


The background of the slide is a complex, abstract pattern. It features a dense network of thin, golden-brown lines that resemble veins or a web. These lines are set against a vibrant blue background, which is further textured with irregular, organic shapes in shades of purple and teal. The overall effect is one of intricate, flowing energy.

# SOCIAL WORK, TRAUMA, & THE ARTS





DR. MEAGAN  
CORRADO



# CLASS 2: TRAUMA RECOVERY, BEST PRACTICES, & COMMON FACTORS

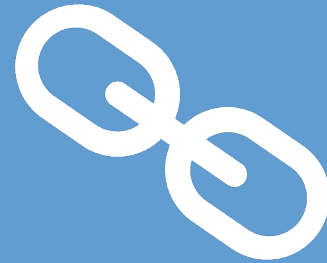
# SOCIAL WORK, TRAUMA, & THE ARTS

COURSE DASHBOARD

VIRTUAL ASYNCHRONOUS CONTENT



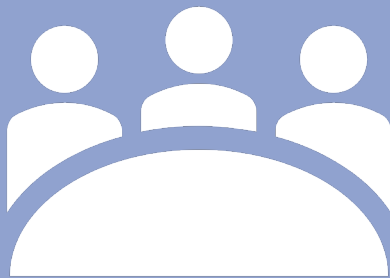
WEB LINKS



COURSE READING



"LIVE" VIRTUAL CLASS SESSIONS



WRITTEN ASSIGNMENTS



STUDENT PROPOSALS



