related mental health problems. Mental health providers report that immigrant clients fail to attend appointments and that they have difficulty addressing mental health when they do come because of concerns about housing, employment, rent, food, and physical complaints. When child welfare becomes involved with an immigrant family, they report that it is often because of neglect prompted by fear of government involvement.

Discuss the following questions:

- 1) Discuss an approach or process for analyzing agency-level competency related to knowledge of the specific immigrant population, including culture, politics, and experiences of trauma.
- 2) Propose a model or process for agency-level interventions to improve the multidisciplinary coordination, communication, and knowledge of culture and trauma-informed care among these county agencies. Propose a method for assessing the effectiveness of this intervention.

APPENDIX 2J: IMPLICATIONS FOR FUTURE SOCIAL WORK PRACTICE

The goal of this assignment is for students to address the needs of diverse individuals, groups, and communities that have experienced trauma. When learning about marginalized populations, students are encouraged to demonstrate dignity and respect for others, avoiding the risk of studying people as objects.

Instructions

Each student must create a folder with the following information:

- 1) A cover page.
- 2) Rationale for this folder (1 page). Describe the purpose for the assignment and its implications for the field of social work.
- 3) Annotated bibliography. Research 12–15 sources on the topic. Once you have read through the sources, choose 5 to annotate. You might choose one seminal source, but most of the sources should have a publication date within the past 5 years. Students may choose to include sources or publications from a group or community, including those that are not peer-reviewed academic sources but represent the voice of those who have experienced trauma, such as blogs or websites.
- 4) List of suggested readings.
- 5) Paying attention to voice and authority, intersectionality, and diversity within an identified group, list:
 - key points to consider when working with your chosen group and reasons, focused on working across difference from a trauma-informed perspective
 - issues to avoid when working with this group and reasons that they should be avoided.
- 6) Pictures of the population in various settings, with care not to choose photos that present stereotypes of that population.
- 7) A list of film or documentary resources, if applicable.
- 8) A brief paragraph reflecting on any potential value of this assignment.

APPENDIX 2K: MACRO-LEVEL ASSIGNMENT, TRAUMATIC EVENT ASSESSMENT RESEARCH PAPER

The goal of this assignment is for students to evaluate community needs after exposure to a traumatic event, providing a thorough critique emphasizing diversity and trauma-informed practices.

Instructions

Choose a disaster (e.g., Hurricane Andrew, Hurricane Katrina, the Asian tsunami, the Nepalese earthquake) or traumatic community event (e.g., Sandy Hook Elementary School shooting, Trayvon Martin shooting, Virginia Tech massacre).

Based on research, both peer-reviewed and mass-media, provide an overview of the community in which the disaster or traumatic event occurred, giving special attention to diverse populations within the community. Give a thorough review of the chosen event and its implications for traumatic response within that community, including those affected by, and those responding to, the event.

Also, provide a thorough critique of the response, recovery, and mitigation strategies as they relate to the chosen event (e.g., health, sanitation, education, social policies, politics), incorporating attention to diversity. Furthermore, present the lessons learned and provide your recommendations for policy, practice, education, and research related to trauma-informed communities. This paper should be no less than 10 and no more than 15 pages long, not including cover, abstract, and reference pages). It should be written in APA format.

APPENDIX 2L: FIELD SEMINAR ASSIGNMENT, CHILD CASE PRESENTATION

The goal of this assignment is for students to present the deidentified case of a child they are working with to simulate a clinical staffing team of their peers and obtain feedback and recommendations.

Instructions

Each student will select a client from their caseload who was exposed to a trauma and developed a trauma response warranting treatment. Select a client with a complex array of variables affecting their experience, which may include membership in an oppressed group. Be sure to protect the confidentiality of the client by taking out or changing all identifying information. The class will serve as a simulated “team,” as is found in an agency’s multidisciplinary clinical staff, and they will provide feedback and recommendations to

each student on possible ways to proceed with the case. This does not imply that the student will or should follow these recommendations; that decision must be made by the proper agency supervisor for clients being served by the field agency where the student is interning. Students are encouraged to share the results of the feedback and recommendations they received from their peers with their field supervisors in supervision sessions. Students will provide information to the mock team members using the Clinical Case Presentation Form below.

Issues and questions to address:

- 1) Identify the layers of context the client is experiencing that warrant a complex and thoughtful response from you, the clinician.
- 2) What are the cultural considerations for this individual or family?
- 3) Have you considered trauma-related issues that relate to diversity (e.g., intergenerational, acute, chronic, complex, or historical trauma, age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, national origin, immigration status, marital status, political ideology, race, religion or spirituality, sex, sexual orientation, and tribal sovereign status)? How do these issues influence how you think about this particular individual or family? Outline how you would ensure that a diversity-related trauma lens guides your assessment and your treatment interventions to be appropriate for your clients.
- 4) Identify the plan of action, beginning with a safety plan that uses natural supports available to the individual, family, organization, and community.
- 5) Identify the barriers to successful outcomes that arise from disparate responses to contextual variables.

Clinical Case Presentation Form

Section I: Provide the following information to seminar peers and your instructor via e-mail before your presentation, along with the genogram and eco-map. Omit identifying information to maintain confidentiality of the individual or family.

Date:

Presenter:

MSW STAFFING (SECTION I)

- 1) Identify the question you want the staffing team to consider, stating clearly the issues related to diversity (e.g., intergenerational, acute, chronic, complex, or historical trauma, age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, national origin, immigration status, marital status, political ideology, race, religion and spirituality, sex, sexual orientation, and tribal sovereign status)?
- 2) Individual or family names (use pseudonyms) and a brief description of the concern or issue as it relates to trauma and diversity.
- 3) A. Extended family system (prepare a brief genogram including names, ages, genders, relationships).
B. Concern or issue in environmental context (prepare a brief eco-map including identifying information regarding the unit of attention and the stress, resources, nature of relationships, and directions of the flow of energy between the unit and context).
C. Provide a brief bio-psycho-social history.
D. What are the cultural considerations for this individual or family?
- 4) Specify trauma-related issues that relate to diversity (e.g., intergenerational, acute, chronic, complex, or historical trauma). During or after the staffing, ask yourself, "How is a trauma lens that attends to diversity used and implemented in the case study?"
- 5) What trauma experience related to diversity did you explore in your work with this individual or family, and how did it influence how you think about this particular individual or family? This would require you to do some research or review a training on trauma. How did exploring a diversity-related trauma theme help you adapt your assessment and your treatment interventions to be appropriate for your clients?

- 6) What theories did you use to conceptualize this individual or family and for your assessment and intervention?
- 7) Describe environmental factors (macro).
- 8) Identify the source of the referral and initial data provided.
- 9) Describe an individual and family systems perception of the problem.
- 10) Provide a social work assessment of situation. Identify sources and tools for making the assessment. Include the outcomes of your assessment and the status of the situation (e.g., chronic or acute, voluntary or involuntary).
- 11) Assess the individual or family system's strengths and limitations.
- 12) Provide a prior history (dates and types of referrals, services provided, interventions attempted, other agency involvement).
- 13) Are there any ethical considerations (or dilemmas) with this individual or family?
- 14) Summarize the impact of diversity and trauma on this client and the training needs of the social work practitioner.

Section II. This section is to be completed by presenter based on peer staffing feedback and does not need to be turned in to instructor.

STAFFING NOTES (SECTION II)

- 1) What are a couple different courses of action that can be considered for this individual or family?
- 2) What are the pros and cons of each course of action being considered?
- 3) How is a trauma lens that attends to diversity implemented in the case study?
- 4) What theories were used to conceptualize this case?

Recommended action (for classroom discussion only)

Staffing Team

_____	_____	_____
_____	_____	_____
_____	_____	_____

APPENDIX 2M: ONLINE COURSE DISCUSSION BOARD QUESTIONS ABOUT CULTURAL HUMILITY

Students will explore the role of culture in acute, complex, and chronic trauma, including identification of resources about cultural humility. (Note: This is part of an assignment in an MSW online course created by Alyssa Reynolds, Boise State University, called “Foundation and Application of Trauma-informed Practice”).

Read the following article and view the video:

Ortega, R. M., & Faller, K. C. (2011). Training child welfare workers from an intersectional cultural humility perspective: A paradigm shift. *Child Welfare, 90*(5), 27–49. Retrieved from https://www.researchgate.net/publication/224845530_Training_Child_Welfare_Workers_from_an_Intersectional_Cultural_Humility_Perspective_A_Paradigm_Shift

Chavez, V. (2016). *Cultural humility*. Available at <https://www.youtube.com/watch?v=cqBGvuVnR8Q>

On the online class discussion board, discuss your understanding of culture in relation to acute, chronic, and complex trauma, based on the Ortega and Faller (2011) reading and the Chavez’ *Cultural Humility* video. Include an example and explanation from the reading and video, or an experience you have been part of or observed, that demonstrates how traumatic stress and culture intersect with each other. How might you apply this information in your current or future field placement with individuals, families, groups, or communities?

APPENDIX 2N: FIELD PRACTICUM ASSIGNMENT, ASSESSMENT OF CLIENT AND ORGANIZATION'S ABILITY TO ASSIST

To assess the impact of trauma on a client's development and well-being, with a focus on the organization's ability to provide culturally relevant resources.

For this assignment, students will select a client (theirs or a colleague's) who is being served by their field practicum organization. Students will conduct a critical analysis of how trauma and diversity factors (e.g., age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, national origin, immigration status, marital status, political ideology, race, religion or spirituality, sex, sexual orientation, and tribal sovereign status) have affected the person's development through the life cycle and are currently affecting their well-being.

Students will also assess the field practicum organization's preparation to assist the client with resolution of the presenting problems. This may include staff training regarding culturally specific trauma interventions, trauma resources, community liaisons or leaders who have knowledge of expertise of agency and staff, universal design, and policies and procedures that reduce barriers to service.

Students should also identify any community resources that can be used to address gaps in service, including lack of knowledge about trauma, the impact of trauma on vulnerable and marginalized individuals and communities (e.g., race-based trauma), and cultural awareness. Students should include in their assessment possible solutions if there are no alternative resources available to assist the client.



Competency 3

Advance Human Rights and Social, Economic, and Environmental Justice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Trauma-informed social workers recognize that trauma adaptation and growth are most attainable when fundamental human rights of individuals, families, communities, and populations are upheld and restored. They are knowledgeable about how traumatic events do not occur evenly across societal groups and understand that the contextual realities of trauma survivors often affect their ability to recover and thrive in ongoing and posttraumatic circumstances. In their work, trauma-informed social workers engage with others in ways that reflect how trauma is experienced in many ways, individually, relationally, and structurally, and requires multilevel and interprofessional response strategies. Furthermore, they advocate for policies and services to transform the social, economic, and environmental conditions that limit human rights and the quality of life, thus, promoting resilience and growth.

COMPETENCY BEHAVIORS

- Advanced practitioners in trauma
- recognize and seek to redress human rights, social, economic, and environmental injustices resulting from or perpetuating trauma;
- understand and apply the intersectional Knowledge between human rights frameworks and the principles of trauma-informed care with individuals, families, communities, and the workforce across micro, mezzo, and macro practice;

- demonstrate skills in providing trauma-informed care across local, regional, and global environments; and
- implement and encourage practices and policies that facilitate empowerment, resilience, and posttraumatic growth.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Allen, V. D., & Solomon, P. (2016). EVIP: Edutainment violence intervention/prevention model. <i>Journal of Human Behavior in the Social Environment</i> , 26(3-4), 325-335. doi:10.1080/10911359.2015.1129251	Knowledge Values Cognitive and Affective Processes
Bowen, E. A., & Murshid, N. S. (2016). Trauma-informed social policy: A conceptual framework for policy analysis and advocacy. <i>Perspectives From the Social Sciences</i> , 106(2), 223-229.	Knowledge Values
Helms, J. E. (2010). Racism and ethnoviolence as trauma: Enhancing professional training. <i>Traumatology: An International Journal</i> , 16(4), 53-62.	Knowledge Values
Lijtmaer, R. (2014). Violations of human rights: Trauma and social trauma—can we forgive. <i>Journal of Communications Research</i> , 6(3), 281-294.	Knowledge Values Skills Cognitive and Affective Processes
Macy, R. J., & Johns, N. (2011). Aftercare services for international sex trafficking survivors: Informing U.S. service and program development in an emerging practice area. <i>Trauma, Violence, & Abuse</i> , 12(2), 87-98.	Knowledge Skills Cognitive and Affective Processes
Maschi, T., Bowland, S., & Brownell, P. (2015). Special issue on aging. Trauma, aging, and well-being: Invoking human rights, intergenerational family justice, peace, and freedom. <i>Traumatology: An International Journal</i> , 21(3), 199-266. Table of contents available at http://www.apa.org/pubs/journals/special/6232103.asp	Knowledge Values Cognitive and Affective Processes

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
Miller, N., & Najavits, L. M. (2012). Creating trauma-informed correctional care: A balance of goals and environment. <i>European Journal of Psychotraumatology</i> , 3, 17246.	Skills Cognitive and Affective Processes
Nelson, D., Price, E., & Zubrzycki, J. (2014). Integrating human rights and trauma frameworks in social work with people from refugee backgrounds. <i>Australian Social Work</i> , 67(4), 567–581.	Knowledge Values Skills
Quiros, L., & Berger, R. (2015). Responding to the sociopolitical complexity of trauma: An integration of theory and practice. <i>Journal of Loss and Trauma</i> , 20(2), 149–159.	Knowledge Values
Yellow Horse Brave Heart, M., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical trauma among indigenous peoples of the Americas: Concepts, research and clinical considerations. <i>Journal of Psychoactive Drugs</i> , 43(4), 282–290.	Knowledge Values Skills

In-Class Exercises

Resource	Competency Dimension
<p>Legislative Advocacy (Macro)</p> <p>Students will practice articulating the intersection of human rights and trauma-informed care in 3–5 minutes, like an elevator pitch.</p> <p>https://www.samhsa.gov/capt/sites/default/files/resources/you-gotta-hear-this-elevator-pitch.pdf</p> <p>Advocacy work often requires the ability to deliver an important message in a concise and accessible format. The intention of this activity is to solidify Knowledge while practicing this skill. Elements of this message will probably define the terms and concepts, how they are related, and why it is important for a legislator to know.</p> <p>Group students in triads and assign roles of the social worker, state senator, and observer. If you have time, rotate these roles in the group. The social worker will respond to the state senator, and the observer will take notes and facilitate feedback and reflection after the role play. Using the feedback from each role play, have the triad write a response and share with the entire class. Reflect about similarities and strategies used in the varied responses, identifying important words to use or compelling data to include.</p> <p>The Scenario</p> <p>State senator: “I have about 5 minutes before the meeting reconvenes. In the public hearing, someone just mentioned the connection between human rights and trauma-informed care. Can you explain this to me, please?”</p>	Knowledge Values Skills Cognitive and Affective Processes

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>Policy Implications (Micro, Mezzo, Macro)</p> <p>Identify a current policy that that promotes or threatens human rights (e.g., travel ban, preexisting condition coverage). Assign groups in class the same or different policies. Have groups review and discuss how this policy could cause trauma or toxic stress, retraumatize, or promote posttraumatic growth and resilience for individuals, families, communities, and populations;</p> <p>how this policy may support or hinder organizations and systems from implementing trauma-informed care practices;</p> <p>the role of power and privilege as it relates to who makes and enforces policies and whom the policy affects; and</p> <p>the dilemmas that would be faced by social workers and agencies when applying this policy.</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>
<p>Small Group Activity and Presentation: Current Events (Micro, Mezzo, Macro)</p> <p>In this exercise, each group will select a current event related to trauma and human rights or social, economic, or environmental justice rights. Students will discuss the event in small groups and present major themes to the class. Plan for 20–25 minutes for the exercise (15 minutes for small group discussion, 10 minutes to present to the class).</p> <p>See Appendix 3A for detailed instructions.</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>
<p>In-class Case Consultation (Micro, Mezzo, Macro)</p> <p>Each student will present a case to the consultation group using the format described here. The presenter should bring or post a one-page outline or description of the case, including questions for colleagues.</p> <p>See Appendix 3B for detailed instructions.</p>	<p>Knowledge</p> <p>Cognitive and Affective Processes</p>
<p>Trauma-informed Case Review</p> <p>In small groups of four or five, students are invited to review a trauma-related case scenario focusing on a client system (e.g., individual, family, or community) and respond to prompts related to trauma, human rights, injustice, resilience, community, or personal reactions. Subsequently, a large group discussion of the responses provided will deepen the learning process.</p> <p>See Appendix 3C for sample cases and prompts.</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>

<i>Media</i>	
Resource	Competency Dimension
FILM	
<p>Documentary Film: <i>13th</i> (2016). Information available at http://www.avaduvernay.com/13th/</p> <p>This film depicts mass incarceration as modern-day slavery, violating the 13th Amendment of the U.S. Constitution. (1 hour, 40 minutes)</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>Documentary Film: <i>Before the Flood</i> (2016). Information available at https://www.beforetheflood.com/</p> <p>This film highlights issues related to climate change. (96 minutes)</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>Documentary Film: <i>Carved From the Heart</i> (2014). Information available at https://www.newday.com/film/carved-heart</p> <p>This documentary portrays a Native American dad's grief at the loss of his son due to a drug overdose and how building a totem pole became a community project that brought healing. (30 minutes)</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>Documentary Film: <i>Frontline</i> S34 Ep11, "Business of Disaster" (2016). Retrieved from http://www.pbs.org/video/236576223/</p> <p>This <i>Frontline</i>/NPR documentary film discusses how people make money from natural disasters. (55 minutes)</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>Documentary Film: <i>Frontline</i> S31 Ep11, "Rape in the Fields" (2013). Retrieved from http://www.pbs.org/video/2365031455/</p> <p>This <i>Frontline</i> documentary portrays the courageous voices of undocumented women who are sexually abused in the United States as migrant workers with little legal recourse. (54 minutes)</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>Documentary Film: <i>The Hunting Ground</i> (2015). Information available at http://thehuntinggroundfilm.com/</p> <p>This film highlights the nationwide problem of sexual assault on college campuses. (1 hour, 43 minutes)</p>	<p>Knowledge Values Cognitive and Affective Processes</p>

(continued)

Media (continued)

Resource	Competency Dimension
<p>Documentary Film: <i>The Invisible War</i> (2012). Information available at http://invisiblewarmovie.com/</p> <p>This film highlights the coverup of sexual assault of women in the U.S. military. (97 minutes)</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>Film: <i>Mississippi Damned</i>. (2009). Information available at http://www.mississippidamned.com/</p> <p>This dramatic film portrays three children of color raised in an impoverished rural area of Mississippi and the generational consequences of abuse, addiction, and violence. (2 hours)</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>Film: <i>Moonlight</i>. (2016). Information available at http://moonlight.movie/</p> <p>This dramatic film presents three stages in the life of the main character. It explores the difficulties he faces with his own sexuality and identity, including the physical and emotional abuse he receives in response. (1 hour, 15 minutes)</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>Film: <i>Precious</i> (2009). Information available at https://www.lionsgate.com/movies/precious/</p> <p>This dramatic film portrays the life of a 16-year-old, Precious, who is the victim of physical, emotional, and sexual (incest) abuse. She copes with her trauma by escaping into daydreams where she is loved and cared for. (1 hour, 50 minutes)</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
PODCAST	
<p>Podcast: “Identifying and Responding to Sex-Trafficking Victims in Social Service Settings”: Interview with Rebecca J. Macy, PhD</p> <p>http://socialworkpodcast.blogspot.com/2013/05/identifying-and-responding-to-sex.html</p> <p>This podcast interview is focused on detecting and responding to sex trafficking victims. Multidisciplinary involvement of law, medicine, and social services is included. (46 minutes)</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>TED Talk: “How Childhood Trauma Affects Health Across a Lifetime” (2014). Retrieved from https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime</p> <p>This TED Talk by Nadine Burke Harris discusses the Adverse Childhood Experiences (ACE) Study and trauma’s impact on health. Inspiring and motivational. (16 minutes)</p>	<p>Knowledge Values Cognitive and Affective Processes</p>

(continued)

Media (continued)

Resource	Competency Dimension
<p>TED Talk: “The Opportunity of Adversity “(2009). Retrieved from https://www.ted.com/talks/amee_mullins_the_opportunity_of_adversity</p> <p>In this TED Talk, Aimee Mullins discusses the power of language, use of the word <i>disability</i>, adversity, and human potential. (22 minutes)</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>TED Talk: “We Need to Talk About an Injustice” (2012). Retrieved from https://www.ted.com/talks/bryan_stevenson_we_need_to_talk_about_an_injustice</p> <p>This TED Talk by Bryan Stevenson addresses mass incarceration in the United States. Inspiring and informative, the talk illustrates the broad scope of the problem through personal case stories. (24 minutes)</p>	<p>Knowledge Values Cognitive and Affective Processes</p>

Assignments

Resource	Competency Dimension
<p>Exploring Our Global Village: Human Rights and Trauma Blog Project</p> <p>Students are invited to develop a greater understanding of the lived experiences of those abroad in the context of human rights and traumatic events. Each student is assigned an identity including a name, age, and the country in which the person resides. Throughout the course, students will be provided specific prompts that guide their research about the country, culture, and events, all of which will inform their first-person narratives. All students will be able to view and respond to other students’ blogs to encourage learning about various cultures, contexts, the impact of traumatic events, and human rights.</p> <p>Blog Prompts</p> <ul style="list-style-type: none"> ● What conditions and circumstances are facing the nation now (e.g., slavery, human trafficking, war)? ● Which human rights are being violated in accordance with the Universal Declaration of Human Rights? ● How could social workers respond at the micro, mezzo, and macro levels with trauma-informed service provision? ● How have traumatic events caused or perpetuated human rights violations? 	<p>Knowledge Values Cognitive and Affective Processes</p>