# Social Work, Trauma, & The Arts

Course Roadmap

INTRODUCTION TO TRAUMA

EXPLORATION OF CREATIVE  
ARTS APPROACHES

1

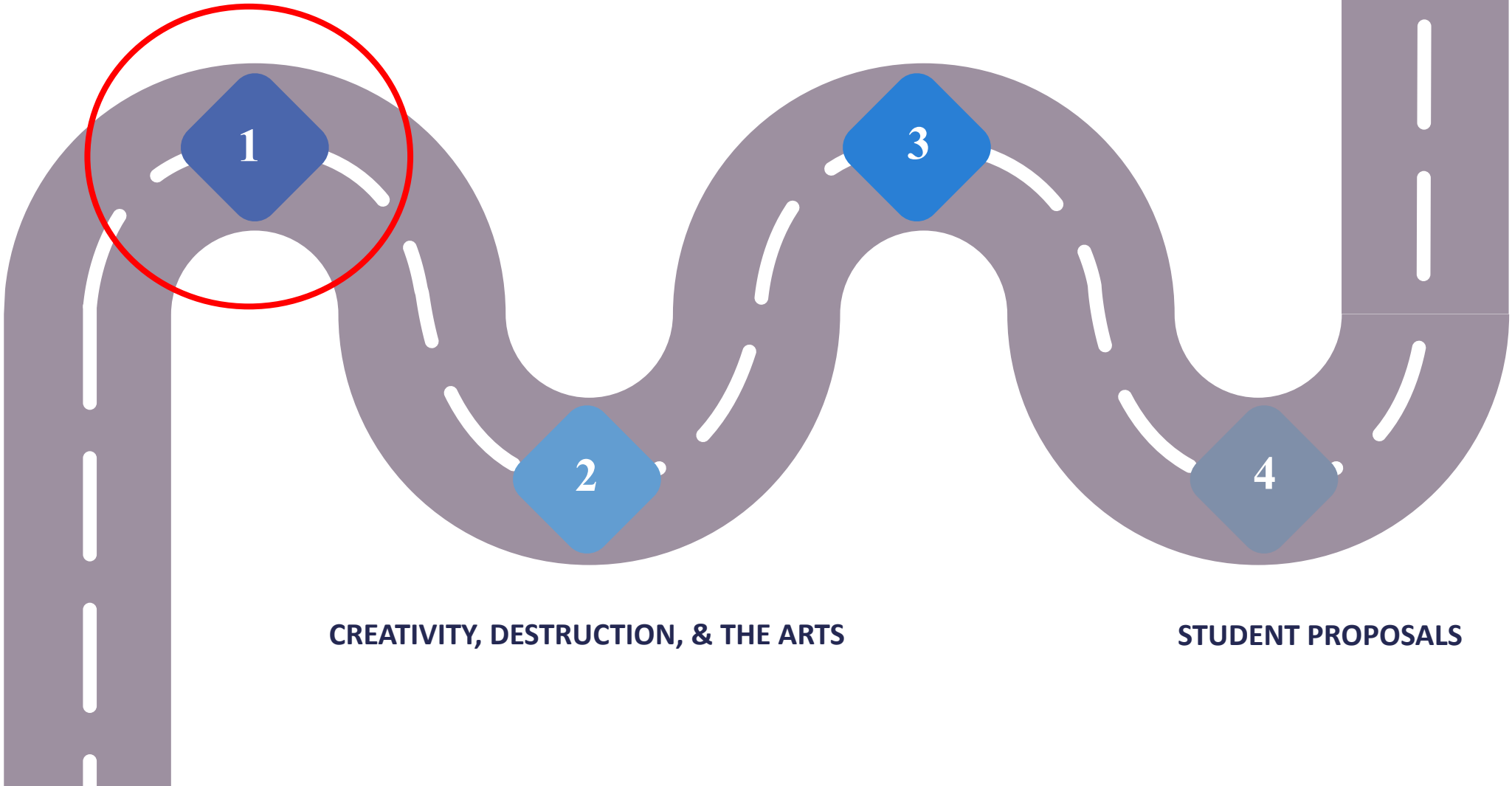
3

2

4

CREATIVITY, DESTRUCTION, & THE ARTS

STUDENT PROPOSALS





# AGENDA



TRAUMA RECOVERY

BEST PRACTICES AND COMMON FACTORS

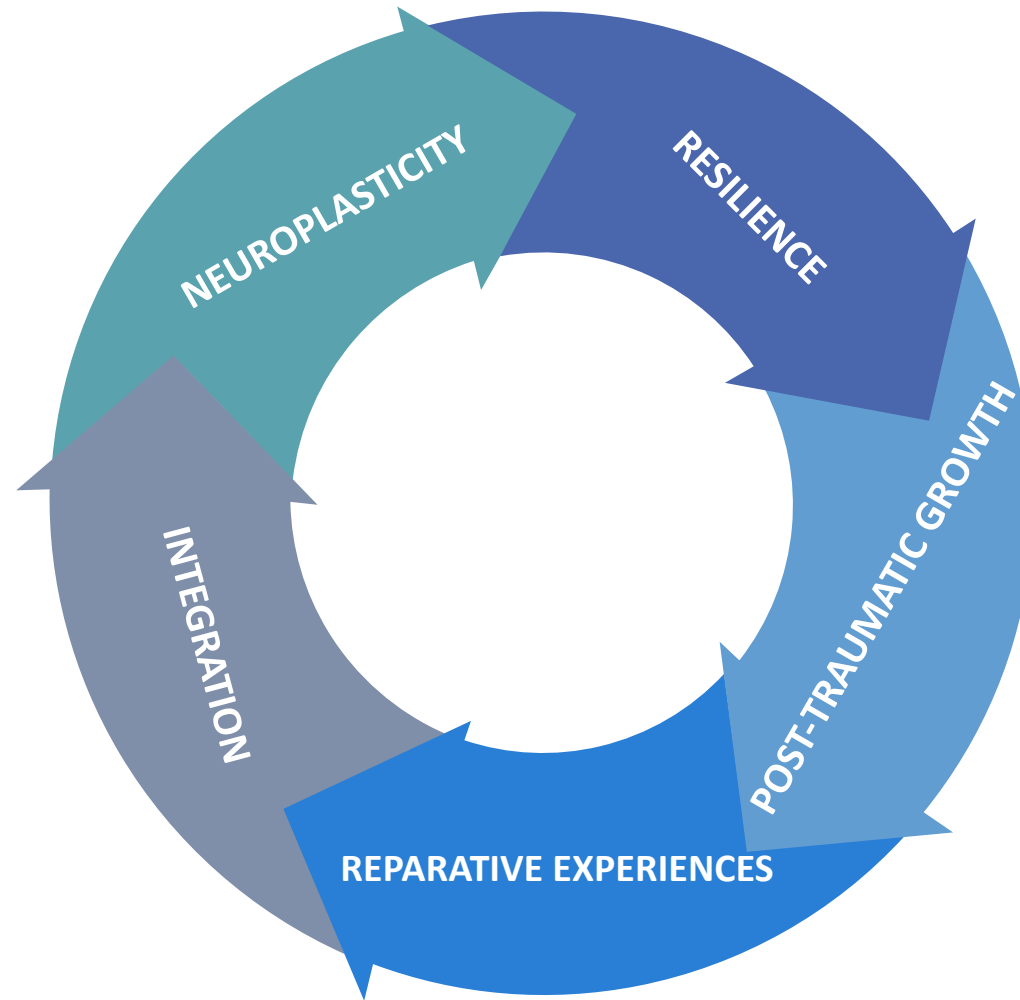


# TRAUMA RECOVERY





# Trauma Recovery





# NEUROPLASTICITY

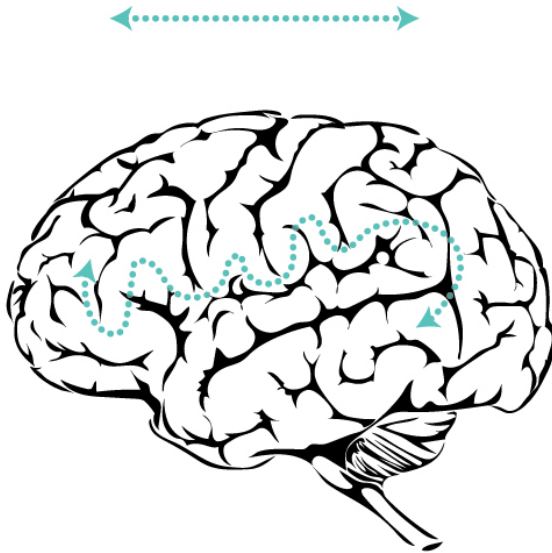


# NEUROPLASTICITY

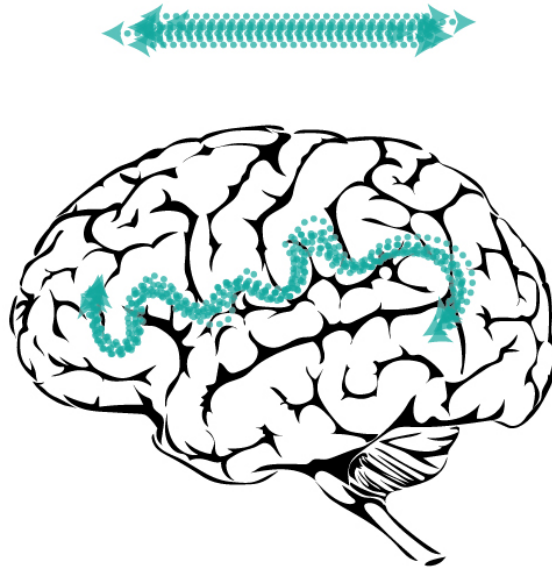
- The brain changes over time as a result of social, environmental, and treatment experiences
- Exposure to new experiences, environments, and relationships allows individuals to develop new pathways in the brain