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Call to Action Campaigns: Advocating for Human Rights and Social, Economic, and Environmental Justice in the Context of Trauma</p> <p>Students are invited to work in groups to (a) explore a trauma-related human rights or justice issue of their choice and (b) advocate for social change by calling on the audience to take action. Because social change is often brought about by incremental action, students will offer three feasible, specific steps audience members can take to address the issue. The project will include a 1-minute (or less) product (e.g., public service announcement, video for social media) and short in-class presentation to demonstrate a scholarly understanding of the chosen issue and outline the strategy for the campaign (e.g., intended message and audience).</p>	<p>Knowledge Skills</p>
<p>Trauma-informed Program Assessment</p> <p>Students are invited to explore and describe the extent to which the activities of an agency or program are consistent with five guiding principles of trauma-informed practice: safety, trustworthiness, choice, collaboration, and empowerment and human rights. This assignment may be completed in groups, could include a required interview of a professional, and may be particularly useful as an assignment in a field seminar.</p>	<p>Knowledge Skills Cognitive and Affective Processes</p>
<p>Trauma Case Review: Understanding Theory-informed Practice</p> <p>Students are invited to review a trauma-related case scenario focusing on a client system (e.g., individual, family, or community) from several theoretical lenses (e.g., theories of social justice, sociological theories such as conflict theory) to</p> <p>demonstrate understanding of the theories included,</p> <p>identify how theory can inform practice, and</p> <p>describe how service provision grounded by identified theories could include the principles of trauma-informed care.</p> <p>See Appendix 3C for sample cases.</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>Scholarly Paper</p> <p>Students will choose a dimension of trauma and address (a) a clinical social work intervention, (b) a community response, (c) a private or public program, or (d) a federal, state, or local government policy designed to address the issue. The paper will include a literature review using scholarly references, a critical analysis of the current response, and concrete recommendations for improvements or changes.</p> <p>See Appendix 3D for further instructions.</p>	<p>Knowledge Skills Cognitive and Affective Processes</p>

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Connecting Theory and Practice Paper</p> <p>Students are invited to submit a well-edited written paper (8–10 pages of text) to examine the intersection between academic trauma literature and the translation for the practitioners or the public. This assignment can be completed by either (a) choosing an area of trauma intervention of interest and comparing the information from academic sources with information for the public on websites or in the form of guides or handouts, or by (b) attending a local conference on trauma or a trauma-related topic and submitting notes taken at the conference.</p> <p>See Appendix 3E for further instructions.</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

Field Education: Competency Behavior and Sample Learning Tasks

Sample Learning Tasks	Competency Dimension
<p>1. Understand and apply the intersectional Knowledge between human rights frameworks and the principles of trauma-informed care with individuals, families, communities, and the workforce across micro, mezzo, and macro practice.</p>	
<p>Micro: Critically evaluate an assessment tool used by the agency to determine whether the tool reflects a human rights framework and each of the principles of trauma-informed care.</p>	<p>Knowledge</p> <p>Skills</p>
<p>Mezzo: Facilitate a support group for women with refugee status and identify and implement specific strategies to build safety, trustworthiness, collaboration, empowerment, and choice.</p>	<p>Values</p> <p>Skills</p>
<p>Macro: Participate in a multidisciplinary crisis task force in the local community by attending regular monthly meetings and engaging in response efforts to a recent natural disaster.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>2. Demonstrate cognitive and affective skills in providing trauma-informed care across local, regional, and global environments.</p>	
<p>Micro: Attend an ethics course pertaining to strengthening service provision for children and families who have experienced disaster.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

(continued)

Field Education (continued)

Sample Learning Tasks	Competency Dimension
<p>Mezzo: In facilitating a support group for refugees, use critical thinking skills to consider the impact of the various cultures represented by clients and respond sensitively to these factors.</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>Macro: In participating in a multidisciplinary team, identify and consider the multiple perspectives of the various professionals in the group to understand their interest in participation and their strengths so they can work together effectively.</p>	Knowledge Values Skills
<p>3. Recognize and seek to redress human rights and social, economic, and environmental injustices resulting from or perpetuating trauma.</p>	
<p>Micro: In working with families affected by homicide, connect families to crime victim compensation programs to reimburse them for medical bills, funeral or burial expenses, and counseling.</p>	Knowledge Values Skills
<p>Mezzo: Develop an agency support program for teens whose parents are incarcerated due to violent crime.</p>	Knowledge Skills
<p>Macro: Engage in NASW's policy day and meet with a legislator to discuss an environmental justice issue facing the community (e.g., increased pollutants in an area of the city inhabited predominantly by underrepresented, marginalized groups), advocating for access to resources to address the issue.</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>4. Implement and encourage practices and policies that facilitate empowerment, resilience, and posttraumatic growth.</p>	
<p>Micro: As an advocate at an agency providing services to children who have experienced sexual abuse, provide as many choices as possible during interactions.</p>	Knowledge Skills Cognitive and Affective Processes
<p>Mezzo: Integrate the topics of empowerment, resilience, and posttraumatic growth into a therapeutic group for veterans who experienced war.</p>	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Field Education (continued)

Sample Learning Tasks	Competency Dimension
Macro: Participate in community asset mapping to identify strengths and resources of the community that could be helpful for those who identify as LGBTQ and are experiencing homelessness.	Knowledge Skills Cognitive and Affective Processes

Note: Considering the context of the field placement, further operationalization of tasks is recommended (e.g., number of strategies to be demonstrated, dates and times, designated meetings).

Additional Resources	
Resource	Competency Dimension
ORGANIZATIONS	
Black Lives Matter http://blacklivesmatter.com/	Knowledge Values Skills Cognitive and Affective Processes
Future Without Violence (violence against women) https://www.futureswithoutviolence.org	Knowledge Values Skills Cognitive and Affective Processes
Local and international organizations such as the Violence Prevention Alliance http://www.who.int/violenceprevention/publications/en/	Knowledge Values Skills Cognitive and Affective Processes
United Nations Peacekeeping http://www.un.org/en/peacekeeping/	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Additional Resources (continued)

Resource	Competency Dimension
World Health Organization violence prevention http://www.who.int/violence_injury_prevention/violence/world_report/en/	Knowledge Values Skills Cognitive and Affective Processes
World Peace Library http://worldpeacelibrary.com	Knowledge Values Skills Cognitive and Affective Processes
PODCASTS	
InSocialWork Podcast Series: Episode 41, Dr. Elisabeth Reichert: "Social Work and Human Rights" http://www.insocialwork.org/episode.asp?ep=41	Knowledge
InSocialWork Podcast Series: Episode 171, Dr. William Wipfler: "Human Rights and Torture" (part 1 of 2) http://www.insocialwork.org/episode.asp?ep=171	Knowledge
InSocialWork Podcast Series: Episode 172, Dr. William Wipfler: "Human Rights and Torture" (part 2 of 2) http://www.insocialwork.org/episode.asp?ep=172	Knowledge
InSocialWork Podcast Series: Episode 189, Rachel Forbes, Dr. Andrea Nesmith, Meredith Powers, and Dr. Cathryne Schmitz: "Environmental Justice" http://www.insocialwork.org/episode.asp?ep=189	Knowledge Values Skills
InSocialWork Podcast Series: Episode 208, Dr. Nancy Kusmaul and Lisa Kendall: "Impacts of Trauma in Later Life" http://www.insocialwork.org/episode.asp?ep=208	Knowledge Values Skills Cognitive and Affective Processes
READINGS	
Ali, J. S., Farrell, A. S., Alexander, A. C., Forde, D. R., Stockton, M., & Ward, K. D. (2017). Race differences in depression vulnerability following Hurricane Katrina. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i> , 9(3), 317.	Knowledge Values

(continued)

Additional Resources (continued)

Resource	Competency Dimension
Benedict, A. (2014). <i>Using trauma-informed practice to enhance safety and security in women's correctional facilities</i> . National Resource Center on Justice Involved Women. Retrieved from https://www.bja.gov/publications/nrcjiw-usingtraumainformedpractices.pdf	Knowledge Values Skills Cognitive and Affective Processes
Bowland, S. (2015). Aging in place or being warehoused? African American trauma survivors in mixed-age housing. <i>Traumatology: An International Journal</i> , 21(3), 172.	Knowledge
Brave Heart, M. Y. H. (2000). Wakixsuyapi: Carrying the historical trauma of Lakota. <i>Tulane Studies in Social Welfare</i> , 21-22, 245-266.	Knowledge Values Cognitive and Affective Processes
Davis, R., Pinderhughes, H., & Williams, M. (2016). Adverse community experiences and resilience: A framework for addressing and preventing community trauma. Retrieved from https://www.preventioninstitute.org/publications/adverse-community-experiences-and-resilience-framework-addressing-and-preventing	Knowledge Values Skills Cognitive and Affective Processes
Goldsmith, R. E., Martin, C. G., & Smith, C. P. (2014). Systemic trauma. <i>Journal of Trauma & Dissociation</i> , 15(2), 117-132. doi:10.1080/15299732.2014.871666	Knowledge Values Cognitive and Affective Processes
Hardy, K. V. (2013). Healing the hidden wounds of racial trauma. <i>Reclaiming Children and Youth</i> , 22(1). Retrieved from https://static1.squarespace.com/static/545cdfce4b0a64725b9f65a/t/54da3451e4b0ac9bd1d1cd30/1423586385564/Healing.pdf	Knowledge Values Skills Cognitive and Affective Processes
Maxwell, K. (2014). Historicizing historical trauma theory: Troubling the trans-generational transmission paradigm. <i>Transcultural Psychiatry</i> , 51(3), 407-435. doi:10.1177/1363461514531317	Knowledge Values Cognitive and Affective Processes

(continued)

Additional Resources (continued)

Resource	Competency Dimension
Saar, M. S., Epstein, R., Rosenthal, L., & Vafa, Y. The sexual abuse to prison pipeline: The girls' story. Retrieved from https://rights4girls.org/wp-content/uploads/r4g/2015/02/2015_COP_sexual-abuse_layout_web-1.pdf	Knowledge Values Skills Cognitive and Affective Processes
Urban Institute. (2014). <i>Best and promising practices: Trauma-informed community building—A model for strengthening communities in trauma affected neighborhoods</i> . Retrieved from http://www.societyhealth.vcu.edu/media/society-health/pdf/Best-Practices-Trauma-TICB-12.3.14.pdf	Knowledge Values Skills Cognitive and Affective Processes
Walls, M. L., & Whitbeck, L. B. (2012). The intergenerational effects of relocation policies on indigenous families. <i>Journal of Family Issues</i> , 33(9), 1272–1293.	Knowledge Values Skills Cognitive and Affective Processes
WEB RESOURCES	
Conference Proceedings and Videos Expert Witness Health Professionals on the Frontline Against Torture http://expertwitnessagainsttorture.com/prison-torture-dual-loyalty-conflicts-conference-video/	Knowledge Values Skills Cognitive and Affective Processes
Toolkits The RAND Corporation, Toolkits for Community Resilience in Response to Disasters and Climate Change https://www.rand.org/multi/resilience-in-action/community-resilience-toolkits.html	Knowledge Values Skills Cognitive and Affective Processes

APPENDIX 3A: CURRENT EVENTS SMALL GROUP ACTIVITY AND PRESENTATION

Each group (three or four students) selects a current event related to trauma and human rights or social, economic, or environmental justice rights. Students discuss the event and present major themes to the class. Plan for 20–25 minutes for the exercise (15 minutes for small group discussion, 10 minutes to present to the class).

Suggested Guidelines for Structured Discussion

- How did the group choose the event?
- What are the sources of news about the event, and how do they offer different perspectives?
- What human rights or social, economic, or environmental justice issues are present?
- How does the story frame (or ignore) human rights and justice issues?
- Identify the attitudes of social discrimination, marginalization, stigmatization, and injustice surrounding this event.
- How have you responded to the story on a personal level?

QUESTIONS FOR MICRO FOCUS

- What trauma responses might you expect among those who directly experienced or witnessed this event? Consider individual responses, responses related to role (e.g., family and personal roles; professional roles such as first responders or politicians).
- What types of trauma-informed interventions might be helpful to individuals and families affected by this event?
- What barriers might affect individuals and families face in accessing needed services and resources?

QUESTIONS FOR MEZZO OR PROGRAM FOCUS

- Which agency or program responses and resources would be most helpful to address the affected individuals and communities?
- What dilemmas might we face as social workers in providing trauma-informed services for this population?
- What are the constraints of your agency in responding to human rights and justice issues of the community?

QUESTIONS FOR MACRO FOCUS

- Which policies are relevant to the event and its aftermath?
- Are there policies or laws that are thought to have caused or contributed to this event?
- Are there policies or laws that prevent the necessary trauma-informed and human rights response?
- Are there policies or laws that promote recovery or protect rights in this event?
- How are forms of exerting power and privilege, systemic oppression, and structural violence present in this event (e.g., London Grenfell fire, June 14, 2017)?

**APPENDIX 3B:
GUIDELINES FOR IN-CLASS CASE CONSULTATION (MICRO)**

Each student will present a case to the consultation group using the format described here. The presenter should bring or post a one-page outline or description of the case, including questions for colleagues.

We will use about 25 minutes each week to work with your cases. Each presenter should be prepared to discuss the case for approximately 15 minutes, with the remaining time for questions and feedback. Below are guidelines for presenting, although not all of you will have the same amount or depth of information in each area. Add details specific to your setting and population.

- 1) Give a brief history of your client's presenting concerns and your concerns. How was the client referred to your program?
- 2) Describe what is known about the client's trauma experiences. How was trauma assessed (or not)? If there isn't specific information regarding trauma, discuss whether and why a trauma framework makes sense for this client.
- 3) Identify and discuss the human rights and social justice issues in this case.
- 4) Describe the client's adaptations to trauma using a trauma-informed approach. Consider all areas of the client's life, including:
 - a) cultural context, client identities, and meaning of the trauma
 - b) affective and behavioral regulation
 - c) interpersonal (attachment) relationships
 - d) ability of the client's environment to support regulation and recovery (e.g., Saxe et al., 2007)
- 5) Discuss your approach to treatment or raise this as a question for your peer consultation. In which phase would you expect to begin or have you begun treatment?
- 6) Describe the treatment relationship. What are some of the relationship dynamics? What is helpful, and what gets in the way of being empathic with this client? What obstacles does the client or client's situation bring to bear?
- 7) Discuss vicarious traumatization. How does work with this client affect you?

Discussion

- Which aspects of this case are most challenging?
- How can you collaborate with your peers to support your work in this case?
- What questions and constructive feedback do consultants have for the presenter?

- For your written case report, consider which references would be useful to address the above issues.

Guidelines for In-class Case Consultation (Mezzo)

Each student will present a case to the consultation group using the format described here. The presenter should bring or post a one-page outline or description of the case, including questions for colleagues.

We will use about 25 minutes each week to work with your cases. Each presenter should be prepared to discuss the case for approximately 15 minutes, with the remaining time for questions and feedback. Below are guidelines for presenting, although not all of you will have the same amount or depth of information in each area. Add details specific to your setting and population.

- 1) Give a brief history of your program or agency. Describe the degree to which your program or agency uses a trauma-informed approach.
- 2) What barriers exist within your agency to providing trauma-informed care? Describe your agency's relationship to the communities and clients it serves.
- 3) How does your agency or program recognize and respond to human rights and social justice concerns within the client communities it serves?
- 4) How might your agency or program be more responsive to human rights and social justice concerns among its constituency groups?
- 5) Discuss vicarious traumatization. How does work within this system or program affect you?

Discussion

- Which aspects of your agency are most challenging for you?
- How can you collaborate with your peers to support your work in this case?
- What questions and constructive feedback do consultants have for the presenter?

For your written case report, consider which references would be useful to address the above issues.

Guidelines for In-class Case Consultation (Macro or Policy)

Each student will present a case to the consultation group using the format described here. The presenter should bring or post a one-page outline or description of the case, including questions for colleagues.

We will use about 25 minutes each week to work with your cases. Each presenter should be prepared to discuss the case for approximately 15 minutes, with the remaining time for questions and feedback. Below are guidelines for presenting, although not all of you will have the same amount or depth of information in each area. Add details specific to your setting and population.

- 1) Identify a policy or policies that are relevant for specific client groups or communities.
- 2) Are there policies or laws that are thought to have caused or contributed to the trauma experiences of the community or population?
- 3) Are there policies or laws that prevent the necessary trauma-informed and human rights response to specific events or injustices?
- 4) Are there policies or laws that promote recovery or protect rights for the community or population?
- 5) How are forms of exerting power and privilege, systemic oppression, and structural violence present in this event?
- 6) What advocacy efforts would you initiate to promote human rights and social justice for the policy you have selected?

Discussion

- Which aspects of this work are most challenging for you?
- How can you collaborate with your peers to support your work in advocating for policy change?
- What questions and constructive feedback do consultants have for the presenter?

- For your written case report, consider which references would be useful to address the above issues.

APPENDIX 3C: TRAUMA-INFORMED CASE REVIEW SAMPLE CASES AND DISCUSSION PROMPTS

Case Overview 1: 19-year-old Man, Military, Health Care

Several months ago, James, a 19-year-old man who was stationed in Germany as a military police officer in the U.S. Army, was involved in a very serious automobile accident off base. Because of the severity of his injuries James was airlifted to the United States for medical treatment. James had to undergo many surgeries that failed to provide him with the ability to walk, and he was informed by his surgeon that he was paralyzed from the waist down and would never walk again. After months of staying in the hospital, James was released and was forced to start a new chapter of his life. James, who is unmarried and has a “strained” relationship with his parents, has recently been transferred to an assisted living facility for veterans. Because James’s injuries were not combat related, he is having a difficult time receiving the federal benefits he deserves, and he reports frustration, anxiety, and disappointment at “getting the runaround.” Recently, James has expressed increased hopelessness and anger. He states that he hates loud noises and can’t remember anything. He has become increasingly focused on getting back to the gun range and learning how to operate certain weapons despite his physical disabilities.

SUGGESTED DISCUSSION QUESTIONS

- 1) What are the trauma-related issues in this case?
- 2) What are the human rights or justice issues in this case?
- 3) What risk and protective factors does James have?
- 4) What are issues facing James’s providers and involved organizations?
- 5) How might a trauma-informed approach be useful in this case? Explain.

- 6) What recommendations do you have for the organization and community?
- 7) What do you notice about your own reaction to this case?

Case Overview 2: 93-year-old Woman, Elder Abuse

Edna is a 93-year-old woman who lives with her son, Ned, and his wife. Unfortunately, because of Edna's declining health, she is not as mobile as she would like. After living on her own for decades, Edna had to move in with her son and daughter-in-law 3 months ago. At the time, Edna and her son reported that although it was not the ideal situation, they agreed it was the best option and would be a healthy living arrangement for all involved. Before moving in with her son Edna described him as "a loving son" who would do "anything" for her. Recently, Ned was laid off from his manufacturing job. Financial difficulty has befallen the family, and Edna now tells the visiting social worker that her relationship with Ned has become "strained." Edna reports that she often feels alone and isolated on her side of the house. She reports that Ned and his family rarely check in on her and that the weekly trips to the grocery store have now become biweekly. A glance into Edna's refrigerator shows a carton of milk and some raw vegetables. An assessment of Edna's medication shows that she has only a 3-day supply of pills left, and when asked about this, Edna reports, "I asked Ned to take me to the pharmacy, but he yelled at me and said I'm too demanding. He said there is no money to pay for it anyway." Edna also tells the worker that Ned recently told her that she would need to sign over her Social Security biweekly payment so that she can "help support the family." Apparently, Ned also confiscated Edna's checkbook recently. Edna states that her son has become increasingly agitated with her and has been "slamming doors and throwing things" around her room on the rare occasion he comes to check in on her. She reports that he has never been physical with her, but she is worried that he may hit her.

SUGGESTED DISCUSSION QUESTIONS

- 1) What are the trauma-related issues for Edna?
- 2) What are the human rights or justice issues in this case?
- 3) What risk and protective factors does Edna have?

- 4) What issues are facing Edna’s providers and involved organizations?
- 5) How might a trauma-informed approach be useful in this case? Explain.
- 6) What recommendations do you have for the organization and community?
- 7) What do you notice about your own reaction to this case?

Case Overview 3: Islamophobia, Oppression, Organization

Adila is a social worker at the only hospice in town. Most of her work is done in the homes of patients. Adila is a practicing Muslim and wears a hijab. Last week, a Sikh man was stabbed outside his business, and the person who stabbed him was heard yelling, “I am protecting Americans from you scarf head terrorists.” There have been daily protests in support of both the person stabbed and the person who did the stabbing. Adila has not been to work since the stabbing because she feels unsafe in the community. She is also fearful of her safety in patients’ homes. She also reports not sleeping or eating well. Adila cannot miss more days without a doctor’s note and does not have any vacation days to use. Her co-workers are picking up her caseload. One colleague said, “If she is unsafe wearing a hijab, guess how I feel in my black skin every day.”

SUGGESTED DISCUSSION QUESTIONS

- 1) What are the trauma-related issues in this case?
- 2) What are the human rights or justice issues in this case?
- 3) What risk and protective factors does Adila have?
- 4) What are issues facing Adila, her colleagues, and all providers in the community?
- 5) How might a trauma-informed approach be useful in this case? Explain.
- 6) What recommendations do you have for Adila, her colleagues, and all providers in the community?
- 7) What do you notice about your own reaction to this case?

Other prompts for additional case studies could include:

- 1) What human rights or social, economic, or environmental justice issues are present?
- 2) Considering the perspective of those receiving services, what interventions may be beneficial at the micro, mezzo, and macro levels?
- 3) In what specific ways could service provision at the micro, mezzo, and macro levels demonstrate the principles of trauma-informed care?
- 4) In what specific ways could the service provision described embody social work values?

APPENDIX 3D: SCHOLARLY PAPER INSTRUCTIONS

Students will choose a dimension of trauma and address (a) a clinical social work intervention, (b) a community response, (c) a private or public program, or (d) a federal, state, or local government policy designed to address the issue. The paper will include a literature review using scholarly references and provide a critical analysis of the current response and concrete recommendations for improvements or changes. The paper must be written in APA style and follow the MSW program's expectations for a scholarly paper. Write the final paper using the following headings to structure your writing, and include reference pages.

- 1) Introduction: A brief statement about the focus and purpose of the paper. The introduction should give your reader an understanding of the dimension of trauma you will focus on and the level of social work intervention you will address. (1/2 page, 5 points)
- 2) Literature review: Review the research and writings on your dimension of trauma from the scholarly literature. Address the history of social work's role with this issue and the social and interpersonal factors that contribute to it. Summarize the state-of-the-art interventions, policies, and community programs. Address any applicable explanatory theory and models of practice (six or seven pages, 40 points). If you are addressing a dimension of trauma identified in an underrepresented population, it is possible there

is no good theory or model of practice. If that is the case, address this limitation and give further explanation in section 3 when discussing gaps in the literature.

- 3) Critique: Discuss the strengths and weaknesses of the state-of-the-art practice with this dimension of trauma. Address gaps in services, inadequacies of programs, problematic policies, and so on. (2 pages, 10 points)
- 4) Future directions for social work: Propose ways to strengthen what already exists and new methods of alleviating the problem and its sequelae. Be concrete about what you, as a future social work leader, would do to improve on the current state of the art on this dimension of trauma. (two or three pages, 20 points)
- 5) Conclusion: Summarize the findings of your paper. What are your final thoughts on the dimension of trauma and current social work practice? How might your critique strengthen the role of social workers in this area? (1/2 page, 5 points)
- 6) Use the correct APA format, grammar, and writing style.

Source: Adapted from CSWE Trauma Curriculum Committee: Syllabi and assignment packet.

APPENDIX 3E: CONNECTING THEORY AND PRACTICE PAPER INSTRUCTIONS

There are two options for this paper, which should be a well-edited paper (8–10 pages of text). In it, you will examine the intersection between academic trauma literature and the translation for the practitioners or the public.

Option 1: Choosing an area of trauma intervention of interest to you, compare the information from academic sources with information you find for the public on websites or in guides or handouts. For example, if you choose disaster response, you could look at what is available on the National Child Traumatic Stress Network website and the Federal Emergency Management Administration website, and compare that with class readings and what you find through a literature search. In addition, search the keywords disaster and trauma or helping professionals deal with trauma to find any additional advice-related websites. Include your evaluation of the websites and other

public information. Does the advice found on those websites match what you have learned from course texts? Include relevant printout from the website as appendices.

Option 2: Attend a local conference on trauma or a trauma-related topic. Submit your notes taken at the conference. Locate and read several sources recommended at the conference, and do your own additional literature search on the topic. Describe whether (and if so, how) the conference will strengthen your practice effectiveness in responding to trauma. Compare the information from the conference with theoretical perspectives from the class, as in Option 1. Apply critical analysis to the conference content, no matter how persuasive it is; does the material you heard and were given at the conference match what you have learned from course texts? For this option, if no appropriate conference is available, students may take an online seminar from PESI (<https://www.pesi.com/store/digital>) (some recommended training options are by Eric Gentry, Linda Curran, and Bessel van der Kolk). Apply the language on analyzing a conference to the Web seminar.

Source: Adapted from CSWE Trauma Curriculum Committee: Syllabi and assignment packet.



Competency 4

Engage in Practice-informed Research and Research-informed Practice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Trauma-informed social workers understand the role of theory and its relationship to evidence-based trauma intervention. They can apply the neurobiological research on the impact of trauma experiences, including epigenetic changes and transgenerational transmission, to explain the bio-psycho-social and cultural factors related to trauma. They examine the effects trauma has on diverse populations and commit to strategies that advocate for research-informed trauma practice. Trauma-informed social workers understand the varying effectiveness of trauma treatment models or approaches for healing or mitigating the effects of trauma across cultures and can apply the appropriate treatment modalities. They also carefully document challenging trauma cases to inform ongoing and future research, conduct trauma-informed research, and actively collaborate with trauma researchers to ensure clinically relevant interventions. Trauma-informed social workers understand the important role of interdisciplinary research in trauma practice and collaborate interprofessionally with all stakeholders, including client systems and practitioners, to improve outcomes. Trauma-informed social workers use empirically informed strategies to regulate their cognitive and affective responses. They use trauma research to advocate for policies and systemic changes to ensure that all agencies, organizations, and systems that work with people who have histories of trauma become trauma informed.

COMPETENCY BEHAVIORS

- Use trauma-relevant theory and the research literature to inform and conduct scientific inquiry and trauma research.
- Advocate for strategies to improve practice-informed research and research-informed practice in trauma care and for extreme events (terrorism, war, and natural and human-made disasters).
- Use research to adopt, modify, and translate practices and policies that are most appropriate to particular trauma-focused practice settings and diverse populations.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
<p>Neurobiological Impact</p> <p>De Bellis, M. D., & Zisk, A. B. (2014). The biological effects of childhood trauma. <i>Child and Adolescent Psychiatric Clinics</i>, 23(2), 185–222.</p> <p>Sprang, G., Katz, D. A., & Cooke, C. (2009). Allostatic load: Considering the burden of cumulative trauma on children in foster care. <i>Journal of Child & Adolescent Trauma</i>, 2(4), 242–252.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Knowledge</p>
<p>Impact of Trauma on Children and Adolescents</p> <p>D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & van der Kolk, B. A. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. <i>American Journal of Orthopsychiatry</i>, 82(2), 187–200.</p> <p>Strand, V., Hansen, S., & Courtney, D. (2013). Common elements across evidence based trauma treatment: Discovery and implications. <i>Advances in Social Work</i>, 14(2) 334–354.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Knowledge</p> <p>Skills</p>
<p>Impact of Trauma on Adults</p> <p>Baldwin, D. V. (2013). Primitive mechanisms of trauma response: An evolutionary perspective on trauma-related disorders. <i>Neuroscience and Biobehavioral Reviews</i>, 37, 1549–1566.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

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Readings (continued)

Resource	Competency Dimension
Newman, E., & Kaloupek, D. (2009). Overview of research addressing ethical dimensions of participating in traumatic stress studies: Autonomy and beneficence. <i>Journal of Traumatic Stress, 22</i> , 59–602.	Knowledge Cognitive and Affective Processes
Impact of Trauma on Organizations	
Bercier, M. L., & Maynard, B. R. (2014). Interventions for secondary traumatic stress with mental health workers: A systematic review. <i>Research on Social Work Practice, 1049731513517142</i> .	Knowledge Skills Cognitive and Affective Processes
Hanson, R., & Lang, J. (2016). A critical look At trauma-informed care among agencies and systems serving maltreated youth and their families. <i>Child Maltreatment, 21</i> (2), 95–100.	Knowledge Skills Cognitive and Affective Processes
Impact of Trauma on Communities	
Jaffee, S. R., & Christian, C. W. (2014). The biological embedding of child abuse and neglect: Implications for policy and practice. <i>Social Policy Report, 28</i> (1), 1–19.	Knowledge Values
Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. <i>Science, 277</i> (5328), 918–924.	Knowledge Values

In-Class Exercises

Resource	Competency Dimension
Exercise 1	
An in-class exercise to develop skill in designing trauma research projects.	Knowledge Skills
Instructions (60–90 minutes)	
When teaching trauma research skills in the classroom, social work educators need to excite their students about becoming skilled researchers. To do so, students must develop an understanding of concepts critical to trauma research: the primary independent, dependent, and intervening variables that account for the trauma-related consequences and the appropriate intervention efforts to narrow family resource disparities.	

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>The exercise involves the class being divided into groups of five. Students read the following article:</p> <p>Boscarino, J. A., Figley, C. R., & Adams, R. E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York City social workers. <i>International Journal of Emergency Mental Health</i>, 6(2), 57–66.</p> <p>Each group collaborates on answers to the questions listed below. For time management purposes, each group member can be assigned a section.</p> <ol style="list-style-type: none"> 1. Relevance: Does the study address outcomes important to clients and problems common to practice? <ol style="list-style-type: none"> a. What are the research questions asked? b. What are the research hypotheses? c. What are the major independent and dependent variables in the study? 2. Internal Validity: To what extent can any change in the outcome variables be attributed to the effect of the intervention? <ol style="list-style-type: none"> a. What is the level of measurement of the independent variable? b. Do the authors describe the intervention specifically enough that it could be replicated (procedures, materials used, setting, length of time in treatment or number of sessions, theoretical basis for intervention)? c. Does the study use a control or comparison group? If so, which? d. Were participants randomly assigned to treatment and control groups? e. Does the control or comparison group receive no intervention or a different intervention during the study period? f. Were treatment and control or comparison groups similar before treatment? What evidence of this similarity is presented? g. Were participants blind to who was in the treatment group and control or comparison group? h. Was follow-up greater than 75%? i. How and to what extent does the study design address threats to internal validity (e.g., history, maturation, testing, statistical regression, selection bias)? 	<p>Knowledge</p> <p>Skills</p>

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>3. Measurement: Was the outcome measured in a valid, nonbiased manner?</p> <ol style="list-style-type: none"> How are the major outcome variables measured, and what is the level of measurement for each? Do the major outcome measures have face validity? What evidence is there that the outcome measures are reliable? What evidence is there that the outcome measures are valid? Were raters or evaluators blind to who was in the treatment group and control or comparison group? Why is this important? 	
<p>4. Data Analysis, Findings, and Conclusions</p> <ol style="list-style-type: none"> What are the major findings of the study? Which statistical tests were performed to test the study hypotheses? Were the reported p values $<.05$? What does this mean? What is the difference between statistical significance and substantive (or clinical or practical) significance? Does the article report any statistic indicating effect size? If so, which? 	<p>Knowledge Skills</p>
<p>5. External Validity: To what extent can results be applied to clients and settings beyond the study conditions?</p> <ol style="list-style-type: none"> Were participants randomly selected for inclusion? To whom, specifically, are the results strictly generalizable? How many participants were in each group? Describe the characteristics of the participants as reported by the authors. Do the authors describe the participants well enough to compare to specific clients in practice, including at least average age, range or standard deviation of age, sex, and presenting problems? To what extent are study conditions possible to replicate in the real world? What factors would you have to consider in applying the results of this study to clients or others in your community? Each group works independently for about 30–60 minutes and reports back with their answers to the class and receives feedback. 	

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
Exercise 2	
<p>An in-class video screening exercise to develop skill in identifying concepts related to trauma research projects.</p> <p>In preparation for viewing the TED Talk, read the following:</p> <p>Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. <i>Child and Youth Services Review</i>, 72, 141-149. doi. org/10.1016/j.childyouth.2016.10.021</p> <p>TED Talk Discussion (material retrieved from teachtauma.com)</p> <p>Childhood trauma is a complex subject and often requires additional interventions. This TED Talk by pediatrician Nadine Burke Harris provides a better understanding on the tangible effects of repeated stressors on the development of the brain. Having experienced high levels of trauma from an early age can result in additional health risks. This talk presents a plea for pediatric medicine to confront the prevention and treatment of trauma head on.</p> <p>Instructions</p> <p>Show video to students: https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime</p> <p>After presentation, have a meaningful discussion based on the video:</p> <ol style="list-style-type: none"> 1. What is your opinion on ACE research studies? 2. Do you think ACE studies are culturally sensitive? 3. When working with children in a research setting, what are some guidelines we need to follow? 4. Do you believe health-care professionals should be required to screen trauma patients and include such patients in research projects? 	<p>Knowledge</p> <p>Skills</p>

Media

Resource	Competency Dimension
<p>National Child Traumatic Stress Network (NCTSN)</p> <p>http://nctsn.org/resources/topics/treatments-that-work/promising-practices</p> <p>Links to a list of fact sheets for about 40 evidence-based trauma treatments and provides information about how the fact sheets were developed and guidelines for their use. Many additional resources are listed on the NCTSN website.</p>	<p>Knowledge</p>

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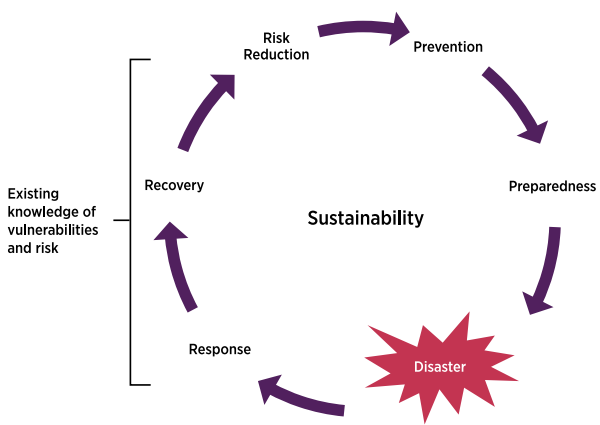
Media (continued)

Resource	Competency Dimension
<p>National Center for PTSD</p> <p>https://www.ptsd.va.gov/professional/pilots-database/index.asp</p> <p>This is a link to the Published International Literature on Traumatic Stress database, an electronic index. The National Center for PTSD website has many additional resources.</p>	Knowledge
<p>California Evidence-based Clearinghouse for Child Welfare (CEBC)</p> <p>http://www.cebc4cw.org/implementing-programs/</p> <p>This link provides information about selecting and implementing evidence-based practices. The CEBC website also has a searchable database of programs that can be used by professionals who serve children and families involved with the child welfare system.</p>	Knowledge
<p>National Child Welfare Workforce Institute (NCWWI)</p> <p>http://ncwwi.org/index.php/resource-library-search/resource-topics</p> <p>This child welfare website has a searchable database organized into 17 categories.</p>	Knowledge
<p>SAMHSA National Registry of Evidence-based Programs and Practices (NREPP)</p> <p>https://www.samhsa.gov/nrepp</p> <p>This website includes a searchable database of more than 330 interventions for the prevention and treatment of mental and substance use disorders. It provides information about adult as well as child trauma treatments and a broad range of interventions.</p>	Knowledge
<p>Teach Trauma: Educational Tools and Classroom Activities</p> <p>http://www.teachtrauma.com/educational-tools/classroom-activities/</p> <p>Seven exercises are available on this website. They are not geared specifically to research, but they can be adapted for research-oriented discussions.</p>	Knowledge Skills
<p>Dart Center for Journalism & Trauma</p> <p>https://dartcenter.org/</p> <p>Resources on this website are not specifically geared toward trauma research but can be adapted. A plethora of additional resources are available from the Columbia Journalism School.</p>	Knowledge

Assignments	
Resource	Competency Dimension
<p>Research Paper</p> <p>Pick a potentially trauma-related social issue, problem, or condition and review the relevant literature. In an 8- to 10-page paper:</p> <ol style="list-style-type: none"> 1. Provide an overview of the trauma-related problem, issue, or condition; include definitions, incidence and prevalence data, and history of the problem, issue, or condition. 2. Discuss the impact of the problem or issue or at the micro, mezzo, and macro level. 3. Discuss evidence-based or best practice intervention strategies used to address this problem, issue, or condition. 4. Explain the gaps in research Knowledge regarding intervention strategies used to address this problem or issue. 5. Discuss how the intervention strategies are culturally sensitive (or not) to the populations served. <p>The paper must be in APA format and use a minimum of 10 current (within the last 5–10 years) references, most of which must be journal articles.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p>
<p>Reflection Paper 1: Self-care</p> <p>Review and cite literature about vicarious trauma or secondary traumatic stress (STS) and self-care that has helped you in thinking about care for yourself. Identify your personal reactions to a case with which you are currently working. How might your reactions affect your working relationships with children, caregivers, your own agency, or other professionals involved in your work? Which self-care strategies would you use to manage your own intense reactions and possible vicarious trauma?</p>	<p>Cognitive and Affective Processes</p>
<p>Reflection Paper 2: Practice-informed Research</p> <p>Based on your practice with traumatized individuals, families, groups, communities, or organizations, identify one or two aspects of an evidence-based intervention you used that either (a) were not suitable for your client or client system or (b) conflicted with social work values. What feedback would you give the developer? Alternatively, based on your practice, develop one or more research questions that if answered would further inform the field.</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>

Field Activities

Resource	Competency Dimension
<p>Purpose: To assist in developing an aggregate report on trauma client data or outcomes for the field agency.</p> <p>In collaboration with agency staff, identify a program area that would benefit from the development of aggregate client assessment or outcome data. If possible, use existing client data, conduct an analysis, and prepare a written report. If relevant, present the findings of the report to the program area.</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>Purpose: To develop a literature review to inform a trauma-related research proposal being prepared by the field agency.</p> <p>Assist agency leaders in preparing a grant or other funding proposal by completing a literature review. In collaboration with agency staff, delineate the scope of the literature review, conduct the literature search, and write up a review.</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>Purpose: To assist an agency in selecting a trauma assessment measure.</p> <p>In collaboration with agency staff, identify a client trait, characteristic, problem area, or diagnostic category for which the agency would like to collect data in a more systematic fashion. Review the literature to identify measures. Obtain copies where possible, or at a minimum gather information about the target population for the measure, format, and existing psychometrics. Present the findings to agency staff for review and selection.</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>Purpose: To assist a local community disaster management team assess their needs at different planning phases. Identify the role of social work at different levels and provide an example of an assessment based on your participation in at least one level.</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>





Competency 5

Engage in Policy Practice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Social workers engage in trauma-informed policy practice with a framework guided by principles of safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. Trauma-informed social workers understand that policy affects an agency’s capacity to provide trauma-informed services. They use a trauma-focused lens to approach policy practice at local, state, national, and global levels and across fields of practice to prevent retraumatization by and within systems. Trauma-informed social workers use critical thinking to analyze the impact of social policy on domains of trauma and resilience across the lifespan and identify methods to improve such policies. They engage coalitions and formulate arguments in support of culturally informed evidence-based policy making to advance key policy issues related to trauma. Trauma-informed social workers seek to advance policy that recognizes and builds on the resilience of trauma-affected systems: individuals, families, groups, communities, and organizations, including the workforce, through policy analysis and advocacy.

COMPETENCY BEHAVIORS

- Engage in the policy proposal process to amend policies across levels and fields of practice that are counter to the principles of trauma-informed practice or that retraumatize, victimize, or oppress.

- Engage stakeholders in formulation, implementation, and evaluation of trauma-informed policies to advocate for human rights and social, economic, and environmental justice, from the local to the global level.
- Advocate for trauma-informed policies to increase access and enhance service delivery, including self-care and other provisions for social workers affected by trauma.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Alliance for Strong Families and Communities & The Palix Foundation. (2016). <i>Using a brain science–infused lens for policy development: Achieving healthier outcomes for children and families</i> . Retrieved from http://www.alliance1.org/change-in-mind	Knowledge Values Skills
Beltrán, R., Hacker, A., & Begun, S. (2016). Environmental justice is a Social justice issue: Incorporating environmental justice into social work practice curricula. <i>Journal of Social Work Education</i> . doi:10.1080/10437797.2016.1215277	Knowledge Values Cognitive and Affective Processes
Bloom, S. L., & Farragher, B. (2013). <i>Restoring sanctuary: A new operating system for trauma-informed systems of care</i> . New York, NY: Oxford University Press.	Knowledge Skills
Bowen, E. A., & Murshid, N. S. (2016). Trauma-informed social policy: A conceptual framework for policy analysis and advocacy. <i>American Journal of Public Health</i> , 106(2), 223–229. doi:10.2105/AJPH.2015	Knowledge Values Skills Cognitive and Affective Processes
Gerrity, E., & Folcarelli, C. (2008). <i>Child traumatic stress: What every policymaker should know</i> . Durham, NC: National Center for Child Traumatic Stress. Retrieved from http://www.nctsn.org/nctsn_assets/pdfs/PolicyGuide_CTS2008.pdf	Knowledge Cognitive and Affective Processes

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Readings (continued)

Resource	Competency Dimension
Huckshorn, K. (2005). <i>Six core strategies for reducing seclusion and restraint use</i> . Alexandria, VA: National Association of State Mental Health Program Directors, National Technical Assistance Center (NTAC). Retrieved from https://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf	Knowledge Values Skills Cognitive and Affective Processes
Knight, K. R., Lopez, A. M., Comfort, M., Shumway, M., Cohen, J., & Riley, E. D. (2014). Single room occupancy (SRO) hotels as mental health risk environments among impoverished women: The intersection of policy, drug use, trauma, and urban space. <i>International Journal of Drug Policy</i> , 25(3), 556–561. doi:10.1016/j.drugpo.2013.10.011	Knowledge Values Cognitive and Affective Processes
Larkin, H., Felitti, V., & Anda, R. (2013). Social work and adverse childhood experiences research: Implications for practice and health policy. <i>Social Work in Public Health</i> , 29(1), 1–16. doi:10.1080/19371918.2011.619433	Knowledge Values Skills Cognitive and Affective Processes
Magruder, K. M., Kassam-Adams, N., Thoresen, S., & Olf, M. (2016). Prevention and public health approaches to trauma and traumatic stress: A rationale and a call to action. <i>European Journal of Psychotraumatology</i> , 7(1), 29715. doi:10.3402/ejpt.v7.29715	Knowledge Values Skills
McKenzie-Mohr, S., Coates, J., & McLeod, H. (2012). Responding to the needs of youth who are homeless: Calling for politicized trauma-informed intervention. <i>Children and Youth Services Review</i> , 34(1), 136–143. doi:10.1016/j.childyouth.2011.09.008	Knowledge Values Skills Cognitive and Affective Processes
Miller, N., & L. Najavits. (2012). Creating trauma-informed correctional care: A balance of goals and environment. <i>European Journal of Psychotraumatology</i> , 3. doi:10.3402/ejpt.v3i0.17246	Knowledge Values Skills Cognitive and Affective Processes

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Readings (continued)

Resource	Competency Dimension
Prewitt, E. (2014, April 30). State, federal lawmakers take action on trauma-informed policies, programs. <i>ACEs Too High News</i> . Retrieved from https://acestoohigh.com/2014/04/30/state-federal-lawmakers-take-action/	Knowledge Values Skills Cognitive and Affective Processes
Substance Abuse and Mental Health Services Administration. (2012). <i>Creating a place of healing and forgiveness: The Trauma-informed Care Initiative at the Women's Community Correctional Center of Hawaii</i> . Rockville, MD: Author. Retrieved from https://www.nasmhpd.org/sites/default/files/7014_hawaiian_trauma_brief_2013(1).pdf	Knowledge Values Skills Cognitive and Affective Processes

In-Class Exercises

Resource	Competency Dimension
<p>Exercise 1: Secondary Trauma Simulation</p> <p>The goal of this in-class exercise is to develop and deliver informed, persuasive testimony on resiliency programs to address secondary trauma for case workers.</p> <p>Description and details are in Appendix 5A.</p>	Knowledge Skills
<p>Exercise 2: How Does Your Agency or School Address Trauma?</p> <p>The goal of this in-class exercise is to assess how the school of social work uses trauma-informed principles.</p> <p>Description and details are in Appendix 5B.</p>	Knowledge Skills
<p>Exercise 3: Rewriting Agency Policy: Becoming Trauma Informed</p> <p>The goal of this in-class exercise is to apply trauma-informed principles to rewrite agency policy to improve service delivery.</p> <p>Description and details are in Appendix 5C.</p>	Knowledge Skills Cognitive and Affective Processes
<p>Exercise 4: Berks County Immigrant Family Detention Facility</p> <p>The goal of this assignment is to engage students in policy research related to policy issues at the state, federal, and international levels using this single unit of analysis, where trauma plays a significant role.</p> <p>Description and details are in Appendix 5D.</p>	Knowledge Skills Cognitive and Affective Processes