- Even though an individual's brain chemistry may trend toward certain patterns and reactions, there are opportunities for individuals to create new patterns/reactions across the lifespan

# NEURAL PATHWAYS

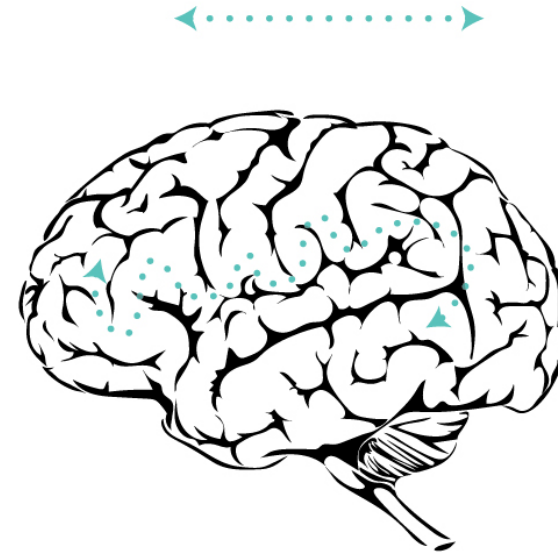
**WEAK PATHWAY**



**STRONG PATHWAY**



**FADING PATHWAY**







**RESILIENCE**

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## DEFINING RESILIENCE

- “A child’s achievement of positive developmental outcomes and avoidance of maladaptive outcomes under adverse conditions” (Goldstein & Brooks).
- “Resilience is both an individual’s capacity to navigate to health resources and a condition of the individual’s family, community and culture to provide these resources in culturally meaningful ways” (Ungar, 2006).