<i>Media</i>	
Resource	Competency Dimension
<p>American Institutes for Research. (2016). Assessing trauma-informed care in organizations [Infographic]. Retrieved from http://www.air.org/resource/assessing-trauma-informed-care-organizations</p> <p>This website contains resource documents and infographics about building capacity for trauma-informed organizations and systems.</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Bloom, S. (Director). (2016, May 31). <i>Toward a trauma-informed city: Challenges and opportunities in Philadelphia</i> [Video file]. Retrieved from http://drexel.edu/dornsife/practice/center-for-public-health-practice/toward-a-trauma-informed-city/</p> <p>An interview with several cross-sector leaders discussing the changes that were made in policy and practice from a trauma-informed framework.</p>	<p>Knowledge</p>
<p><i>Changing legislation to unite brain science and policy</i> [Video file]. (2014, March 31). Retrieved from https://www.youtube.com/watch?v=O6DMd49915Y</p> <p>Clare Anderson, policy fellow at Chapin Hall at the University of Chicago and former deputy commissioner of the Administration on Children, Youth, and Families, shares a pathway for integrating brain science and policy to shape adverse childhood experience research and childhood well-being. Anderson details the process through which research came to be part of policy.</p>	<p>Knowledge</p> <p>Skills</p>
<p>Comphe, V. (Director). (2015). <i>Portraits of professional caregivers: Their passion. Their pain</i>. Retrieved from https://caregiversfilm.com</p> <p>This documentary explores the painful side of professionals' response to trauma, known as compassion fatigue or secondary traumatic stress (STS), while also recognizing the profound meaning caregivers may experience, sometimes referred to as compassion satisfaction, and their ways of coping and recovering from toxic stress in the workplace.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Farragher, B. (2011, August 8). <i>The sanctuary model: Changing the culture of care—it begins with me</i> [Audio blog post]. Retrieved from http://www.insocialwork.org/episode.asp?ep=77</p> <p>Brian Farragher, executive vice president and chief operating officer of the Andrus Children's Center, discusses the impact of trauma and repetitive stress on staff and organizations and changes made to policy and practice.</p>	<p>Knowledge</p> <p>Cognitive and Affective Processes</p>
<p>Gross, D. (Director). (2007). <i>Behind closed doors: A short documentary</i> [Video file]. United States: Maryland Disability Law Center and Gallery 144 Productions. Retrieved from https://vimeo.com/2709542</p> <p>A short documentary about four women struggling with the impact of childhood abuse and reconciling their experiences of violence in the mental health system (retraumatization).</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>

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Media (continued)

Resource	Competency Dimension
<p><i>Out of sight, out of mind: The story of Sam Mandez</i> [Video file]. (2014). American Civil Liberties Union of Colorado. Retrieved from https://vimeo.com/78840078</p> <p>ACLU of Colorado commissioned this short film on mentally ill prisoners in solitary confinement to document the mental health impacts of this practice.</p>	Knowledge
<p>U.S. Department of Justice Office for Victims of Crime. (2015). <i>Faces of human trafficking</i> [Video file]. Retrieved from https://ovc.ncjrs.gov/humantrafficking/publicawareness.html</p> <p>The U.S. Department of Justice Office for Crime Victims produced nine videos, a discussion guide, and fact sheets for outreach and education regarding human trafficking.</p>	Knowledge Values Cognitive and Affective Processes
<p>Legacy of Hope Foundation. (2003). <i>Where are the children? Healing the legacy of the residential schools</i>. Ottawa, (Ontario) Canada: Legacy of Hope Foundation. Retrieved from https://vimeo.com/27172950</p> <p>Document http://legacyofhope.ca/project/where-are-the-children/</p> <p>This video promotes awareness about and understanding of the ripple effect that Canadian residential schools have had on Aboriginal life, a painful story of a national institution committed not to the preservation of a people but to their forced assimilation. Both survivors and intergenerational survivors of the Indian Residential Schools share their stories about the experience. <i>Where Are the Children?</i> acknowledges that the era of silence is over. The resilience of Aboriginal people is evident in efforts to address the effects of unresolved trauma, thereby conferring on future generations a renewed legacy of peace, strength, and well-being.</p>	Knowledge Values Cognitive and Affective Processes
<p>Hynicka, R., & Flores Garcia, J. [Producers]. (2017, May 21). <i>CBS News, Sanctuary/Cook County Jail/enemy of the state</i> [TV episode]. Retrieved from http://www.cbsnews.com/news/cook-county-jail-sheriff-tom-dart-on-60-minutes/ http://the-art-of-autism.com/60-minutes-cook-county-jail-the-largest-mental-health-facility-in-the-united-states-mentalhealthmonth/</p> <p>This <i>60 Minutes</i> episode profiling changes in the Cook County Jail system, where 70,000 men and women come through annually, estimates that half of the population “should not be here,” because most inmates are poor or mentally ill. Tom Dart, Cook County sheriff, states, “We are going to think differently.” A trauma-informed approach to the criminal justice system in Chicago.</p>	Knowledge Values

Assignments	
Resource	Competency Dimension
<p>Assignment 1: Assessing Organizational Policies and Human Resources Practices for Creating Cultures of Trauma-informed Care (CCTIC)</p> <p>The goal of this assignment is to apply the CCTIC approach to the student’s work or field practicum organization.</p> <p>Description and details are located in Appendix 5E.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Assignment 2: Trauma-informed Policy Proposal</p> <p>The goal of this assignment is to identify an organization that is currently a field site and propose a trauma-informed policy.</p> <p>Description and details are in Appendix 5F.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Assignment 3: Trauma-informed Policy Analysis</p> <p>The goal of this assignment is to complete an analysis of an existing or proposed policy at the local, state, or federal level using the Bowen & Murshid (2016) framework.</p> <p>Description and details are in Appendix 5G.</p>	<p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
Field Activities	
Resource	Competency Dimension
<p>Field Activity 1: Debriefing Policy Comparison</p> <p>The goal of this assignment is to compare an organization’s debriefing policy with a model trauma-informed debriefing policy.</p> <p>Description and details are in Appendix 5H.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

APPENDIX 5A: SECONDARY TRAUMA SIMULATION

This simulation is based on legislation for resiliency programs that was proposed for case workers in a state who are dealing with secondary trauma. Students are divided into groups, representing different perspectives, and are asked to write testimony for the House committee.

The case should be distributed to the class. After they have read the case, students should be assigned to one of four groups. After they have signed up, instruct the students to sit with their groups and create testimony that they will present to the representatives. This testimony must be in line with the role they have signed up for. Allow 15–20 minutes for the groups to prepare their testimony. When this time is up, House Public Health Care & Human Services Committee representatives should lead the hearing, allowing each group to present their testimony. Remind the representatives to set a time limit for each group's testimony that every group member is aware of. The committee representatives should then have their own time to meet and decide about the program. The representatives give their decision to the groups with an explanation for their decision.

Case

Counties across the state, urban and rural, struggle to hire and keep child protection case workers, a high-stress, sometimes traumatic job with low pay. Solving this problem is the target of new legislation from a state lawmaker who is a former case worker. A bill from a representative would create case worker resiliency programs to help them handle the secondary trauma brought on by their jobs. Secondary trauma is the indirect exposure to trauma through a firsthand account, such as investigating and interviewing children about abuse and neglect. The plan is for a task force to come up with ways that case workers could take time off to recover from stress and trauma and could get therapy to deal the things they are exposed to. Some counties might hire their own mental health professional, and rural counties could use telemedicine to provide regular therapy to case workers (Brown, 2017). It is important to note that there is limited funding, and various causes are competing for funding.

Students will be divided into the following groups:

- 1) Case workers who have experienced secondary trauma and support this program.
- 2) Supervisors who believe that this type of program would be beneficial for their case workers but are concerned that there will not be enough

staff coverage when case workers are given time off to address their trauma.

- 3) A conservative group who believe that potential funding for this program should be allocated to another group for a different cause. They believe that if the case workers are experiencing any kind of trauma, it should be their own responsibility to deal with it.
- 4) House Public Health Care & Human Services Committee representatives who are responsible for making a recommendation to the House on this program.

The groups must create testimony that they will present at a hearing in front of the House Public Health Care & Human Services Committee. Their testimony should be persuasive and knowledge based.

APPENDIX 5B: HOW DOES YOUR AGENCY OR SCHOOL ADDRESS TRAUMA?

This is a policy assessment exercise. Students are asked to assess how their school of social work addresses trauma, using trauma-informed principles.

Part I

Give students class time to research school policies and speak to faculty, administration, and other students to see what policies are in place for students, staff, and faculty who are experiencing trauma.

Provide list of questions:

- 1) Does the school of social work have a trauma-informed care initiative?
- 2) Does the school of social work have formal policies and procedures that reflect the language and practice of trauma-informed care?
- 3) Does the school of social work identify and monitor trauma-informed care values (e.g., collaboration, trustworthiness, empowerment, and safety)?

- 4) Does the school of social work have a written policy outlining how it responds to student, faculty, or staff crisis (e.g., aggression towards others, self-harm)?
- 5) Does the school of social work provide opportunities for students who are in field practicums to recognize, acknowledge, and address vicarious traumatization?
- 6) Does the school of social work support and encourage self-care initiatives for students, faculty, and staff?
- 7) Are all stakeholders (e.g., students, faculty, and staff) involved in creating a safe and supportive school environment?
- 8) Does the school of social work provide opportunities for debriefing after incidents that may have posed physical or psychological safety threats?
- 9) Does the school of social work have a written statement that includes a commitment to understanding trauma and engaging in trauma-informed practices?
- 10) Does the school of social work involve all stakeholders (students, faculty, and staff) in its review of its trauma-informed practices?

Part II

Students need to come up with a plan on how to make changes to address trauma and become trauma informed.

APPENDIX 5C: REWRITING AGENCY POLICY: BECOMING TRAUMA INFORMED

Provide students with the [policy that entitles dependent youths in the care of the Division of Child and Family Services who become pregnant to request an abortion, which their social worker facilitates, including transporting and caring for them.](#)

Case

Sara, a 14-year-old girl, became pregnant by an “older guy” with whom she was “not in a relationship,” after “things got out of control at a party,” and Sara made a request for an abortion. The social worker who was assigned to her case was reluctant to accompany her for the abortion and eventually said she just could not do it. The social worker’s supervisor warned her against insubordination, thinking she was putting religious convictions before state policy, and pointed out the potential impact of her decision on Sara. Later the worker revealed that she had been raped as a teen (similarly to her client, Sara, who has not fully disclosed or alleged the rape) and had to undergo an abortion after becoming pregnant from the rape. It triggered a great deal of traumatic stress for the worker.

In groups of four, review the current policy and then rewrite the policy in a way that provides workers with mechanisms by which they can avoid sharing their own personal trauma but could use an alternative strategy to adhere to the policy. Consider the impact of the worker’s refusal to accompany Sara, from Sara’s perspective, on the helping relationship and service delivery. Pay specific attention to the client’s needs regarding the traumatic experience and the effect her social worker and social worker’s experiences may have on Sara’s resiliency or need for support.

Craft the policy by including components that would make it more trauma informed. Be mindful of the importance of accounting for self-care for social workers and integrate this information into your revision. Groups will then be asked to read their revised policy to the class. Groups will also be asked to discuss how the policy will promote Sara’s well-being.

APPENDIX 5D: BERKS COUNTY IMMIGRANT FAMILY DETENTION FACILITY

In Berks County, Pennsylvania, a small facility is detains women and children who have applied for asylum or immigration relief under secure conditions. Advocates argue the facility violates many policies. Advocacy groups have taken a number of policy angles to advance efforts to close the facility and release detainees. The facility’s license has been revoked because advocacy groups identified specific policies for which the center is in violation.

In groups of four, conduct background research on the Berks facility, its detainees, and the rationale for its license revocation.

Resources

Three news media articles are available from Philly.com, NBC Philadelphia, and the *New York Times*:

<http://www.philly.com/philly/news/pennsylvania/Berks-detention-center-stays-open.html>

<http://www.nbcphiladelphia.com/news/local/Berks-County-Detention-Center-Detainees-412701013.html>

https://www.nytimes.com/2016/09/03/nyregion/22-migrant-women-held-in-pennsylvania-start-a-hunger-strike-to-protest-detention.html?_r=0

In addition, two toolkits are available for advocates, one from the Pennsylvania Immigration and Citizenship Coalition and another from Juntos.org. Finally, a letter addressed to the United Nations from a coalition of organizations is available on the Juntos website. Use these sources to complete the table. Additional research is encouraged.

<http://paimmigrant.org/toolbox/shut-down-berks-toolkit/>

<http://vamosjuntos.org/category/berks-detention-center/>

After reviewing these resources, identify policy issues that extend from the treatment of the traumatized inhabitants, such as revictimization, at the institutional, state, federal, and international levels.

Construct a table that documents (1) the levels of policy issues involved, (2) the specific policies in play, (3) the implications of the policies, (4) the impact of this policy have on the residents, (5) significant actions that have been taken or are under way to address these specific policies, and (6) the advocacy proposals or actions by the involved advocacy organizations. Be specific and concise in your assessment. Use the following chart as a guide:

BERKS FACILITY POLICY OVERVIEW					
Level	Policy	Implications	Impact and Role of Trauma	Actions	Advocacy
Institutional					
State					
Federal					
International					

APPENDIX 5E: ASSESSING ORGANIZATIONAL POLICIES AND HUMAN RESOURCE PRACTICES FOR CREATING CULTURES OF TRAUMA-INFORMED CARE

This Self-Assessment and Planning Protocol and its accompanying CCTIC Program Self-Assessment Scale attempt to provide clear, consistent guidelines for agencies or programs interested in facilitating trauma-informed modifications in their service systems. This assignment guides student assessment of an organization as to its formal service policies (Domain 2) and human resource practices (Domain 6).

Creating Cultures of Trauma-informed Care (CCTIC): A Self-assessment and Planning Protocol

<https://www.theannainstitute.org/CCTICSELFASSPP.pdf>

Using your work or practicum organization, describe the extent to which the organization is meeting the indicators listed in Domains 2 and 6 of the protocol. What steps would you propose to address the gaps you have found?

APPENDIX 5F: TRAUMA-INFORMED POLICY PROPOSAL

In Part 1, teams of two (some students may be solo) identify one organization that is currently a field site for one of the team members and propose a

trauma-informed policy for that organization. This proposal should be in APA format, a minimum of three pages, and include references to research and readings. The purpose of the proposal is to receive feedback from the instructor before your team takes the next steps with the proposal.

Part 2 is a final paper that is the conclusion of the original proposal you submitted. The paper should be in APA format, minimum of eight pages, and provide a minimum of four references. The paper should include the following:

- 1) Describe the organization. Pay particular attention to describing the agency's narrative and whether there is a trauma element to the narrative.
- 2) Next describe the policy, procedure, or program that your team chose to review or propose.
- 3) Explain why you chose to focus on this item and, if possible, provide references that support the need for change.
- 4) Identify the trauma-informed values and principles you focused on (Fallot & Harris, 2009) and cross-reference them to the applicable Sanctuary Commitments (Bloom & Farragher, 2013).
- 5) Discuss the change process for implementing the trauma-informed policy, procedure, or program and activities and match these stages to the steps you undertook to propose and implement the trauma-informed change. (If you cannot match activities to each stage, match "suggested" activities to the stages.)
 - a) Were there trauma champions in the organization? If so, how did you involve them; if not, did you cultivate them?
 - b) Did you provide an overview to key people on trauma-informed theory before proceeding with the proposal? Please describe.
 - c) What reactions did the proposal receive and why? Do the reactions feed into the narrative (e.g., fear of loss and control; inability to trust staff)?

d) Describe the stages of implementation using McGuire's Stages of Innovation and Prochaska's Stages of Change.

- Knowledge=Precontemplation
- Persuasion=Contemplation
- Decision=Preparation
- Implementation=Action
- Confirmation=Maintenance

6) Conclusion

- a) How far did the team get with the change project?
- b) Discuss agency strengths and challenges.
- c) Are there next steps?
- d) Are there lessons learned?

Part 3 is an in-class presentation (20 minutes). Each team will have 15 minutes to present their trauma-informed change project.

- 1) Summarize the history of the organization, identifying any trauma narrative and reenactment themes, and indicate why your team decided to focus on the identified issue.
- 2) Focus on describing the change project to your peers.
- 3) Provide visual materials if the change project resulted in a product (e.g., brochure, new policy document, assessment form).
- 4) Consider creating a PowerPoint presentation, video, or in-class demonstration (role play) to describe the project.
- 5) Provide peers with any resources you came across when researching your project.

Each team will conduct a 5-minute question-and-answer session after the 15-minute presentation.

Reference

Fallot, R. D., & Harris, M. (2001). A trauma-informed approach to screening and assessment. In M. Harris & R. D. Fallot (Eds). *Using trauma theory to design service systems*. San Francisco: Jossey-Bass.

APPENDIX 5G: TRAUMA-INFORMED POLICY ANALYSIS

Using the framework for trauma-informed policy proposed in the Bowen and Murshid (2016) article, students will complete an analysis of an existing or proposed policy at the local, state, or federal level using a trauma-informed lens. Students should select an existing or proposed policy that has implications for programs and services for people affected by trauma (e.g., eligibility guidelines, standards of practice, reimbursement rules, and other practice elements that are tied to policy in areas including child welfare, domestic violence, juvenile justice, criminal justice, mental health, substance abuse, education, or public assistance).

Part 1: Description of the Bill or Existing Policy

- Provide an overview of the law, bill, or other proposed policy you selected, including sponsor, number, summary, and history to date. Identify whether the policy exists at the local, state, or federal level.
- Provide a brief description of the purpose and mechanism of the bill. Would it make a new law? Revise a current law? What would change if it passes?
- When would it or did it go into effect, and how long is it expected to be in existence?
- Identify the key social problem or issue the bill is meant to affect. Clearly define key terms.

Part 2: Description of the Problem That Necessitated the Policy

- What is the nature of the problem? How widespread is it, and how many are affected? Provide statistics and descriptive information about the problem.
- What are root causes of the problem? What other social problems are related? Discuss at least two root causes of the problem, with appropriate citations.

- Who is affected and how? What is the impact of the problem (going beyond statistics to discuss how people's lives are affected) for individuals, families, and communities? Discuss why this social problem is important and why it matters to social welfare and the social work profession. This section should focus on what is known about the trauma-related outcomes of the problem.
- Discuss more in-depth differential effects of this social problem using the intersectionality lens. How are different people affected differently? What population groups are more affected, and why is this so?

Part 3: Policy Description

- What are the goals of the policy? How is this proposed policy expected to work, or what impact would it have for the problem explored above? For trauma-related outcomes? For example, what resources or opportunities would the bill provide? Would it limit or regulate something? How would it affect people's lives and ability to recover from trauma?
- What research or knowledge base informed the creation of this policy? In other words, does the sponsor offer an evidence base for the bill?
- Who would be covered by the policy, and how? Discuss more in-depth differential effects of the policy using the intersectionality lens. How are different people affected differently? What population groups are more affected, and why is this so? Are barriers or benefits unequally distributed?
- How will the policy be implemented? Who would be responsible for implementation, administration, or enforcement of the policy? How would a trauma-informed lens shape implementation?
- What will implementation cost, and how is it funded?
- What are the criteria for determining the policy's outcomes or effectiveness? In other words, if passed, how would we know it is working?

- Are there possible unintended consequences of this policy, particularly for vulnerable and oppressed people? Is the implementation of the policy likely to cause new or other social problems?

Part 4: Trauma-informed Analysis

The goals of trauma-informed practice include promoting healing through a strength-based approach to each individual, minimizing the risk of retraumatization, and infusing systems with sensitivity to the impact of trauma for individuals, families, organizations, communities, and helpers such as social workers. Furthermore, trauma-informed care integrates culturally informed and gender-responsive approaches to the empowerment of survivors.

For this section of the paper, students will need to integrate the perspectives and experiences of members of the affected population or those affected by trauma to explore each principle as it applies to the policy. To do this, students may interview people who fit those criteria, watch relevant documentaries (a list of suggestions is provided at the end of the assignment guidelines), or read narrative accounts. Under the principles of trauma-informed care, those affected must be active partners in the examination and implementation of trauma-informed practice; this should also be true of policy analysis.

Bowen and Murshid (2016) highlight SAMHSA's Six Guiding Principles of Trauma-informed Care as outlined below. Apply each principle to the policy being analyzed:

- **Safety:** Does the policy make provisions for the safety of vulnerable populations? Does the policy help reduce the risk of retraumatization for affected individuals and communities? Could this policy have unintended consequences jeopardizing the safety of trauma survivors? Does the policy promote prevention?
- **Trustworthiness and transparency:** Are the intended goals, outcomes, purpose, processes, and stakeholders related to the policy clearly articulated and openly communicated? Is there a problematic history surrounding this area of policy that might affect public opinion and trust in the policy and policymakers? Are those affected by the policy protected in terms of confidentiality and equity of benefits?

- **Peer support and mutual self-help:** Does the policy value the perspectives and experiences of vulnerable populations? Of trauma survivors? What role will members of the population have in designing and implementing the policy? Does the policy create barriers to the involvement of survivors in designing and delivering services?
- **Collaboration and mutuality:** What is the scope and level of involvement of vulnerable groups and individuals in the creation or implementation of a policy that will affect them? Does the policy create barriers to active participation by survivors and other constituents?
- **Empowerment, voice, and choice:** Does the policy promote the value of strengths, resilience, and posttraumatic growth for survivors? Does the policy help create systems of shared power and eliminate disempowerment or oppression of affected individuals and groups? Does the policy allow culturally sensitive decision making at the program and service delivery levels? Does the policy remove barriers to information and choice?
- **Cultural, historical, and gender issues:** Does the policy reflect an intersectional approach to the social issue? Does the policy offer the same benefits or consequences to all groups, or is the impact inequitable across groups? Does the policy account for potential bias in implementation? Does the policy offer flexibility for the individualized needs of survivors along cultural or gender lines?

Part 5: Policy Recommendation

What trauma-informed alternatives exist?

- Briefly describe at least one alternative to the proposed policy. Is there another policy approach that would have a more desirable impact on the problem using a trauma-informed framework? What have other states or locations done, or what do interest groups and survivors advocate for? What empirical evidence exists to support a specific

trauma-informed policy alternative? What would be the impact of the alternative from a trauma-informed perspective?

- How did the perceptions and experiences of trauma survivors inform your recommendation?

Criteria for Assignment

- 13–15 pages in length (not counting title page or references), APA style, with regular 1-inch margins and standard 12-point font.
- Each section and subsection addressed for credit; use provided guidelines as headings.
- Your paper should be well referenced, using peer-reviewed literature, credible websites, and other appropriate sources; you should reference at least eight scholarly or credible sources.

APPENDIX 5H:

FIELD ACTIVITY, DEBRIEFING POLICY COMPARISON

Using a compare-and-contrast approach, students assess the extent to which an organization’s debriefing policy aligns with a model trauma-informed debriefing policy and procedures.

Locate the debriefing policy (for critical incidents) at your practicum site. Compare it with the Model Debriefing Policy included in “Six Core Strategies for Reducing Seclusion and Restraint Use.” In what ways could your practicum site’s debriefing policy be adapted to a more trauma-informed approach?

Six Core Strategies for Reducing Seclusion and Restraint Use:

<https://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf>



Competency 6

Engage With Individuals, Families, Groups, Organizations, and Communities

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Trauma-informed social workers recognize that individuals, families, groups, organizations, and communities affected by trauma may have experienced a variety of emotional and psychological disturbances. Therefore, the process of engagement models a restorative and trusting relationship focused on pacing, empathic responding, mirroring, attending, and awareness of nonverbal behavior, including the use of empirically informed engagement and outreach strategies.

The collaborative alliance with the client and or client systems formed during the engagement process provides safety for the client and acknowledges that disclosure of trauma occurs at the client's pace. The trauma-informed social worker provides genuineness, sensitivity, and respect and pays particular attention to triggering stimuli and responses for themselves and the client.

The trauma-informed practitioner is cognizant of the interplay of culture and belief systems in the engagement process. Practitioners recognize that institutions and their practices and policies may exacerbate trauma and thereby negatively affect the engagement process.

Trauma-informed social workers demonstrate a heightened awareness of the conscious use of self and the ability to critically self-reflect. Social workers demonstrate an ability to engage with different cultures, understand the

interpersonal dynamics of client systems in a regional and global context affected by trauma, attend to personal reactions, and use supervision.

ENGAGEMENT BEHAVIORS

- The trauma-informed social worker consistently demonstrates attention to nonverbal behaviors and cues, emotional dysregulation, and wariness of institutions that impede the establishment of a therapeutic alliance.
- The trauma-informed practitioner uses a range of interventions to address underlying motivations that influence help-seeking and help-rejecting behaviors, in a variety of contexts (e.g., from micro to macro) that affect engagement.
- The trauma-informed practitioner identifies, understands, respects, and addresses the range of coping strategies trauma survivors, mandated and voluntary, may demonstrate that create barriers to engagement.
- The trauma-informed social worker uses supervision and mentorship to reflect on effective use of self and affective self-regulation while navigating the engagement process, including issues such as the worker's own history of trauma, secondary traumatization, potential triggers (for both client and practitioner), and the worker's responses to those triggers.
- The trauma-informed social worker implements trauma-informed principles of engagement with services at the individual, organizational, and societal levels that are responsive to those underrepresented and oppressed in society.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Briere, J. N., & Scott, C. (2015). Central issues in trauma treatment. In J. N. Briere & C. Scott, <i>Principles of trauma therapy: A guide to symptoms, evaluation and treatment</i> (2nd ed., pp. 97-124). Los Angeles, CA: SAGE.	Knowledge

(continued)

Readings (continued)

Resource	Competency Dimension
Fraynt, R., Ross, L., Baker, B., Rystad, I., Lee, J., & Briggs, E. (2014). Predictors of treatment engagement in ethnically diverse, urban children receiving treatment for trauma exposure. <i>Journal of Traumatic Stress, 27</i> , 66–73.	Knowledge Values Cognitive and Affective Processes
Hagman, G. (2017). Helping Newtown: Reopening a school in the aftermath of tragedy. <i>Clinical Social Work Journal, 45</i> , 168–175.	Knowledge Values Cognitive and Affective Processes
Harris, W. W., Lieberman, A., & Marans, S. (2007). In the best interests of society. <i>Journal of Child Psychology and Psychiatry, 48</i> (3), 392–411.	Knowledge Values Cognitive and Affective Processes
Herman, J. (1997). A healing relationship. In J. Herman, <i>Trauma and recovery: The aftermath of violence—from domestic abuse to political terror</i> (pp. 133–154). New York, NY: Basic Books.	Knowledge Values Cognitive and Affective Processes
Kinsler, P. J., Courtois, C. A., & Frankel, A. S. (2009). Therapeutic alliance and risk management. In C. A. Courtois & J. D. Ford (Eds.), <i>Treating complex traumatic stress disorders: An evidence-based guide</i> (pp. 183–201). New York, NY: Guilford.	Knowledge
Lapierre, S. (2008). Mothering in the context of domestic violence: The pervasiveness of a deficit model of mothering. <i>Child and Family Social Work, 13</i> , 454–463.	Knowledge Values
Nelson, R. H., Mitrani, V. B., & Szapoxznik, J. (2000). Applying a family-ecosystemic model to reunite a family separated due to child abuse: A case study. <i>Contemporary Family Therapy, 22</i> (2), 125–146.	Knowledge Cognitive and Affective Processes

(continued)

Readings (continued)

Resource	Competency Dimension
Ogden, P., Minton, K., & Pain, C. (2006). Principles of treatment: Putting theory into practice. In P. Ogden, K. Minton, & C. Pain, <i>Trauma and the body: A sensorimotor approach to psychotherapy</i> (pp. 165-187). New York, NY: W.W. Norton & Company.	Knowledge Cognitive and Affective Processes
Rybak, C., & Decker-Fitts, A. (2009). Understanding Native American healing practices. <i>Counselling Psychology Quarterly</i> , 22, 333-342.	
Saxe, G. N., Ellis, B. H., & Kaplow, J. B. (2007). Ready-set-go! How to engage a family in TST. In G. N. Saxe, B. H. Ellis, & J. B. Kaplow, <i>Collaborative treatment of traumatized children and teens: The trauma systems therapy approach</i> (pp. 153-169). New York, NY: Guilford.	Knowledge Cognitive and Affective Processes

In-Class Exercises

Resource	Competency Dimension
<p>Exercise 1</p> <p>Engaging Clients: 2nd Session Mock Interview</p> <p>The goal of this exercise is to practice engagement skills with clients and then process the interview and the feedback from group peers. A complete description of this exercise is available in Appendix 6A.</p>	Knowledge Values Skills
<p>Exercise 2</p> <p>The goal of this assignment is to apply engagement skills and consider how you would work with this client. A series of questions at the end of the case study will give you the opportunity to consider what skills and potential interventions you would use with the client. The goal of this exercise is to practice engagement skills with clients and then process the interview and the feedback from group peers. A complete description of this exercise is available in Appendix 6A.</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>Exercise 3</p> <p>The exercise works best when the instructor reads the case example aloud to the class rather than students reading it on their own. After the case example has been shared, students can work in small groups (three to five) to discuss the questions, which are focused on specific skills and critical thought prompts associated with engagement. After a period of small group discussion, the instructor addresses the entire class to process group responses and anchor key learning opportunities. The goal of this exercise is to practice engagement skills with clients and process the interview and the feedback from group peers. A complete description of this exercise is available in Appendix 6A.</p>	Knowledge Values Skills Cognitive and Affective Processes

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>Exercise 4</p> <p>Students are instructed to break into small groups and answer questions about the following case. The goal of this exercise is to practice engagement skills with clients and then process the interview and the feedback from group peers. A complete description of this exercise is available in Appendix 6A.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

Media

Resource	Competency Dimension
<p>“K10 Screening for Psychological Distress: Full Interview”</p> <p>https://youtu.be/qYs9TEbvVXE</p> <p>This interview shows an initial session of a young female client and therapist at a substance abuse clinic. Although it is not trauma-specific, students can observe skills the therapist uses to engage with the client and determine need.</p>	<p>Knowledge</p> <p>Cognitive and Affective Processes</p>
<p>“Stress Reaction for Emergency Workers”</p> <p>Stress relief for first responders, helping professions</p> <p>This video discusses stress relief and vicarious trauma for social work or mental health providers and first responders.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

Assignments

Resource	Competency Dimension
<p>Paper</p> <p>Students will choose a disaster or traumatic community event to explore. This can be natural or human-caused. The student will write an eight-page paper (APA style). The paper will address the following:</p> <ol style="list-style-type: none"> 1. Using the Williams, Zinner, and Ellis model, identify and assess the ways in which the community addressed the disaster or traumatic event. 2. Include a discussion on the role of leadership (official or emergent) and evaluate its effectiveness. 3. Any other area of interest to the student. 4. What we can learn from this event. <p>Williams, Zinner, and Ellis Model</p> <ul style="list-style-type: none"> ● Has the community had a history of similar losses? ● What was the history of the community? ● What losses did the event entail? ● What secondary losses (hopes, dreams, and property) occurred? ● How did the community perceive the event and losses involved? ● What relationship did the community and its members have to those losses? ● What expectation for resolution did the community have? ● How was the event normalized? ● What impact did the event have on the community? ● Which conditions of the event made it unique? Generalizable? ● Which community-based interventions worked or did not work? ● What was the extent of community support? ● Which cultural practices, beliefs, rituals, and customs helped or interfered with healing? ● What legacy of loss has remained within the community? ● How has the community grown or found positive meaning from the event? ● How do your personal feelings and reactions to the event affect your ability to engage with constituents and clients? <p>Williams, Zinner, and Ellis Model Citation</p> <p>Williams, M., Zinner, E., & Ellis, R. (1999). The connection between grief and trauma: An overview. In E. S. Zinner & M. B. Williams (Eds.), <i>When a community weeps: Case studies in group survivorship</i> (pp. 3-17). New York, NY: Brunner/Mazel.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p>

Field Activities	
Resource	Competency Dimension
<p>Field Related Assignment: Engaging Clients</p> <p>Students will interview a field supervisor or a social worker in the practicum setting on the process they use to engage clients. The student will ask the social worker to share two examples of challenging engagement processes (i.e., a time when it went well and a time when it did not).</p> <p>Answer the following questions:</p> <ul style="list-style-type: none"> ● How does the social worker describe the differences between the two situations? ● What key components does the social worker use to engage clients? ● Which strategies did the social worker use to manage the engagement process that went well? ● Did those strategies differ? If so, how? ● What is important to know in the initial session regarding nonverbal cues, emotional dysregulation, and the trauma-informed social worker’s personal reaction to the situation or client? ● Which strategies would you consider to help manage your concerns, including supervision and mentorship? 	<p>Knowledge</p> <p>Values</p> <p>Skills</p>

APPENDIX 6A

Exercise 1

Students are provided with a client summary. In groups of three (client, therapist, observer), the student “therapist” is to practice skills aimed at establishing safety and trust and engaging with the client. Each mock session runs 20 minutes, with 5 minutes of small group processing and 5 minutes of class discussion (what worked, what was not useful). The group cycles through so each student has an opportunity to be in each role.

Scenario

The client, a 24-year-old woman working 30 hours/week at local hospital, takes two classes at community college. Trina lives in apartment with her high school friend Sara. Sara’s boyfriend is over frequently. The three often smoke pot after work at night. Trina is estranged from her father because he abused her when she was 8 years old. She sees her mother mostly during the holidays

(although they live in the same town). She has no contact with her brother (28 years old).

During the first session Trina shares feelings of anxiety and depression. She gives a limited disclosure of her abuse and feelings that her mother knew but chose not to do anything about it. Trauma Symptom Checklist for Children results show elevated scores on anxiety, depression, and posttraumatic stress.

She comes to therapy because one night Sara's boyfriend "got a little too friendly" in person and since then has been sending Snapchat photos of his genitals. She refuses to tell her roommate out of fear she won't be believed and will lose the friendship and apartment.

No medications, no past treatment, no major illness.

Exercise 2

Scenario

Sam is a 17-year-old Hungarian immigrant who came to the United States 12 years ago with his mother.

After learning of his mother's pregnancy, Sam's biological father cut off contact with his mother; they were not married or in a long-term relationship. When Sam was born, his mother tracked down his father and sent him a picture of the infant. The father tore up the picture and returned it to Sam's mother.

Sam started life living with his mother and her family in Hungary. When Sam was 5 years old, his mother met a man online, and decided to move to America to be closer to him.

After moving to America, Sam was literally dropped into a kindergarten class at the local elementary school. Sam spoke only Hungarian. Since then Sam has learned English by observing the dominant culture by absorption and exposure. He speaks English with no hint of an accent and can speak Hungarian.

Sam's mother had several online relationships. She met her current husband when he was 8 years of age. Sam said he enjoyed having his mom "to himself" until she was married. He describes this period of his life as very secure, and he believed he and his mom were very close.

Having met online, Sam's mother and stepfather married after 3 months of dating. The stepfather is also Hungarian, and he moved into the home shortly after marrying Sam's mother. Sam said his mother told him, "He's your father now; treat him like it." Sam says he had a good relationship with his stepfather until his half-brother was born. His mother became pregnant with Sam's half-brother when Sam was 9 years old.

Sam says at that time, his mother and stepfather told him, "We cannot worry about you anymore; we have to take care of the baby." Sam said after that, he started to dislike his stepfather and did not want to listen to his mother anymore. He paid little attention to his brother and became preoccupied with school.

Through eighth grade, Sam had an excellent academic record, with straight As, awards, and honors. In ninth grade, Sam applied to and was accepted at one of the top 10 high schools in the nation for academics. However, his high school grades and interest in school started to plummet as he struggled to maintain a C+ or B- average, which placed him at lower end in an extremely competitive academic environment.

Sam says he hates school, has no friends, and has nothing in common with his classmates. He spends most of his time playing online computer games, and he naps in school. He socializes with no one.

At home, Sam stays in his room, alone, eating and relaxing. He heads for his room as soon as he gets home and logs on to his computer. His home life is full of frequent arguments with his mother and stepfather.

His mother tells Sam that she has given up on him because of his poor grades and the attitude he displays at home. She has become verbally abusive, and when he was arguing with her one night, she grabbed a kitchen knife, waved it at him, and yelled, "Stop talking to me!" Sam's mother complains he is "useless" and "not normal like other kids his age."

Sam claims that he has no relationship with stepfather and cannot stand his half-brother, whom he believes is "spoiled" and infantilized. Sam's parents argue and fight daily, with accusations of infidelity on both parents' part, threats to walk out and get a divorce, and screaming matches over how Sam's mother has "ruined" Sam. Sam's stepfather has called him worthless and said he has no drive to do well.

Sam's mother frequently becomes enraged and hurls inappropriate comments at him. One time recently, she told Sam that she should have "had an abortion" when she was pregnant with him. According to Sam, she yells at him with seemingly no provocation, in public or private.

Sam has trouble going to sleep, has little appetite, and has trouble waking. He has no interest in school, and although he wants a social life, he does not know how to access one. Sam admits to being very anxious around tests in school and is constantly judging himself in peer interactions. Sam believes he can't speak well to others. His internal voice calls him "stupid," and this voice forces him to limit socializing with others. He holds little hope for the future and desperately wants to be "normal." Sam has said he is not capable of being loved and must be "worthless," and he feels as if his life is an "emotional roller coaster."

Sam has been seen by a psychiatric nurse practitioner and has been prescribed sertraline. The medication has leveled out his very depressed moments, he said, but mostly he still feels "worthless."

- Using a trauma-focused perspective, how would you engage with Sam and his mother?
- Based on the material above, what traumas has Sam experienced?
- What might make this a difficult case for you to undertake if you work with Sam?
- How would you react if Sam's parents started ranting at him in the first few sessions?
- Using a role play, take on the role of practitioner with a classmate. What issues would you address in the first few sessions as Sam, his parents, or the social worker?

Exercise 3

Scenario

Annie is 15 years old and Hispanic, living in a working-class neighborhood with her mother, father, and brother. She is sexually attracted to girls, but she comes from a conservative family and can't tell them. She doesn't have any

close friends; she is quiet, reserved, and socially awkward. She tries to do what her parents want her to do and follows her family's faith-based practices. She starts to date a boy from her church. They date for a few weeks, and he seems okay. Her parents are happy that she is dating a nice boy from the church. She finds herself feeling sad, though, and she isn't acting like herself because she doesn't have feelings for him. She is angry at her parents for making her pretend to feel something for him. But he's nice, so she keeps seeing him. He takes her out on a Friday night after youth group at the church, something the two of them have done every Friday night since they started dating. He tells Annie that he has something special planned and takes her over to his brother's house. His brother is gone for the weekend. He says he wants to have sex with her. She doesn't want to and tells him so. She tells him she doesn't feel that way about him. He tells her that unless she has sex with him, he'll tell everyone in his family that she is a lesbian, and they won't have anything to do with her once they find out. She doesn't want to have sex with him, but she is terrified of what will happen if her family finds out she isn't straight. She knows they will reject her. Her church tells her that it's a sin, and one can never be redeemed. Annie agrees at first, but as it's happening she begs him to stop. But he doesn't. He continues to demand sex from her for weeks after. While this is happening, her grades at school start to drop, and she spends most of her time in her room. In the meantime, Annie confides in a new girl at school who, like Annie, wants to be out as a lesbian but is afraid. She was bullied at her last school and came to this one to escape that.

Annie is feeling nauseous a lot. Her new friend wonders out loud whether she might be pregnant. They go to the store together and buy a pregnancy test with money Annie stole from her mother's wallet. The two get back to Annie's house when no one is home and take the test. The pregnancy test is positive. As Annie begins to unravel and seek support in her friend, they hug and start to kiss. At that moment, Annie's mother walks in and starts screaming at the two of them. She calls Annie's friend horrible names and tells her to leave. Annie's mother says that she is going to call the friend's mother and tell her that she is a disgusting predator and to let the school know. The friend runs off and screams that she never wants to have anything to do with Annie again. Her mother continues to yell at Annie and calls her father at work to tell

him what she's seen. Annie is in the corner hiding. Her mother tells her to stand up, and when she does, the positive pregnancy test falls from Annie's lap. This causes her mother to start screaming even louder, louder than she had ever imagined possible. Her mother calls Annie a whore and says that Annie has no business in her house. She tells Annie to leave and never come back.

Annie runs out of the house crying, inconsolable. She has never felt more alone. She doesn't know where to go. Her only friend has just told her that she never wants to see her again. Her parents hate her, calling her a whore and a sinner. She has no place to go. She walks and walks and walks. She eventually finds herself underneath a freeway overpass. She starts to feel nauseous again. A man walks up to her and asks for money. All she has is the change from her pregnancy test, so she tells him she has nothing to give. He asks her why she alone. She begins to feel that something very bad is going to happen. She tries to get up to run, but he catches her. He pulls her down to the ground and yells out to some other men nearby. She remembers feeling terrified. The next thing she remembers is waking up in a hospital. A nurse tells her that she has been raped and that she has miscarried her child.

Small Group Discussion

- Identify the traumatic experiences Annie has endured and discuss the timing and impact of these events.
- If you were responding to Annie as a hospital social worker in the emergency department, what would be your approach to engaging with her?
- If you were working with Annie at a crisis counseling center, what would be your approach to engaging with her?
- If you were working with Annie in a longer-term counseling setting, what would be your approach to engaging with her?
- What systems would you need to engage when working with Annie?
- How would you attend to Annie's social location and identity?
- What feelings did the group experience when hearing Annie's story? How might those feelings support or get in the way of engagement with Annie?

Exercise 4

Lori is a 12-year-old Native American girl who lives in a large city. She was living with her mother until her mother's recent suicide. Ten years before the suicide, Lori's mother had experienced a terrible trauma when her husband (Lori's father) hung himself from the kitchen rafters (Lori was 4 years old). Lori's mother took him down and attempted to revive him but to no avail. He died at the scene. Lori was the one who discovered her father.

On the morning of her father's suicide, Lori recalls being told by her mother to "hide and stay down" in an abandoned car in their backyard. Later in life, her older siblings (a sister, Sara, and older brother, John, who were 9 and 12 at the time of the incident) would describe to Lori how their parents had been fighting the morning of their father's suicide. Both parents had been drinking, and when their dad got angry, he would always hit their mother, and their mother hid them in the car to protect them. Their mother had been waiting on the front porch for her husband to "cool down." The kids eventually joined her and after about an hour, Lori made her way into the kitchen and found her dad.

Lori's mother used methamphetamine intravenously to cope with the loss of her husband for about 10 years before her suicide. The drugs eventually caused psychosis where she was paranoid, hearing voices and acting irrationally. The onset of the symptoms was about 4 months before the suicide.

At the funeral, Lori did not shed any tears and remained close to her mother's casket. The funeral was a traditional funeral that followed tribal protocols for the burial of a loved one. The traditional burial would include a year of mourning, which would end with a memorial gathering to signal the end of the grieving period.

Lori lived in foster care for about a year before moving in with her maternal uncle, who planned to adopt her. Her case was handled through the Indian Child Welfare Unit of the state's child welfare program.

After moving in with her uncle, she began dating a boy from her high school. Lori became pregnant shortly thereafter, and after the baby was born she quit school to raise her son. The relationship ended, and she began seeing another man. They were both 18 when she gave birth to her second child. After this birth, her boyfriend started to become very violent with her. He began raping and beating Lori and used pregnancy as a way to control her. He told

her if she ever left him he would kill her and the children. She had three more children with this man, each about 10 months apart. When Lori's last child was born, she left the hospital after giving birth and never returned for her child or her other children until she was arrested for assault and battery towards a woman she knew casually. The assault happened when Lori was "blacked out" on alcohol. She was currently out of jail on bond until the next court date. In the meantime, all her children had been placed in foster care and, her ex-boyfriend was looking for her.

QUESTIONS FOR SMALL GROUP DISCUSSION

- Identify the traumatic experiences Lori endured in her childhood.
- Discuss stages of development and their effects on her current psychosocial functioning.
- Identify the strengths of Lori's tribal and cultural teachings surrounding death.
- Would the tribal and cultural traditions affect your work with her? If so, how and why?
- If you were a child protective social worker, what would be your initial engagement with Lori?
- If you were a therapist in a community agency, what would be your approach to engaging with her? What would be priority goals in your work with Lori?
- Describe traumatic or complex grief.
- Identify how traumatic or complex grief can pose difficulty in a person's life. Use two stages of development to discuss this.



Competency 7

Assess Individuals, Families, Groups, and Communities

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Social workers assess for the impact of trauma by using a range of behavioral, cognitive, affective, spiritual, and neurological indicators and a review of risk factors, protective factors, strengths, and resilience. They assess organizational and systemic factors that influence trauma-informed agency and organizational policies and procedures to promote effective care. Social workers collect and apply assessment data to inform the development of interprofessional, interorganizational, and collaborative systems for trauma-informed care and use data to assess the impact of compassion fatigue and vicarious and secondary trauma on staff and organizations.