# DEFINING RESILIENCE

- “First, it may be a description of a constellation of characteristics children have when, despite being born and raised in disadvantaged circumstances, they grow up successfully. In this sense resilience refers to better than expected developmental outcomes. Second, resilience may refer to competence when under stress. Resilient children may show competence dealing with threats to their well-being. And third, resilience may be positive functioning indicating recovery from trauma” (Ungar, 2006).



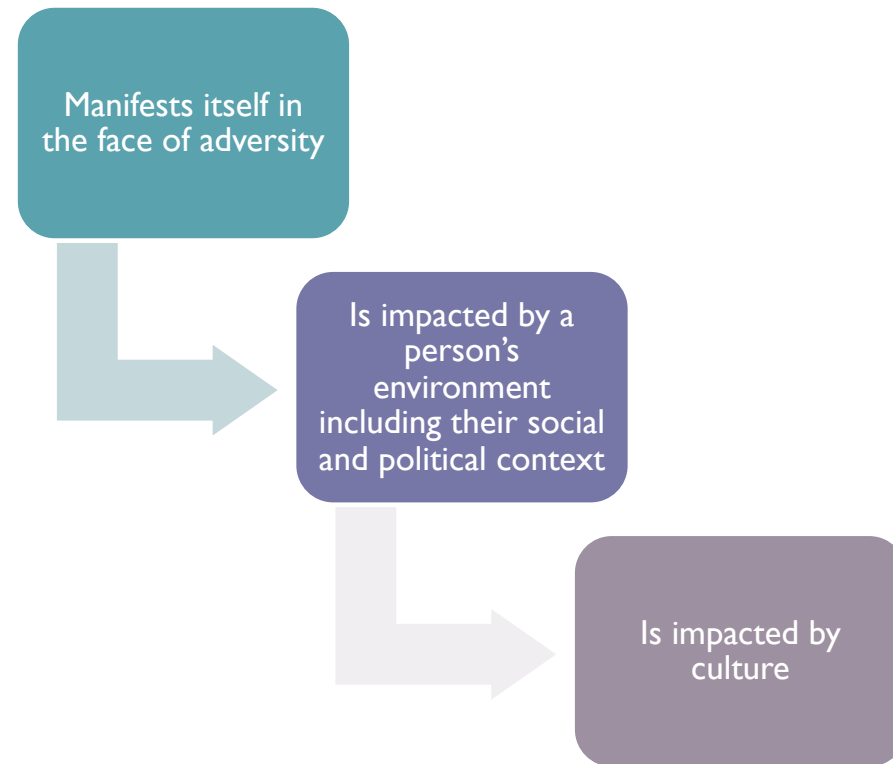
# DEFINING RESILIENCE

- “Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity. Implicit within this notion are two critical conditions: (1) exposure to significant threat or severe adversity; and (2) the achievement of positive adaptation despite major assaults on the developmental process” (Luthar, Cicchetti, & Becker, 2000).

# DEFINING RESILIENCE

- “According to the American Psychological Association, resilience is adapting well in the face of adversity, trauma, tragedy, or significant ongoing stressors. Researchers say it is unexpected competence despite significant risks; it is achieving success despite serious challenges...resilience is doing better than one might expect; it is making good when much has been bad...Social scientists argue that resilience is best understood not as some kind of elastic trait that someone either does or does not have, but as a phenomenon- as something we can see but do not entirely understand” (Jay, 2017).

# RESILIENCE...





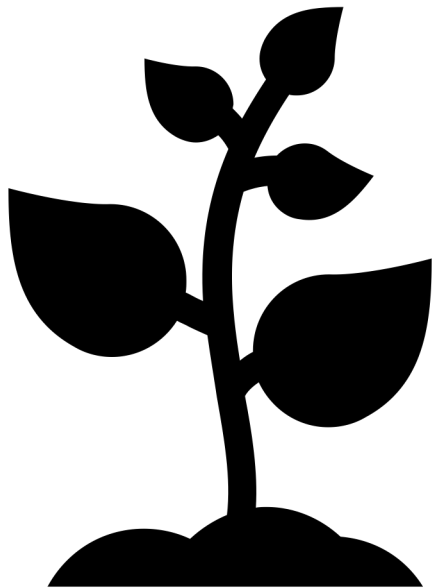
## PROPOSITIONS ON RESILIENCE (UNGAR, 2008)

- “Resilience has global as well as culturally and contextually specific aspects.
- Aspects of resilience exert differing amounts of influence on a child’s life depending on the specific culture and context in which resilience is realized.
- Aspects of children’s lives that contribute to resilience are related to one another in patterns that reflect a child’s culture and context.
- How tensions between individuals and their cultures and contexts are resolved will affect the way aspects of resilience group together.”