Social workers respect clients' willingness to disclose trauma at their own pace, and they encourage the disclosure of historical events and explore with the client the meanings and the impact attached to those experiences. Presenting problems are assessed, through the lens of trauma, as adaptive skills that can be channeled to increase healthy functioning. Social workers use principles of developmental and ecological theory in trauma-focused assessments at the micro, mezzo, and macro levels. Social workers value the ethical responsibilities of consent and confidentiality in a trauma-informed assessment process and balance respect for privacy with the need to intervene to prevent harm to the client or others. Social workers use empirically sound trauma assessment tools that are culturally and developmentally relevant for the client to ensure that clients are physically and emotionally safe.

Social workers engage in self-assessment and reflection to recognize and address the impact of secondary trauma that can occur as a result of

assessing and providing services for clients who experience trauma and they practice effective self-care strategies including appropriate use of supervision, consultation, and peer support.

COMPETENCY BEHAVIORS

- Conduct both micro- and macro-level trauma-informed assessments that explore and examine the effects of all types of trauma, trauma context, and history of trauma exposure and assess for risks, strengths, and protective factors in a developmental context across the lifespan.
- Select and use empirically sound assessment techniques that are culturally and developmentally appropriate for the client and demonstrate the ability to integrate the client's trauma assessment into a set of impressions that accurately reflect an unbiased understanding of current functioning and patterns of behaviors.
- Assess organizational readiness to incorporate trauma-informed and evidence-based programs and practices.
- Demonstrate awareness of ways in which one's own biases, experiences, potential countertransference processes, and values can affect the trauma assessment process.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Adams, R. E., Figley, C. R., & Boscarino, J. A. (2008). The Compassion Fatigue Scale: Its use with social workers following urban disaster. <i>Research on Social Work Practice, 18</i> (3), 238-250.	Knowledge Values Cognitive and Affective Processes
Arkins, B., Begley, C., & Higgins, A. (2016). Measures for screening for intimate partner violence: A systematic review. <i>Journal of Psychiatric and Mental Health Nursing, 23</i> , 217-235.	Knowledge Cognitive and Affective Processes

(continued)

Readings (continued)

Resource	Competency Dimension
Carlson, B. E., Stromwall, L. K., & Lietz, C. A. (2013). Mental health issues in recently returning women veterans: Implications for practice. <i>Social Work, 58</i> (2), 105-114.	Knowledge Cognitive and Affective Processes
Courtois, C. (2008). Complex trauma, complex reactions: Assessment and treatment. <i>Psychological Trauma: Theory, Research, Practice & Policy, 5</i> (1), 86-100. doi:10.1037/1942-9681.S.1.86	Knowledge Cognitive and Affective Processes
Killian, K., Hernandez-Wolfe, P., Engstrom, D., & Gangsei, D. (2017) Development of the Vicarious Resilience Scale (VRS): A measure of positive effects of working with trauma survivors. <i>Psychological Trauma: Theory, Research, Practice, and Policy, 9</i> (1), 23-31.	Knowledge Values Cognitive and Affective Processes
Levenson, J. (2017). Trauma-informed social work practice. <i>Social Work, 62</i> (2), 105-113. doi:10.1093/sw/swx001	Knowledge Cognitive and Affective Processes
Probst, D. R., Turchik, J. A., Zimak, E. H., & Huckins, J. L. (2011). Assessment of sexual assault in clinical practice: Available screening tools for use with different adult populations. <i>Journal of Aggression, Maltreatment & Trauma, 20</i> , 199-226.	Knowledge Values Cognitive and Affective Processes
Strand, V. C., Sarmiento, T. L., & Pasquale, L. E. (2005). Assessment and screening tools for trauma in children and adolescents. <i>Trauma, Violence, & Abuse, 6</i> (1), 55-78.	Knowledge Cognitive and Affective Processes
Substance Abuse and Mental Health Services Administration. (2014). Trauma-informed care in behavioral health services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Author. Chapter 4, "Screening and Assessment" (pp. 91-110) and Appendix D, "Screening and Assessment Instruments" http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816	Knowledge Values Cognitive and Affective Processes

In-Class Exercises

Resource	Competency Dimension
<p>Assessment Scenarios With Individual Clients</p> <p>Discuss how trauma manifests differently in different clients. Students should describe how they would assess each client and respond to the following questions:</p> <ul style="list-style-type: none"> ● What information is needed from the trauma assessment process? ● How will the trauma assessment information be collected? ● What are the internal and external barriers to the trauma assessment process? ● How might the information disclosed in the assessment affect you? ● How might you measure your own reactions to trauma content in this assessment process? <p>(Note that the social identities of the various characters in the vignettes have not been supplied, or examples are provided in bold. Instructors are encouraged to supply the social identities that they think are salient for class discussion and clinical points that they want to emphasize.)</p> <ol style="list-style-type: none"> 1. Renee is a 34-year-old Latina working-class woman who self-referred to treatment after a violent incident with her boyfriend 2 weeks ago. The couple is in a consensual union of 2 years' duration. In that incident, Renee's boyfriend struck her on the face after an extended verbal argument about financial contributions for the maintenance of the household. Since that time, Renee has felt shaky, scared, and childlike. In the initial session with Renee, she shares with the social worker that her biological father was frequently physically abusive to her, her siblings, and her mother throughout her childhood. 2. Andrew is a 50-year-old White veteran whose partner encouraged him to seek mental health counseling. Andrew reports that his boss at work has been verbally abusive for the year that Andrew has worked there. Andrew reports that the verbal abuse occurs daily and involves personal insults, including some about Andrew's sexuality. This abuse triggers memories of the shaming that he regularly experienced while in the armed forces. Andrew reports that no one is able to challenge the boss' behavior because all are worried about losing their jobs. Andrew reports symptoms of anxiety, troubling sleeping, and hypervigilance. 	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>3. Carl is a 6-year-old boy who is referred to outpatient treatment by his adoptive parents. Carl was adopted at age 4 from an Eastern European orphanage, where he had lived since he was only a few days old. The quality of the orphanage where Carl spent his first 4 years is unknown. Carl's upper-middle class White adoptive parents reported that he was delightful and engaging when he first came to live with them. But they reported that after the first few weeks, Carl became increasingly reactive and frequently angry, started hoarding food, and occasionally kicked the family dog. He became more resistant to their hugs and isolated at home and at school. Carl's parents are mystified by this behavior because they see themselves as having been consistently loving toward their child.</p> <p>4. Melinda is a 20-year-old African American middle-class woman who self-referred to a rape crisis center after a sexual assault at a college party. Melinda reports that last weekend, she attended a party at a predominantly White fraternity, got separated from her friend, got drunk, and woke up without her pants in one of the bedrooms in the building. She reports that she felt extreme pain in her genital area but had no memory of any assault or even heading to the bedroom with anyone. She noted that fraternity members avoided eye contact or conversation with her as she made her way out of the fraternity house.</p> <p>(Note that the details in are is possible social identities that can be applied to the case vignettes. Instructors are encouraged to alter these identities in a way that facilitates the discussion the instructor wants to facilitate. The other possibility is to remove the suggested social identities and present the case vignette without any identified social identities.)</p>	
<p>Assessment Scenarios on Collective Trauma Events</p> <p>Discuss how social workers can respond to collective traumatization in a community. In small groups, have students discuss one or more of the following scenarios and questions:</p> <ol style="list-style-type: none"> 1. If you were a social worker in New York City during the attack of September 11, 2001, how would you address the collective traumatization of your community? How would you assess individual and collective trauma in this context? What indicators, symptoms, and behaviors would you use in your assessment process? How might your views about assessment change if you, as the social worker, had not been in New York City on September 11? 	<p>Knowledge Values Cognitive and Affective Processes</p>

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>2. If you were a social worker at Columbine High School when two high school students there killed 12 peers and 1 teacher (injuring an additional 21 people), how would you address the collective traumatization of your community? How would you assess individual and collective trauma in this context? What indicators, symptoms, and behaviors would you use in your assessment process? How might your views about assessment change if you, as the social worker, had not been in the same city during the attack?</p> <p>3. If you were a social worker in rural or urban Louisiana when Hurricane Katrina hit the state (killing 1,245 people in the affected area), how would you address the collective traumatization of your community? How would you assess individual and collective trauma in this context? What indicators, symptoms, and behaviors would you use in your assessment process? How might your views about assessment change if you, as the social worker, had not experienced the direct effects of Hurricane Katrina?</p>	

Media

Resource	Competency Dimension
<p>Carol Tosone, "Look Back to Move Ahead: Social Work With Survivors of Trauma"</p> <p>This video provides two vignettes showing a social work interview process when the client presents trauma content. Available for purchase through psychotherapy.net. (57:42 minutes)</p> <p>http://psychotherapy.net/video/social-work-trauma</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>National Public Radio, "Take the ACE Quiz—And Learn What Your Score Does and Doesn't Mean" (March 2, 2015)</p> <p>This webpage provides an opportunity to take a short quiz and to evaluate and interpret the finding using ACE research findings.</p> <p>http://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean</p>	<p>Knowledge Cognitive and Affective Processes</p>
<p>"PTSD Treatment and Assessment"</p> <p>Provides an overview of clinical social work assessment of PTSD symptoms, assessment process, and two avenues for treatment. The social worker conducts a trauma interview and demonstrates interview skills with clients who have experienced trauma. The video quality is okay but not excellent. The video is currently mounted on YouTube. (19:05 minutes)</p> <p>https://youtu.be/X-8Uwiqcksl</p>	<p>Knowledge Cognitive and Affective Processes</p>

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Media (continued)

Resource	Competency Dimension
<p>Nadine Burke Harris TEDMED Talk: “How Childhood Trauma Affects Health Across a Lifetime”</p> <p>A short overview of the lifelong effects of childhood traumas.</p> <p>https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?utm_source=tedcomshare&utm_medium=referral&utm_campaign=tedsread</p>	<p>Knowledge</p> <p>Cognitive and Affective Processes</p>

Assignments

Resource	Competency Dimension
<p>Suggested Topic for Paper: Define <i>trauma</i>. What makes an event or an experience traumatic? Do social workers need to assess different types of trauma differently, and if so, how?</p>	<p>Knowledge</p>
<p>Suggested Topic for Paper: Is it possible for two people experiencing the same event to have different trauma responses? How might one assess the different factors or processes that affect the different manifestations of traumatic symptoms in these two people?</p>	<p>Knowledge</p>
<p>Suggested Topic for Paper: What factors support clients’ resiliency in the face of traumatic events? How can a social worker assess a client’s resiliency?</p>	<p>Knowledge</p>
<p>Suggested Topic for Paper: Think about different cultural and ethnic groups, cultural differences, different areas of the world, varied histories of trauma, and so on. How might a social worker’s trauma assessment approach differ for different populations or different locations in the world?</p>	<p>Knowledge</p> <p>Values</p>
<p>Suggested Topic for Paper: Research evidence-based screening tools for trauma assessment in the peer-reviewed literature. Create an annotated bibliography. For each tool, note what population the tool was developed for and on whom it has been tested.</p>	<p>Knowledge</p>
<p>Suggested Topic for Paper: What are the components of trauma-informed organizations that demonstrate effective trauma assessment? Compare two human service agencies in your city.</p>	<p>Knowledge</p>
<p>Suggested Topic for Paper: Select a client who has experienced trauma and discuss your strategy to assess the balance of risk and protective factors of both the individual and the family.</p>	<p>Knowledge</p>

<i>Field Activities</i>	
Resource	Competency Dimension
<p>Observation</p> <p>Observe a staff clinician conduct an initial assessment with a client who has survived trauma.</p> <ol style="list-style-type: none"> 1. What did you notice how about the clinician assessed the trauma history (past and present)? 2. What questions did that clinician use for this part of the assessment? 3. Describe the skills the clinician demonstrated that you would like to emulate and the strategies you might avoid in the future. 4. What are your reactions to the trauma content disclosed in this assessment? 	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>
<p>Reflective Questions</p> <p>Use these questions in field journals or during liaison visits with the students and their field instructors.</p> <ol style="list-style-type: none"> 1. How does your agency or organization identify traumatic stress in client systems? 2. How does the agency or organization establish a safe physical environment for screening and assessment? How might you improve the environment? 3. How might your agency or organization unintentionally cause clients to reexperience harm? Evaluate therapeutic relationships, environment, policies and procedures, attitudes, and beliefs. Discuss those findings with your field instructors. Provide suggestions to your field instructor on what may help reduce the potential of client's reexperiencing traumas in this setting. 	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>
<p>Reflective Questions</p> <p>Use these questions in field journals or during liaison visits with the students and their field instructors.</p> <ol style="list-style-type: none"> 1. Identify and assess your reactions to trauma content among your clients and among the members of their family. 2. How has the trauma content affected the ways you assess clients and how you view people and families who have experienced trauma? 	<p>Cognitive and Affective Processes</p>



Competency 8

Intervene With Individuals, Families, Groups, Organizations, and Communities

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Social workers addressing trauma strive to create trauma-informed systems of care that recognize and respond effectively to signs of traumatic distress in human beings across their lifespan and throughout the various service settings that clients access. They bring a compassionate and nonjudgmental stance to their work and build relationships with clients based on safety, support, respect, and trust. They work to increase psychological, emotional, physical, and spiritual safety in individuals, families, communities, and organizations. They help clients develop flexible and increasingly adaptive responses to trauma effects, managing emotional dysregulation and developing maximally adaptive personal narratives in the wake of traumatic experiences.

They are mindful of the effect they can have on their clients and of the effect their clients' trauma histories can have on them. They increase resilience by helping clients develop ways of managing future exposure to potentially traumatic events while maintaining a positive sense of the future that allows maximal engagement with life opportunities. Social workers are Knowledgeable about the theoretical and empirical foundations of trauma-informed evidence-based practice and apply that Knowledge to identify and implement developmentally and culturally appropriate trauma-focused interventions.

Trauma social workers facilitate healing with client systems by processing trauma experiences within somatic, affective, cognitive, and spiritual domains in a phase-based approach that attends to safety and meaning making. Trauma social workers value strength-based and empowerment-oriented approaches to practice that recognize promotive and protective factors,

resiliency, and opportunities for posttraumatic growth in individuals, families, organizations, and communities. Trauma social workers build practice-based evidence to determine how to intervene in the absence of research-based evidence, when new interventions are emerging, or when modifications and adaptations are needed for cultural or contextual reasons. Trauma-informed organizations proactively promote self-care, supervision, and training in evidence-based interventions to support professional development and to address risks of vicarious traumatization. Trauma social workers advocate for social justice because they understand that systemic and structural inequality and oppression increase risk factors for and exacerbate the adverse consequences of exposure to trauma, including historical trauma. They advocate for expanding access to trauma-informed care and culturally appropriate evidence-based trauma treatments, particularly for those most vulnerable and marginalized in our society.

COMPETENCY BEHAVIORS

- Apply Knowledge of the theoretical and empirical foundations of trauma to inform the intervention process in evidence-based practice.
- Critically select and implement developmentally and culturally appropriate trauma-informed evidence-based interventions in conjunction with practitioner expertise and client preferences to address the adverse consequences of trauma.
- Modify and adapt interventions if needed to address cultural differences or contextual and environmental challenges with awareness of the need for continual evaluation.
- Advocate for the advancement of trauma-informed systems of care, expanded access to effective trauma-focused interventions, and social justice for marginalized and oppressed people who are most at risk for experiencing trauma.
- Mobilize the strengths of clients and systems to increase individual, group, family, and community resilience.
- Develop and use self-care strategies that support resiliency and well-being, to address the impact of compassion fatigue and vicarious traumatization.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Blanch, A. (2008). <i>Transcending violence: Emerging models for trauma healing in refugee communities</i> . Rockville, MD: SAMHSA's National Center for Trauma-Informed Care.	Knowledge
Bloom, S. L., & Sreedhar, S. Y. (2008). The sanctuary model of trauma-informed organizational change. <i>Reclaiming Children and Youth, 17</i> (3), 48. (Organizations)	Knowledge Values Skills
Bottche, M., Kuwert, P., & Knaevelsrud, C. (2012). Posttraumatic stress disorder in older adults: An overview of characteristics and treatment approaches. <i>International Journal of Geriatric Psychiatry, 27</i> (3). (Older adults)	Knowledge Skills Cognitive and Affective Processes
Briere, J., & Lanktree, C. (2012). <i>Treating complex trauma in adolescents and young adults</i> . Thousand Oaks, CA: SAGE (Individuals, families, groups; adolescents and young adults)	Knowledge Skills Cognitive and Affective Processes
Brown, L. S. (2008). <i>Cultural competence in trauma therapy: Beyond the flashback</i> . Washington, DC: American Psychological Association. (Individuals and groups across the lifespan)	Knowledge Values Cognitive and Affective Processes
Cohen, J. A., Mannarino, A. P., & Deblinger, E. (Eds.). (2012). <i>Trauma-focused CBT for children and adolescents: Treatment applications</i> . New York, NY: Guilford. (Individuals and groups with children and adolescents)	Knowledge Values Cognitive and Affective Processes

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Readings (continued)

Resource	Competency Dimension
Fallot, R., & Harris, M. (2009). Creating Cultures of Trauma-Informed Care (CCTIC): A self-assessment and planning protocol. <i>Community Connections</i> , 2, 1-17. (Groups, organizations)	Knowledge Values Skills Cognitive and Affective Processes
Grossman, F. K., Spinazzola, J., Zucker, M., & Hopper, E. (2017). Treating adult survivors of childhood emotional abuse and neglect: A new framework. <i>American Journal of Orthopsychiatry</i> , 87(1), 86. (Individuals; adults)	Knowledge Values Skills Cognitive and Affective Processes
Herman, J. (2015). <i>Trauma and recovery: The aftermath of violence—from domestic abuse to political terror</i> . New York, NY: Basic Books. (Individuals and groups, across the lifespan)	Knowledge Values Skills Cognitive and Affective Processes
Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. <i>Journal of Loss and Trauma</i> , 14, 240-255. doi:10.1080/15325020903004350 (Individuals; children)	Knowledge Skills
Van der Kolk, B. A. (2015). <i>The body keeps the score: Brain, mind, and body in the healing of trauma</i> . New York, NY: Penguin. (Individuals and groups; adult)	Knowledge Cognitive and Affective Processes
Webb, N. B. (2003). <i>Mass trauma and violence: Helping families and children cope</i> . New York, NY: Guilford.	Knowledge Skills Cognitive and Affective Processes
Wilkins, E., Whiting, J., Watson, M., Russon, J., & Moncrief, A. (2013). Residual effects of slavery: What clinicians need to know. <i>Contemporary Family Therapy: An International Journal</i> , 35(1), 14-28. doi:10.1007/s10591-012-9219-1	Knowledge Cognitive and Affective Processes

Multimedia Resources	
Resource	Competency Dimension
VIDEOS	
<p>Boston University. (2014, August 12). <i>The 2014 Merle Jordan conference: Bessel van der Kolk, Session 3</i> [Video file]. Retrieved from https://www.youtube.com/watch?v=SIZVJ1RrphU&list=PL9eCa9tNNR9h8XfRe4VwLOARa1EXAepfn&index=6</p> <p>Lecture discussing trauma, physiological responses to trauma, and interventions for trauma, including neurofeedback and yoga.</p>	<p>Knowledge Skills</p>
<p>Gavin, M. [safetraumarecovery]. (2012, April 1). <i>Introduction to 8 keys to safe trauma recovery</i> [Video file]. Retrieved from https://www.youtube.com/watch?v=QQz5yVkBm5w</p> <p>Brief video covering how to stop flashbacks, self-forgiveness, mindfulness, and other tools for recovery.</p>	<p>Knowledge Values</p>
<p>University of California Television. (2008, October 23). <i>Therapy for war-related trauma</i> [Video file]. Retrieved from https://www.youtube.com/watch?v=tpblkOSYOFU</p> <p>Trauma expert John Briere presents five central principles of war-related trauma in this presentation for mental health professionals treating service members returning from Iraq and Afghanistan.</p>	<p>Knowledge Skills</p>
<p>University of Minnesota Extension Children Youth & Family Consortium. (2015, March 4). <i>Historical trauma and cultural healing</i> [Video file]. Retrieved from https://www.youtube.com/playlist?list=PLYfdph9z-mJxSOI_qbBhe_LurrCQ6VQvQ</p> <p>Three short videos covering historical trauma and cultural healing practices.</p>	<p>Knowledge Values</p>
<p>University of Notre Dame Shaw Center for Children and Families. (2014, December 16). <i>Child flourishing symposium 2014—Bruce Perry</i>. [Video file]. Retrieved from https://www.youtube.com/watch?v=2rpfD_H4euU&list=PLxILd8__iAa788jtjvFa3I8LiYxv-nq1D&index=6</p> <p>Presentation describing the neurodevelopmental impact of childhood trauma.</p>	<p>Knowledge Values</p>
<p>Somatic Experiencing Trauma Institute. (2014, October 15). <i>Nature's lessons in healing trauma: An introduction to somatic experiencing</i> [Video file]. Retrieved from https://www.youtube.com/watch?v=nmJDkzDMllc</p> <p>Peter Levine describes the physiological basis of trauma and how somatic experiencing therapy helps people recover.</p>	<p>Knowledge Skills</p>

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Multimedia Resources (continued)

Resource	Competency Dimension
<p>TED Talks. (2014, May 21). <i>How the worst moments in our lives make us who we are</i> [Video file]. Retrieved from https://www.youtube.com/watch?v=RiM5a-vaNkg</p> <p>Writer Andrew Solomon invites viewers to forge meaning from our biggest struggles.</p>	Cognitive and Affective Processes
<p>TED Talks. [TEDx]. (2015, April 23). <i>Beyond the cliff</i> [Video file]. Retrieved from https://www.youtube.com/watch?v=uOzDGrcvmus</p> <p>Using herself as an illustration, Laura Lipsky describes the insidious effects of vicarious trauma.</p>	Cognitive and Affective Processes
PODCAST	
<p>Singer, J. B. (Producer). (2013, April 29). An overview of trauma-informed care: Interview with Nancy J. Smyth, Ph.D. (Episode 80). <i>Social Work Podcast</i> [Audio podcast]. Retrieved from http://www.socialworkpodcast.com/2013/04/an-overview-of-trauma-informed-care.html</p>	Knowledge Values Cognitive and Affective Processes
WEB-BASED TRAINING	
<p>Medical University of South Carolina. (2005). <i>TF-CBT web: A Web-based learning course for trauma-focused CBT</i>. Retrieved from https://tfcbt2.musc.edu/</p>	Skills
<p>Medical University of South Carolina. (2008). <i>CTG web: A Web-based course for using trauma-focused cognitive behavioral therapy (TF-CBT) with childhood traumatic grief</i>. Retrieved from http://ctg.musc.edu/</p>	Skills
<p>Medical University of South Carolina. (2009). <i>CPT web: A Web-based learning course for cognitive processing therapy</i>. Retrieved from https://cpt.musc.edu/</p>	Skills
<p>Cloitre, M. (2013). <i>Skills training in affect and interpersonal regulation (STAIR)</i>. Retrieved from https://www.ptsd.va.gov/professional/continuing_ed/STAIR_online_training.asp</p>	Skills
<p>National Child Traumatic Stress Network. (2014). <i>Psychological first aid online</i>. Retrieved from https://learn.nctsn.org/course/index.php?categoryid=11</p>	Skills

<i>In-Class Exercises</i>	
Resource	Competency Dimension
<p>Trauma-related Simulations: Students are challenged with face-to-face simulations in which case scenarios are presented in the classroom or simulation lab (when available). A simulation lab furthers the illusion of real social work practice, thus enhancing professional readiness. Other students or live actors (e.g., BSW-level social workers) serve as clients in a clinical setting in which each MSW student enters a session to an unknown case that involves a trauma-related event. Cases may be revisited in multiple classes to simulate intervention. Faculty observe and assess each simulation. A grading rubric may be used to assess competencies.</p>	Knowledge Skills Cognitive and Affective Processes
<p>Community Event: Students will participate in a project or community event that honors victims of violent loss (e.g., an annual commemorative walk for survivors of violent loss). Students will observe the entire event through a social work lens, noting professional behavior and Cognitive and Affective Processes. After the event, this in-class exercise is designed to assist in distinguishing micro, mezzo, and macro components of the event and identifying Knowledge, skills, and values. Students write a brief response paper (two or three pages) highlighting the following:</p> <ul style="list-style-type: none"> ● What did you witness? ● How did you feel, and what did it trigger in you, if anything? ● Were any of your values challenged? ● How were you able to demonstrate social work skills and compassion at the event? Give at least three specific examples. ● Please distinguish the micro, mezzo, and macro components of the event. ● Imagine yourself in the shoes of a violent loss survivor (if you are a survivor, feel free to speak from your experience) and describe what this event might have meant to you. <p>Students will be prepared to actively join in class discussion about their personal experience.</p> <p>Students who are unable to participate in an event such as a walk may assist in planning or preparations before the event. Their response paper will reflect a more macro approach in planning.</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>Case Studies: These in-class case study exercises are used to encourage students to examine and reflect on issues related to their own values and ethics regarding the impact of trauma on clients, appropriate evidence-based treatment interventions, and practice Knowledge and skills. Case studies will be chosen to reflect micro, mezzo, and macro examples across the lifespan.</p>	Knowledge Values Cognitive and Affective Processes

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
Grounding Exercise: Each student will be prepared to demonstrate a grounding exercise that they have researched and found to be effective in use with clients who have experienced trauma. Students will create a one-page handout to share with fellow students summarizing skills used in the grounding exercise, research related to the exercise, populations served, and overall benefits.	Knowledge Skills Cognitive and Affective Processes
Psychoeducation Exercise: Students create a 5- to 10-minute psychoeducation explanation for an individual, family, couple, or group. As part of their explanation for this exercise, students may use the psychoeducation handout they created in the psychoeducation assignment (see "Assignments"). They present this information in small groups to other students or to one student playing the role of a client.	Knowledge Skills Cognitive and Affective Processes
Guided Imagery Exercise: In small groups, students play their recorded guided imagery script (that they created in the guided imagery assignment) for other students and they listen and participate in two or three guided imagery scripts created by other students in their small group. Students note how their classmates respond to the script and solicit their feedback.	Knowledge Skills

Assignments

Resource	Competency Dimension
Student-created Case Scenario Presentations: Students present an assessment and treatment plan for a hypothetical trauma-related clinical case scenario based on their clinical work, professional experience, or professional literature. Minimum requirements include a biopsychosocial and spiritual assessment that highlights the client's presenting problems, needs, strengths, <i>Diagnostic and Statistical Manual of Mental Disorders V</i> diagnoses, social and family functioning, and available resources. The treatment plan will extensively detail how the student would build and maintain a helpful therapeutic relationship and use a specific clinical approach or intervention to help the traumatized client. Assessment and management of suicide risk, clinical goals, countertransference, emotional reactions, and self-care should also be addressed.	Knowledge Skills Cognitive and Affective Processes

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Trauma-related Simulations: Students are challenged with face-to-face simulations in which case scenarios are presented in the classroom or simulation lab (when available). A simulation lab furthers the illusion of real social work practice, thus enhancing professional readiness. Other students or live actors (e.g., BSW-level social workers) serve as clients in a clinical setting in which each MSW student enters a session to an unknown case that involves a trauma-related event. Cases may be revisited in multiple classes to simulate intervention. Faculty observe and assess each simulation. A grading rubric is used to assess competencies. For continued cases, students are required to submit written case notes documenting case progress using appropriate empirically supported practices.</p>	Knowledge Skills Cognitive and Affective Processes
<p>Annotated Bibliography: Students choose a traumatic experience that can cause traumatic sequelae in individuals or a traumatic outcome or disorder. Students prepare an annotated bibliography. This should include a brief overall summary of his or her understanding of the issue and its applicability to clinical social work practice. The first half of the publications should be on theory, prevalence, ethical issues, historical issues, and diversity issues that increases Knowledge about the issue. The second half should be on treatment and interventions that are evidence based, and it can include case study examples from the literature. The bibliography should include at least 30 citations. Students must include at least three articles that address issues of diversity. These can be in either the theory or intervention section.</p>	Knowledge Skills Cognitive and Affective Processes
<p>Safety and Advocacy Plan: The safety plan gives students the opportunity to carefully analyze, strategize, and plan with a survivor of intimate partner violence. Each student will select a survivor from either current or previous practice or a case example and develop a safety and advocacy plan including the survivor's risks and strengths and detailed strategies to address at least two risks. The plan should include detailed information on four local, relevant resources to address risk and an in-depth analysis of unmet needs at the mezzo or macro level and strategies to address those unmet needs.</p>	Knowledge Skills Cognitive and Affective Processes

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Psychoeducation: This assignment supports attainment of the ability to educate individuals, partners, and families about what they or others are experiencing as an initial and ongoing part of intervention. Psychoeducation in trauma recovery has been found to be help clients understand what they have experienced when it is done in a culturally sensitive, human-centered, age-appropriate, and relationship-focused manner that emphasizes the value of building resiliency in response to trauma.</p> <p>Using the research literature, students develop a psychoeducation handout in a specific area of trauma that they would like to learn more about (e.g., survivors of natural disaster, assault, violent crime, or domestic violence).</p> <p>Suggested components of psychoeducation for trauma recovery that the student might focus on include the following:</p> <ul style="list-style-type: none"> ● how trauma is defined ● common myths about trauma ● how trauma can affect our brains and bodies ● common trauma reactions and symptoms ● coping and resiliency skills ● sources of additional help. <p>Students may use this psychoeducation handout for the psychoeducation exercise (see “In-class Exercises”).</p>	<p>Knowledge Cognitive and Affective Processes</p>
<p>Guided Imagery: This assignment supports attainment of the ability to intervene with individuals, couples, and families to help foster their resilience and recovery. Guided imagery can be used with clients to help them learn and practice new ways to manage their autonomic arousal and put their bodies into a more restful state.</p> <p>Students find or create a guided imagery script for general relaxation that can be used in a treatment session and used regularly by a client. It should be no more than 10 minutes and no less than 3 minutes. Students make a voice recording of the script they have either created or found. They may play this voice recording or read the script to other students for the guided imagery exercise (see “In-class Exercises”).</p>	<p>Knowledge Skills</p>

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Trauma-focused Interventions in Clinical Social Work Practice: This project involves three related but independently graded assignments: a practitioner interview, an evidence-based literature review, and a substantive practice paper. For this project, you will need to select an issue related to trauma-focused clinical social work about which you would like to develop in-depth Knowledge to enhance your future practice (e.g., survivors of childhood sexual abuse, rape, intimate partner violence, domestic or international sex trafficking, or immigrant and refugee survivors of torture or conflict).</p> <p>Assignment description can be found in Appendix 8A.</p>	Knowledge Skills Cognitive and Affective Processes

Field Activities

Resource	Competency Dimension
Independently implement an evidence-based, trauma-focused intervention with one to three clients under the supervision of a practicum instructor trained in that intervention.	Knowledge Values Skills Cognitive and Affective Processes
Develop an action plan in collaboration with your practicum site to facilitate movement toward being a trauma-informed organization.	Knowledge Values Skills Cognitive and Affective Processes
Advocate for the adoption of an evidence-based treatment that would be appropriate, acceptable, and feasible in the unique context of your practicum site.	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Field Activities (continued)

Resource	Competency Dimension
Use your evidence-based practice skills to search the literature to find the answer to a practice-relevant question to guide intervention implementation or modification.	Knowledge Values Skills Cognitive and Affective Processes

APPENDIX 8A: TRAUMA-FOCUSED INTERVENTIONS IN CLINICAL SOCIAL WORK PRACTICE

This project involves three related but independently graded assignments: (1) a practitioner interview, (2) an evidence-based literature review, and (3) a substantive practice paper. For this project, you will need to select an issue related to trauma-focused clinical social work about which you would like to develop in-depth knowledge to improve your future practice (e.g., survivors of childhood sexual abuse, rape, intimate partner violence, domestic or international sex trafficking, or immigrant and refugee survivors of torture or conflict).

Practitioner Interview and Community Collaboration Project

Based on your selected topic, identify an agency that you will be collaborating with to learn more about how your topic of interest is being addressed in the community. To complete this assignment, you will need to do the following tasks:

- 1) Interview a practitioner, preferably a social worker, doing direct practice in the agency. Below is a list of interview questions. You must address all these questions during the interview, but you do not have to restrict yourself to only these questions; feel free to add questions that are important to you.
- 2) After you have conducted the interview, write a summary of the information you gathered and describe what you learned from this

experience that you think will be beneficial to your practice in that area. Touch on each question listed below in your paper.

- 3) Conclude the paper by describing the collaboration project that you will be doing with the agency and include a timeline for when tasks will be completed.

This paper should be 8–10 pages long and double spaced. Follow APA guidelines, include a title page, and use appropriate subheadings to improve organization. You may use first person in this paper, but do not become informal as you are writing. This is not a journal exercise.

INTERVIEW QUESTIONS

- What type of services does your agency provide to address this topic?
- How many such clients do you serve annually?
- What is their demographic makeup (age, ethnicity, sexual orientation, socioeconomic status)?
- How many do you work with weekly (caseload)?
- Are there any fees for your services?
- How long can clients receive services?
- Is there a waitlist for services?
- Who else in the community addresses these issues, and what services do they provide?
- What are the clients' wants, needs, and expectations when seeking services?
- What other issues do clients present in addition to the topic of interest? (Look for issues of psychosocial comorbidity.)
- What are your theoretical and intervention preferences when treating this issue? (Ask them to briefly describe in a step-by-step way what they actually do with their clients.)

- What has guided your intervention selection in addressing this topic?
- What type of assessment materials do you use and recommend for a new practitioner? Also, how about for evaluating one's practice?
- What, if anything, do you do differently when providing your services to people of color, LGBTQ people, people with disabilities, older adults, and people from different socioeconomic statuses?
- How relevant is a feminist analysis or theoretical framework when addressing this topic?
- How much training is needed and available locally to learn how to address this issue?
- To what extent has the professional literature or research findings influenced your practice and intervention selection? Explore any barriers that might limit your use of the literature.
- What self-care strategies do you use to prevent burnout or vicarious traumatization? How does your agency address self-care on an organizational level to reduce or prevent staff burnout or vicarious traumatization?
- What do you think is the most important thing for me to know as a new practitioner interested in working in this area? What do I need to do to be best prepared to enter this field and be ready to practice?
- What could I do for your organization as a volunteer that might be helpful? (If they say nothing, make suggestions, such as conducting a literature search in an area of importance and summarizing it, gathering articles and books to expand their in-house resources, co-facilitating a support group, revising a resource guide, giving a presentation on the results of your literature search regarding evidence-based practice, or assisting with a special project they are working on). Select something that would be most useful to them.

COMMUNITY COLLABORATION GRADING RUBRIC	
Evidence of a completed interview that addressed all required questions	25 points
Clearly organized and insightful summary of interview provided	25 points
Well-articulated application to practice area and professional development	20 points
Impact of proposed collaboration project and manageable timeline	20 points
Quality of writing and APA compliance	10 points
Total	100 points

Evidence-based Literature Review

Develop a thorough evidence-based literature review that provides significant descriptive information about your selected topic. This should include a strong rationale for why the area you have selected is important, illustrated in part by information on the prevalence and consequences of this issue. Using the empirical descriptive literature, explain why this issue should be of concern. This part should lead to a narrowing of focus to make clear what your interventions are designed to address.

Identify the major intervention approaches that are used to treat your issue of interest and discuss the evidence available (or lack thereof) to support such approaches. The intervention section should provide a good overview of what the intervention entails and significant attention to the issue of evidence of effectiveness (or lack thereof). Be specific about the outcomes and whether the findings are statistically or clinically significant. Include in the paper a discussion of what you are taking away from your examination of the literature to determine how to address your issue of concern. Cite at least 10 sources, most of which should be peer-reviewed journal articles. At least 8 of these sources should have been published in the last 5 years. This assignment should be 8–10 pages long and written in compliance with APA guidelines.

The following is a breakdown of the point value for each section of the paper. Make sure that every section listed is addressed in your paper. Be thorough in your attention to each section, but do not exceed the page limits as specified for each assignment. Your reference pages will not count as part

of the page limit. Simply writing something for each section will not get you full points. You need to demonstrate thoughtful consideration of the issues related to each section. This assignment will be worth 30% of your final grade. Additionally, this paper will be used as a large portion of your final paper. Keep this in mind as you write and begin to conceptualize the final project.

GRADING GUIDE FOR LITERATURE REVIEW PAPER	
Background literature	25 points
Interventions overview	30 points
Critique of evidence	20 points
Implications for practice	15 points
Overall quality of paper and writing	10 points
Total	100 points

Final Intervention Paper

Literature Review

Use your evidence-based literature review paper to guide the development of your final paper. Essentially everything you wrote for the literature review paper should be included in your final paper (8-10 pages), so you are already halfway done with your final paper. Make sure you incorporate any feedback you have received on the previous assignments into your final paper. It should include significant descriptive information about your selected topic and a strong rationale for why the area you have selected is important. This includes information on the prevalence and consequences of this issue. Using the empirical descriptive literature, make a case for why this issue should be of concern. This part should lead to a narrowing of focus to make clear what your interventions are designed to address. (15 points)

Theory

Identify and describe one or more theoretical perspectives that you found in the literature and adhere to that are used as a model for understanding your

issue of interest. The theoretical explanation for an issue has direct implications for the interventions we select. For example, if patriarchy is the cause of violence against women (theory), ultimately interventions need to address patriarchy and the status of women in society. An alternative approach to addressing theory is to focus on the theories behind interventions. For example, if our beliefs about ourselves, others, and the world are the theory behind the development of specific trauma symptoms, then an intervention that targets changing beliefs (e.g., cognitive processing therapy) makes sense. Your theory section needs to link to the underlying causes of the issue of concern. Discuss the extent to which the theoretical perspectives are linked to any interventions you discovered in your literature search. (10 points)

Feminist Analysis

For some of you, your main theory may be feminism, in which case you will need to describe that for your theory section but also provide your perspective on the utility or value of a feminist analysis or theoretical perspective for understanding and responding to the issue you have selected. If you select something else for your theory section, be sure to discuss the potential utility of a feminist perspective, not as a competing theory but as an additional framework. (10 points)

Interventions

Identify the major intervention approaches that are used to treat your issue of interest and discuss the evidence available (or lack thereof) to support such approaches. The intervention section should provide a good overview of what the intervention entails and significant attention to the issue of evidence of effectiveness (or lack thereof). Be specific about the outcomes and whether the findings are statistically or clinically significant. (15 points)

Diversity

Indicate the extent to which the interventions are responsive to the needs of diverse groups of clients and provide any available evidence that support claims of their effectiveness with such groups. Draw this information specifically from the intervention studies you describe. Look at the samples to gather good demographic information. Make note of what is missing. Think about

diversity broadly and not just in terms of ethnicity. Think about the applicability of the intervention to the diverse array of clients you may be serving in the future. Is there evidence that the intervention is effective across a broad array of trauma survivors? (10 points)

Agency Interview

Drawing from your interview with a practitioner, discuss the extent to which current practice in that agency appears to be evidence based. In addition, discuss whether the existing evidence seems relevant for that agency. Do not simply cut and paste information from your interview paper. Think critically about these questions and answer them based on what you learned from that interview about practice in that agency and their organizational context. (10 points)

Implications

Include in the paper a discussion of what you are taking away from your examination of the literature and your interview with a practitioner to help your decision making about how to address your issue of concern. (10 points)

Training Plan

Include in your paper a detailed, specific plan for acquiring any postgraduate training that would be required to implement the interventions you have selected as most salient for addressing your topic of interest. (10 points)

Quality of Paper and APA Compliance

Cite at least 15 sources, most of which should be peer-reviewed journal articles. At least 12 of these sources should have been published in the last 5 years. This assignment should be 20–25 pages long and written in compliance with APA guidelines. (10 points)

This assignment will be worth 35% of your final grade.

GRADING GUIDE FOR INTERVENTION PAPER	
Literature review	15 points
Theory	10 points
Feminist analysis	10 points
Interventions	15 points
Diversity	10 points
Agency interview	10 points
Implications	10 points
Training plan	10 points
Overall quality of paper and APA compliance	10 points
Total	100 points



Competency 9

Evaluate Practice With Individuals, Families, Groups, Organizations, and Communities

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Trauma-informed practitioners understand the impact of current and historical trauma on individuals, families, groups, organizations, and communities, and they critically evaluate and apply this Knowledge in evaluating process and outcomes and use this information to inform practice decisions and quality assurance to strengthen systems of care. Evaluation of practice is collaborative and strength-based, and it seeks to empower client systems, which upholds the social contract that often has been breached in trauma survivors' experience. Qualitative and quantitative methods, including standardized measures and culturally responsive methods, are used systematically to gather data about current and historical trauma, responses to trauma, secondary traumatic stress (STS), evidence-informed trauma-specific interventions, and self-care strategies for social workers, students, educators, researchers, organizations, and communities, in order to evaluate processes and outcomes and increase practice effectiveness at all levels. Practitioners self-evaluate STS effects and engage in personal and professional strategies to minimize these effects and increase the effectiveness of the services they provide.

COMPETENCY BEHAVIORS

- Systematically use assessment and evaluation measures of trauma history, including historical and intergenerational trauma, current trauma reactions, and risk and resilience factors when working with diverse client systems.

- Systematically evaluate processes and outcomes related to trauma-responsive, evidence-informed practice as a foundation for intervention decisions with individuals, families, groups, organizations, and communities.
- Self-assess and evaluate STS reactions when working in the field, in the classroom, or on research teams, and use self-care practices, including those that are research informed.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Boeije, H., Slagt, M., & van Wesel, F. (2013). The contribution of mixed methods research to the field of childhood trauma: A narrative review focused on data integration. <i>Journal of Mixed Methods Research, 4</i> , 347–369.	Knowledge Skills
Conway, P., Cresswell, J., Harmon, D., Pospishil, C., Smith, K., Wages, J., & Weisz, L. (2010). Using empowerment evaluation to facilitate the development of intimate partner and sexual violence prevention programs. <i>Journal of Family Social Work, 13</i> (4), 343–361. doi:10.1080/10522158.2010.493736	Knowledge Skills
Henderson, Z., Acquaye-Doyle, L. A., Waites, S., & Howard, T. (2016). Putting principles into practice: Addressing historical trauma, mistrust, and apprehension in research methods course. <i>Journal of Social Work Education, 1</i> , 69–78.	Knowledge Skills Cognitive and Affective Processes
Killina, K., Hernandez-Wolfe, P., Engstrom, D., & Gangsei, D. (2017). Development of the Vicarious Resilience Scale (VRS): A measure of positive effects of working with trauma survivors. <i>Psychological Trauma: Theory, Research, Practice and Policy, 1</i> , 23–31.	Knowledge Values Skills Cognitive and Affective Processes
Richardson, M. M., Coryn, C. L. S., Henry, J., Black-Pond, C., & Unrau, Y. (2012). Development and evaluation of the Trauma-Informed System Change Instrument: Factorial validity and implications for use. <i>Child and Adolescent Social Work Journal, 29</i> , 167–184.	Knowledge Skills

(continued)

Readings (continued)

Resource	Competency Dimension
Rubin, A., Parrish, D. E., & Wahsburn, M. (2016). Outcome benchmarks for adaptation of research-supported treatments for adult traumatic stress. <i>Research on Social Work Practice, 26</i> , 243–259.	Knowledge Skills
Tosone, C., Bauwens, J., & Glassman, M. (2016). The shared traumatic and professional posttraumatic growth inventory. <i>Research on Social Work Practice, 26</i> (3), 286–294. doi:10.1177/1049731514549814	Knowledge Values Skills Cognitive and Affective Processes

In-Class Exercises

Resource	Competency Dimension
<p>Evaluation of Treatment Services: Instruments for Measuring Change</p> <p>Before class, students should review the following articles:</p> <p>Holmes, P., Levy, M., Smith, A., Pinne, S., & Neese, P. (2014). A model for creating a supportive trauma-informed culture for children in preschool settings. <i>Journal of Child and Family Studies, 25</i>, 1650–1659.</p> <p>Manefee, D. S., Leopoulos, W. S., Tran, J. K., Teng, E., Wanner, J., Wilde, E., . . . Day, S. X. (2016). Inpatient trauma-focused treatment for veterans: Implementation and evaluation of patient perceptions and outcomes of an integrated evidence-based treatment approach. <i>Military Medicine, 181</i>, 1590–1599.</p> <p>The goal of this exercise is to provide students with Knowledge of evaluation procedures, including the use of common standardized measures to assess client change as a result of trauma-specific interventions within organizations. The readings also highlight programmatic implementation design that is conducive to evaluation.</p> <p>The instructor asks the class to identify the how the instruments in the articles were used to assess client change and explore how they capture constructs in trauma-informed care. In the context of social work ethics and values, the instructor leads a discussion on the strengths and limitations of evaluation procedures in the articles and how those attributes compare to existing evaluation procedures at students' practicum site. The instructor leads the class in an exploration of how best to design trauma-informed programs conducive to evaluation.</p>	Knowledge Values Skills Cognitive and Affective Processes