# POSTTRAUMATIC GROWTH

# POSTTRAUMATIC GROWTH



- Post-traumatic growth is the concept that some individuals not only survive trauma but they are able to grow and thrive even in the face of traumatic experiences
- It is essential for social workers to be aware that everyone's ability to process and recover from trauma is different; posttraumatic growth looks different for every individual, organization, and system



# REPARATIVE EXPERIENCES



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# REPARATIVE EXPERIENCES

1

Trauma involves experiences of powerlessness and disconnection

2

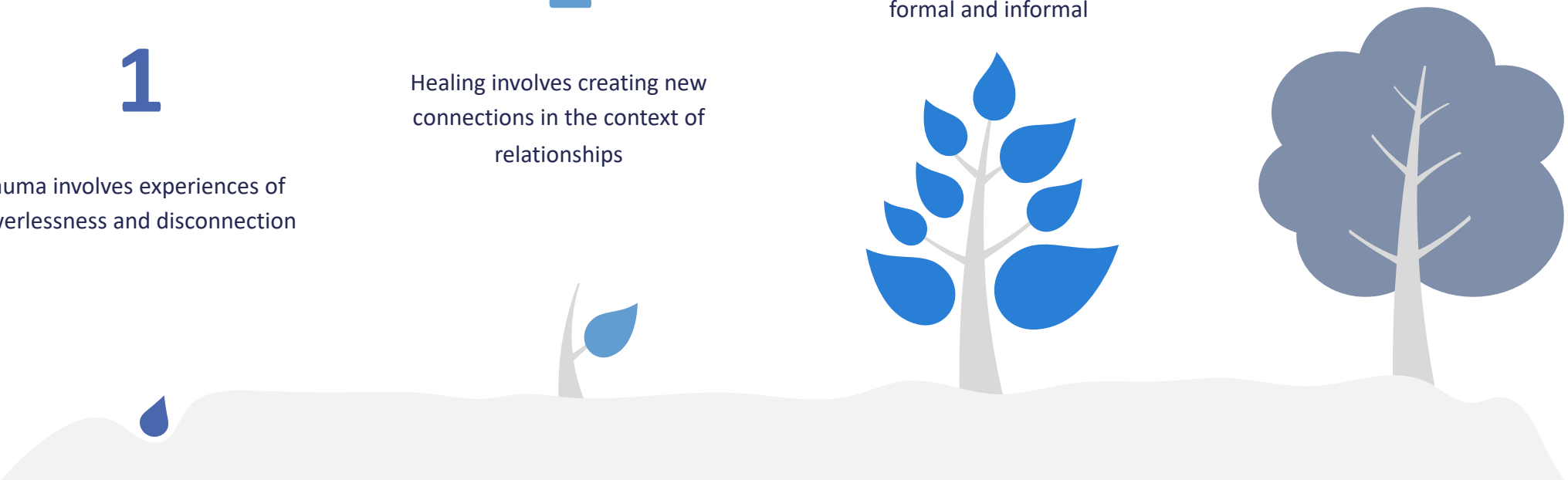
Healing involves creating new connections in the context of relationships

3

These relationships can be both formal and informal

4

Reparative experiences are a catalyst for healing and growth



## RELATIONAL CONNECTION: HERMAN (2015)

- “In a relational model of psychological development, disconnection from others is viewed as one of the primary sources of human suffering...We suggest that people gain a central sense of meaning, well-being, and worth through engagement in growth-enhancing relationships” (p. 47).
- “I would like to suggest that the story of our preoccupation with self-sufficiency and autonomy is largely the story of our woundedness” (p. 48).
- “What helps us stay in the struggle for connection? I believe there is something intrinsically satisfying about being in connection” (p. 55).
- “As we build relationships, we need to create a conscious history of relational patterns and specifically relational repair. This helps us learn how we have effectively mended torn places in the relationships before. We might construct a relational resilience inventory as well as an inventory of where we are vulnerable to disconnections. The ability to reconnect, to be resilient in relationship, to move back into connection to see if mutual growth-enhancing relatedness can be reestablished is one of the most important skills one can develop.”



**INTEGRATION**

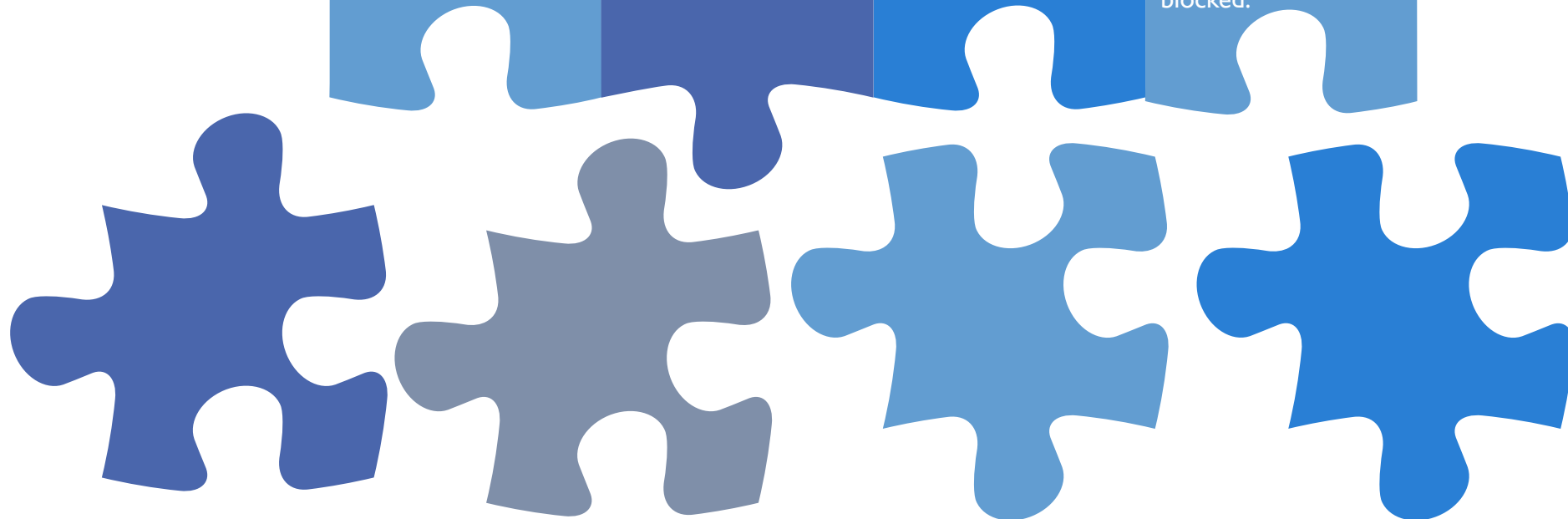
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Many trauma survivors experience fragmentation. They have difficulty organizing, integrating, and processing their experiences

Remember that during a traumatic incident, the limbic system (the feeling center that is responsible for the fight or flight response) takes over.

When the limbic system is activated, the frontal cortex (the part of the brain involved in thinking, reasoning, organizing, meaning making) is inactive.

Also, remember that the corpus callosum is responsible for linking the right and the left hemispheres. . During traumatic events, communication between the right (experiential) and the left (verbal) hemispheres is blocked.



# THE IMPORTANCE OF INTEGRATION

- Trauma survivors may have difficulty integrating or making sense of the things that have happened to them. Part of this relates to the fact that traumatic events are often senseless and jarring. This also relates to the brain's difficulty processing, organizing, and connecting the experiences with words.
- Integration is essential for trauma healing. How can you overcome and obtain mastery over something that you cannot articulate, process, or organize?



## INTEGRATION: FISHER (2016)

- “To be an integrated human, as Dan Siegel (2010) insists, requires ‘differentiation- with linkage,’ that is, it necessitates the ability to make distinctions between different parts of the self, to name them as parts, but also to link them to other parts and to the whole of which they are a part. Disowning parts of one’s self and over-identifying with other parts does not facilitate integration and a sense of being whole, nor does it engender an internal sense of safety that could counteract the after-effects of an unsafe, unwelcoming hostile world” (2017, p. 21).