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>Creating a Simple Evaluation Tool to Measure Effectiveness in the Application of Trauma-informed Principles</p> <p>The goal of this exercise is for students to create a simple survey evaluation tool rooted in trauma-informed principles for use in social work direct practice, in agencies and organizations, and in community settings.</p> <p>See Appendix 9A for complete assignment.</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>Self-evaluation of Secondary Traumatic Stress, Vicarious Trauma, Shared Trauma, Posttraumatic Growth, and Self-care (adapted from Way, I. (2017, March). "Self-evaluation of secondary traumatic stress, vicarious trauma, shared trauma, posttraumatic growth, and self-care." In SWRK 6351: Secondary traumatic stress and self-care in trauma-focused practice. (Unpublished document)</p> <p>The goals of this exercise are for students to learn about STS, vicarious trauma, shared trauma, and posttraumatic growth, conduct a self-evaluation using self-assessment measures, and identify and engage in evidence-based strategies for self-care to promote resilience.</p> <p>See Appendix 9B for complete assignment adapted from Way, I. (2017, March). "Self-evaluation of secondary traumatic stress, vicarious trauma, shared trauma, posttraumatic growth, and self-care." In SWRK 6351: Secondary traumatic stress and self-care in trauma-focused practice. (Unpublished document).</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>Examine Instruments for Measurement of Personal Effects After Exposure to Clients' Traumatic Content Practice (adapted from Way, 2017)</p> <p>The goal of this in-class exercise is for students to learn about instruments that may be used in evaluation of trauma practice. Students are asked to do the following:</p> <ol style="list-style-type: none"> Examine one of the following instruments in small groups: <ul style="list-style-type: none"> Devereux Adult Resilience Scale (Mackrain, M. (2008). Devereux Adult Resilience Survey. Unpublished manuscript. Available at https://centerforresilientchildren.org/wp-content/uploads/DARS1.pdf.) Tedeschi & Calhoun Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. <i>Journal of Traumatic Stress</i>, 9, 455-472. https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.2490090305 Stamm, B. H. (2009). Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). Retrieved from http://www.proqol.org/ Bride, B. E., Robinson, M., Yegidis, B., & Figley, C. (2003). Development and validation of the secondary traumatic stress scale. <i>Research on Social Work Practice</i>, 14(1), 27-35. Pearlman, L. (2003). <i>The Trauma Attachment Belief Scale manual</i>. Los Angeles, CA: Western Psychological Services, Inc. Examine the following for each instrument: <ul style="list-style-type: none"> What is being measured Who completes it Number of items or time needed How the results might be useful Cultural sensitivity Developmental appropriateness Cost and accessibility Strengths Limitations Authors Discuss in a large group. 	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>Way, I. (2017, January). "Measuring trauma-informed capacity of organizations." In SWRK 6359: Strengthening trauma-informed organizations. (Unpublished document).</p> <p>The goal of this in-class exercise is to learn about instruments that may be used in evaluating trauma-informed organizations. Students are asked to:</p> <ol style="list-style-type: none"> 1. Examine one of the following instruments in pairs or threes: <ul style="list-style-type: none"> • Baker, C. N., Brown, S. M., Wilcox, P. D., Overstreet, S., & Arora, P. (2015). Development and psychometric evaluation of the Attitudes Related to Trauma-Informed Care (ARTIC) Scale. <i>School Mental Health, 8</i>, 61-76. doi: 10.1007/s12310-015-9161-0. Available at http://traumaticstressinstitute.org/how-do-i-obtain-the-artic/ • Allred, C., Markiewicz, J., Amaya-Jackson, L., Putnam, F., Saunders, B., Wilson, C., Kelly, A., Kolko, D., Berliner, L., & Rosch, J. (2005). <i>The Organizational Readiness and Capacity Assessment</i>. Durham NC: UCLA-Duke National Center for Child Traumatic Stress. • Handran, J. (2013). <i>Trauma-informed organizational culture: The prevention, reduction, and treatment of compassion fatigue</i>. ProQuest Information & Learning, 2014. AAI3565513. • Trauma-Informed Organizational Self-Assessment. Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). <i>Trauma-Informed Organizational Toolkit</i>. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W. K. Kellogg Foundation. Available at http://www.homeless.samhsa.gov • Sprang, G., Ross, L., Miller, B. C., Blackshear, K., & Ascienzo, S. (2017). Psychometric properties of the Secondary Traumatic Stress–Informed Organizational Assessment. <i>Traumatology, 23</i>. doi:165-171. Doi:10.1037/trm0000108 https://www.researchgate.net/publication/311752787_Psychometric_Properties_of_the_Secondary_Traumatic_Stress-Informed_Organizational_Assessment 2. Examine the following for each instrument: <ul style="list-style-type: none"> • What is being measured • Who completes it • Number of items or time needed • How the results might be useful • Strengths • Limitations • Cost and accessibility • Authors 3. Discuss in a large group. 	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

<i>Media</i>	
Resource	Competency Dimension
<p>Substance Abuse and Mental Health Services Administration. (2014). <i>Trauma-informed care in behavioral health services</i>. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Author.</p> <p>Appendix D, p. 271, contains a list of evidence-based assessment tools including reliability and validity summaries for each.</p> <p>https://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf</p> <p>Contains a wide range of assessment tools for trauma and its physical and behavioral health effects.</p>	<p>Knowledge</p> <p>Skills</p>
<p>Department of Veterans Affairs. (2017). PTSD: National Center for PTSD, <i>List of All Measures</i>.</p> <p>https://www.ptsd.va.gov/professional/assessment/all_measures.asp</p> <p>Includes combat-related trauma, life events, family stress, and behavioral health scales, including mental health measures for children and adults.</p>	<p>Knowledge</p> <p>Skills</p>
<p>National Child Traumatic Stress Network (NCTSN). <i>Measures Review Database, 2016</i>.</p> <p>http://www.nctsn.org/resources/online-research/measures-review</p> <p>Measures for children's trauma and other mental health and trauma-related behaviors and symptoms.</p>	<p>Knowledge</p> <p>Skills</p>
<p>National Drug Research Institute (NDRI). <i>Self-assessment for administrators on trauma-informed care, 2015</i>.</p> <p>http://www.youtube.com/watch?v=Kjl84GKjJ54</p> <p>Webinar that provides tools to assess agencies' readiness for trauma-informed care.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>VAW Learning Network. <i>What it takes to become a trauma-informed organization</i>.</p> <p>https://www.youtube.com/watch?v=HvpviP7Qr0w</p> <p>Webinar that provides an agency assessment approach in the Canadian context (Nova Scotia).</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

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Media (continued)

Resource	Competency Dimension
<p>Richard Phillips and Patty Gregory. <i>The role of client outcomes in evaluating a system of care: Models of mental health delivery</i> (PowerPoint presentation).</p> <p>http://www.powershow.com/view1/1d4685-ZDc1Z/The_Role_of_Client_Outcomes_in_Evaluating_a_System_of_Care_Model_of_Mental_Health_Delivery_powerpoint_ppt_presentation?varnishcache=1.</p> <p>Slide show that presents a patient-centered approach to including the client perspective in evaluating behavioral health systems of care.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>World Bank Group. (2016). <i>Impact Evaluation Toolkit</i>.</p> <p>http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTHSD/EXTIMPEVALTK/0,,contentMDK:23262154-pagePK:64168427-piPK:64168435-theSitePK:8811876,00.html</p> <p>Globally focused set of video, text, and case study step-by-step tools for creating evaluation questions, building a team, creating an evaluation design, selecting measurement tools, collecting and storing data, and conducting analysis and monitoring.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Borgman-Arboleda, C., & Clarke, H. <i>Considering evaluation: Thoughts for social change and movement-building groups</i>.</p> <p>http://www.racialequitytools.org/resourcefiles/borgman.pdf</p> <p>A PDF format workbook for conducting social change-oriented and antioppressive program evaluations. Contains a step-by-step workbook toolkit.</p>	<p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>The Headington Institute, 2017</p> <p>http://www.headington-institute.org/home</p> <p>This institute provides resources to enable trauma workers to “maintain their well-being and thrive in their work.” Self-assessment tools are offered in the following areas:</p> <p>Stress and burnout: http://www.headington-institute.org/topic-areas/126/stress-and-burnout</p> <p>Vicarious trauma: http://www.headington-institute.org/topic-areas/125/trauma/246/vicarious/trauma</p>	<p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

Assignments	
Resource	Competency Dimension
<p>Micro Evaluation Assignment: Client Intervention and Evaluation With Paper</p> <p>The goal of this assignment is for students to conduct an assessment, implement an evidence-based trauma-informed intervention with a client, collect data, and evaluate outcomes using a single-subject design method.</p> <ol style="list-style-type: none"> 1. Choose a client with whom you will work for this assignment. 2. Assess the client's current coping skills and coping needs using available evidence-based measures and collect baseline data. 3. Implement an evidence-based, trauma-informed intervention to increase use of healthy coping skills. 4. Collect data weekly or as often as you see your client. 5. Document and analyze outcomes using single-subject design method. <p>Complete a research paper on your client issue, assessment, intervention, and evaluation of the intervention. Include recommendations for change in the intervention or treatment of this client. Conclude with a self-reflection on your Knowledge growth and skill in working with this client. Offer your assessment of this assignment with regard to values and ethics.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Macro Evaluation Assignment: Evaluating Trauma-informed Principles in an Agency Setting</p> <p>The goal of this assignment is for students to evaluate trauma-informed principles at an agency of their choice and write a paper on their findings. For this assignment students should prepare by reading the following:</p> <p>Fallot, R. D., & Harris, M. (2009). <i>Creating Cultures of Trauma-Informed Care (CCTIC): A self-assessment and planning protocol</i>. Retrieved from https://traumainformedoregon.org/resource/creating-cultures-trauma-informed-care-cctic-self-assessment-planning-protocol/</p> <p>See Appendix 9C for complete assignment.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Critical Analysis of the Trauma-informed Supervision Structures Associated With STS and Resilience</p> <p>The goal of this assignment is to apply Knowledge and understanding gained in this course to examining an organization with which you are familiar. For this written paper, students select one agency and one program within that agency and discuss and examine the following: (1) What are the sources of STS for frontline workers in this program (be specific)? (2) What are the strengths of supervision structures and trauma-informed supervision in the program? (3) What are the weaker areas of supervision structures and trauma-informed supervision? (4) What are the potential barriers to trauma-informed supervision? and (5) What information, specific plan, and recommendations can you bring back to supervisors from your learning in this class? Cite at least two different peer-reviewed literature sources.</p> <p>See Appendix 9D for complete assignment.</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>Critical Analysis of the Trauma-informed Capacity of an Organization</p> <p>The goals of this assignment are to apply Knowledge and understanding gained in this course to examining an organization with which the student is familiar. For this written paper, students select an organization and respond to the following questions: (1) What are the sources of STS in this organization’s work? (2) What are the strengths of specific trauma-informed components in the organization? (3) What are the weaker areas of specific trauma-informed components in the organization? (4) What information, specific plan, and recommendations can you bring back to the organization from your learning in this class? Cite at least two different peer-reviewed literature sources.</p> <p>See Appendix 9E for complete assignment.</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>

Field Activities

Resource	Competency Dimension
<p>Evaluation of Trauma Inclusion in a Field Education Learning Contract or Learning Education Plan</p> <p>The goal of this field activity is to evaluate the student’s trauma practice in an internship at the micro, mezzo, and macro levels of practice, as reflected in the learning contract.</p> <p>This field exercise directs students and supervisors in field to consider the role of trauma, including historical and generational trauma, in agency services to target populations and evaluate the extent to which the student’s learning contract includes the micro, mezzo, and macro levels of practice. Students and supervisors evaluate the field learning contract for the presence and scope of the following:</p>	<p>Knowledge Skills</p>

(continued)

Field Activities (continued)

Resource	Competency Dimension
<ul style="list-style-type: none"> ● Trauma assessment, including historical and generational trauma with diverse populations ● Evidence-informed trauma responses and trauma-informed practice ● evaluation of the effectiveness of trauma-informed practice and trauma prevention ● Consideration of trauma-informed care ● Self-care activities to ameliorate secondary traumatic stress <p>Evaluation at the end of the placement: student self-evaluation or with supervisor.</p>	
<p>Evaluation of Treatment Services Using Single-subject Design or Program Evaluation</p> <p>The goal of this field activity is to engage the student in an intentional evaluation of practice of work with an individual client dealing with trauma or through a program evaluation of the agency's work with client or community trauma.</p> <p>This field activity includes the student's or intern's intentional evaluation of trauma practice using a single-subject design method. Elements include the following:</p> <ul style="list-style-type: none"> ● Clear contract for work in response to trauma ● Baseline data gathering to document the scope of the impact of trauma, including historical and generational trauma ● Use of evidence-informed interventions ● Collection and evaluation of data, measuring change in the scope or impact of trauma ● Adjustment in trauma treatment or response plan based on the evaluation. <p>The student and field instructor have the option of using rapid assessment instruments or other standardized measures available in the agency or in the public domain. This evaluation may be reported in supervision, team meetings, or meetings with the client.</p>	<p>Knowledge Skills</p>

APPENDIX 9A: CREATING A SIMPLE EVALUATION TOOL TO MEASURE EFFECTIVENESS IN THE APPLICATION OF TRAUMA-INFORMED PRINCIPLES

The instructor begins by discussing the five core principles of trauma-informed care: safety, trustworthiness, choice, collaboration, and empowerment. The instructor leads a discussion on how the principles are enacted or operationalized in social work practice. The students then divide into small groups with the task of creating a simple, Likert-type scaling instrument that captures client perceptions of the operationalized elements of the trauma-informed care principles. The instructor can determine the focus of the survey (direct practice, agencies, communities) and how many questions should be created per principle. An example of a survey item rooted in the principle of safety in direct social work practice might look like this:

I felt safe with my social worker 1 2 3 4 5

After groups complete this exercise, each group shares their scaling instrument with the class. Alternatively, the instructor can conduct this exercise with the entire class rather than break into small groups. Discussion about the quality of the evaluation questions ensues. The instructor may ask questions like, “Are the scaling instrument items valid, and do they capture the construct?” “Do the items reflect social work values and ethics, and do they promote client empowerment and self-determination? Why or why not?” “What other methods may be used to increase reliability and validity?”

APPENDIX 9B: SELF-EVALUATION OF SECONDARY TRAUMATIC STRESS, VICARIOUS TRAUMA, SHARED TRAUMA, AND SELF-CARE

The goals of this in-class exercise are for students to learn about STS, vicarious trauma, and shared trauma and to identify and engage in evidence-based strategies for self-care to promote resilience, and self-evaluate their own level of STS using various self-assessment measures. Students will assess their own level of STS or vicarious trauma and their personal and professional self-care practices using one or more measures (sample measures listed below). Students will also identify a self-care plan to intentionally use self-care

strategies at the beginning of the course and in the future as determined by the instructor.

SAMPLE MEASURES OF STS, VICARIOUS TRAUMA, SHARED TRAUMA, AND SELF-CARE	
Professional Quality of Life (ProQOL) Scale Version 5 (2009)	Stamm, B. H. (2010). The concise ProQOL manual (2nd ed.). Pocatello, ID: ProQOL.org. Available at http://www.proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf
Secondary Traumatic Stress Scale	Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the Secondary Traumatic Stress Scale. <i>Research on Social Work Practice</i> , 14(27). doi:10.1177/1049731503254106
Trauma and Attachment Belief Scale (TABS)	Pearlman, L. A. (2003). Trauma and Attachment Belief Scale. Los Angeles, CA: Western Psychological Services. (Note: Measure has a cost.)
Devereux Adult Resilience Scale	Devereux Adult Resilience Scale (Mackrain, 2013). This measure and other resources are available at http://www.centerforresilientchildren.org/adults/assessments-resources/
Posttraumatic Growth Inventory	Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. <i>Journal of Traumatic Stress</i> , 9(3), 455–471.
Emergency Self-Care Worksheet	Rinfrette, E. S. (n.d.). Emergency Self-Care Worksheet. Available at http://socialwork.buffalo.edu/resources/self-care-starter-kit/developing-your-self-care-plan.html (Note: Several other tools are also available at this site.)
Self-Care Assessment	Adapted by L. Butler from Saakvitne, K. W., Pearlman, L. A., & Staff of TSI/CAAP. (1996). Transforming the pain: A workbook on vicarious traumatization. New York, NY: Norton.
VT Action Plan (Headington Institute)	Pearlman, L. A., & McKay, L. (2008). Understanding and addressing vicarious trauma. Pasadena, CA: The Headington Institute. Available at http://www.headington-institute.org/search/vt-action-plan
The Shared Traumatic and Professional Posttraumatic Growth Inventory	Tosone, C., Bauwens, J., & Glassman, M. (2016). The shared traumatic and professional posttraumatic growth inventory. <i>Research on Social Work Practice</i> , 26(3), 286–294. doi:10.1177/1049731514549814

APPENDIX 9C: MACRO EVALUATION ASSIGNMENT: EVALUATING TRAUMA- INFORMED PRINCIPLES IN AN ORGANIZATIONAL SETTING

The student will select a human service organization to conduct this evaluation. The organization does not have to be labeled as “trauma-informed” but should, if possible, incorporate principles of trauma-informed practice. Focusing on the five core principles of trauma-informed care (safety, trustworthiness, choice, collaboration, and empowerment), the student evaluates the organization by addressing following questions (based on those created by Fallot & Harris, 2009):

- To what extent do the agency’s environment and program activities ensure the physical and emotional safety of diverse clients and staff? How can services be modified to ensure safety more effectively and consistently?
- To what extent do the agency’s environment and program activities maximize trustworthiness by making the tasks involved in the service delivery clear, by ensuring consistency in practice, and by maintaining boundaries that are appropriate to the program? How can services be modified to ensure that tasks and boundaries are established and maintained clearly and appropriately? How can the program maximize honesty and transparency?
- To what extent do the agency’s environment and program activities maximize client and staff experience of choice and control? How can services be modified to ensure that the client and staff experiences of choice and control are maximized?
- To what extent do the agency’s environment and program activities maximize collaboration and sharing of power between staff and clients and between staff and other agency personnel, including supervisors and administrators? How can services be modified to ensure that collaboration and power-sharing are maximized?
- To what extent do the agency’s environment and program activities prioritize client and staff empowerment and skill building? How can

services be modified to ensure that the experiences of empowerment and the development or enhancement of client skills and staff skills are maximized?

The student writes a paper that discusses his or her findings and makes recommendations for improvement. The student should also reflect on the experience of engaging in evaluation and critique this experience with regard to consonance with social work values and ethics.

APPENDIX 9D:

CRITICAL ANALYSIS OF TRAUMA-INFORMED SUPERVISION STRUCTURES ASSOCIATED WITH STS AND RESILIENCE

The goals of the assignment is to apply knowledge and understanding gained in this course to examining an organization with which you are familiar.

For this final paper, select one agency and one program within that agency and discuss and examine the following: (1) What are the sources of STS for frontline workers in this program (be specific)? (2) What are the strengths of supervision structures and trauma-informed supervision in the program? (3) What are the weaker areas of supervision structures and trauma-informed supervision? (4) What are the potential barriers to trauma-informed supervision? and (5) What information, specific plan, and recommendations can you bring back to supervisors from your learning in this class? Cite at least two different peer-reviewed literature sources. (Assignment developed by Ineke Way, 2017.)

Suggested Readings

Knight, C. (2013). Indirect trauma: Implications for self-care, supervision, the organization, and the academic institution. *The Clinical Supervisor, 32*, 224–243.

Lee, J. J., & Miller, S. E. (2013). A self-care framework for social workers: Building a strong foundation for practice. *Families in Society, 94*(2), 96–103.

NCTSN Core Curriculum on Childhood Trauma Task Force. (2012). *The 12 core concepts: Concepts for understanding traumatic stress responses in children and families. Core Curriculum on Childhood Trauma*. Los Angeles, CA, and Durham, NC: UCLA–Duke University National Center for Child Traumatic Stress.

Pryce, J. G., Shackelford, K. K., & Pryce, D. H. (2007). *Secondary traumatic stress and the child welfare professional*. New York, NY: Oxford University Press.

Sommer, C. A. (2008). Vicarious traumatization, trauma-sensitive supervision, and counselor preparation. *Counselor Education and Supervision, 48*, 61–71.

Trippany, R. L., Kress, V. E., & Wilcoxon, S. A. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling & Development, 82*, 31–37.

APPENDIX 9E: CRITICAL ANALYSIS OF THE TRAUMA-INFORMED CAPACITY OF AN ORGANIZATION

The goal of the assignment is to apply knowledge and understanding gained in this course to examining an organization with which the student is familiar.

For this final paper, select an organization and answer the following questions: (1) What are the sources of STS in this organization's work (10 points)? (2) What are the strengths in specific trauma-informed components in the organization (10 points)? (3) What are the weaker areas of specific trauma-informed components in the organization (10 points)? (4) What information, specific plan, and recommendations can you bring back to the organization from your learning in this class? Cite at least two different peer-reviewed literature sources. (Assignment developed by Ineke Way, 2017.)

Suggested Readings

Middleton, J., Harvey, S., & Esaki, N. (2015). Transformational leadership and organizational change: How do leaders approach trauma-informed organizational change . . . twice? *Families in Society: The Journal of Contemporary Social Services, 96*, 155–164.

National Child Traumatic Stress Network. (2015). *Prerequisite clinical competencies for implementing effective, trauma-informed intervention*. Position statement. Retrieved from <http://www.nctsn.org/about-us/nctsn-position-statements>

National Child Traumatic Stress Network. (2016a). *Racial injustice and trauma: African Americans in the U.S.* Position statement. Retrieved from <http://www.nctsn.org/about-us/nctsn-position-statements>

National Child Traumatic Stress Network. (2016b). *Secondary traumatic stress: A fact sheet for organizations employing community violence workers*. Retrieved from <http://nctsn.org/search/node/organizations%20employing%20community%20violence%20workers>

Quiros, L., & Berger, R. (2015). Responding to the sociopolitical complexity of trauma: An integration of theory and practice. *Journal of Loss and Trauma, 20*, 149–159.

Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Author.