# BEST PRACTICES



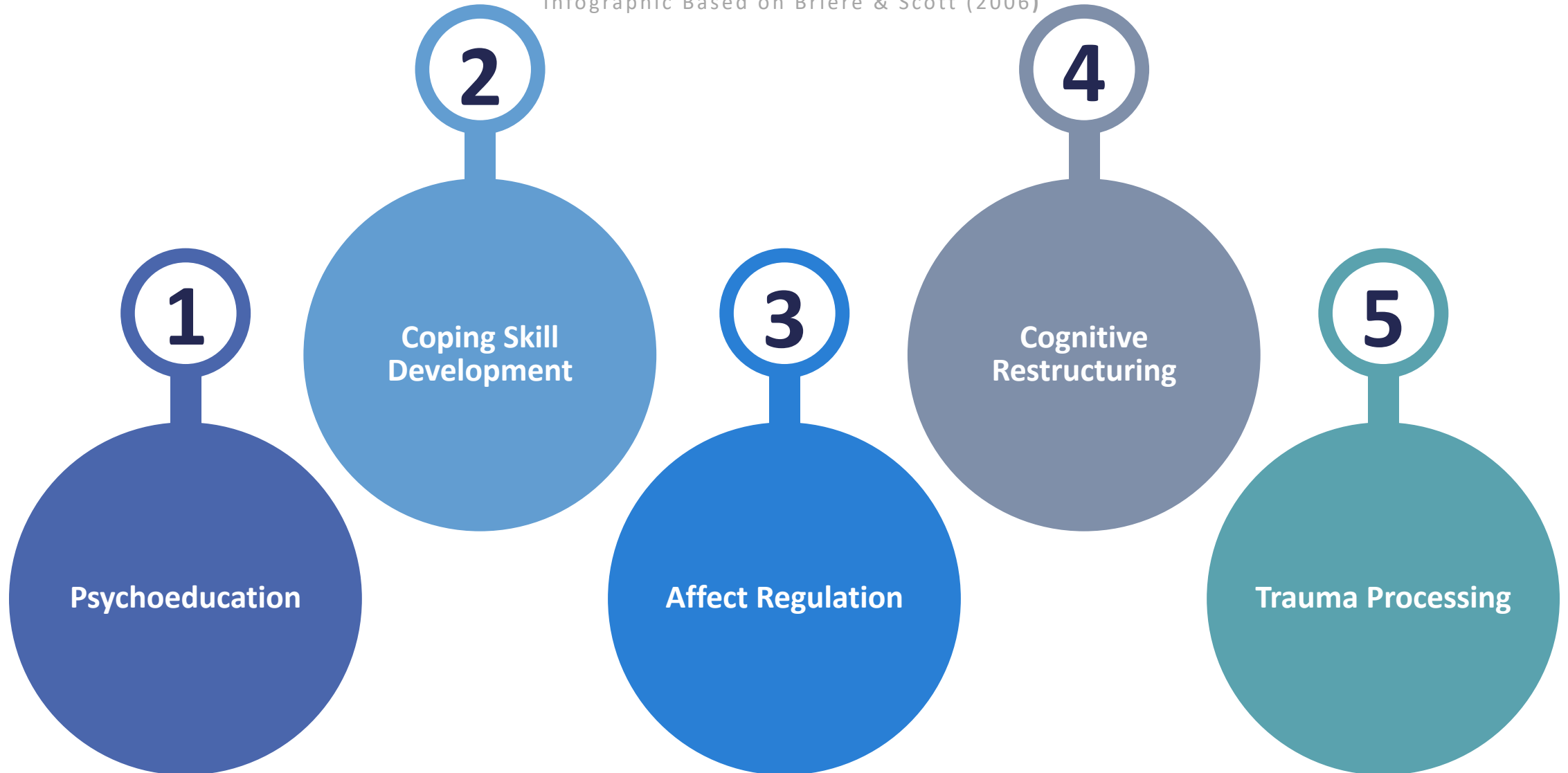
# BEST PRACTICES

- Treatments utilized by clinicians in treating post-trauma symptoms span a wide range of theoretical frameworks.
- Interventions implemented by therapists of varying theoretical persuasions aim to assist survivors in reducing symptoms, reconstructing the ego, and developing realistic expectations of the self, others, and the world.
- Briere & Scott (2006) speak to best practices for work with traumatized populations. They propose that treatment include psychoeducation, coping skill development, affect regulation, cognitive restructuring, and trauma processing.
- Courtois (2014) proposes that treatment of complex trauma include the following three phases:“(1) safety, stabilization, skill-building, and education; (2) trauma processing; (3) integration, meaning, and self/relational development.”

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# TRAUMA TREATMENT BEST PRACTICES

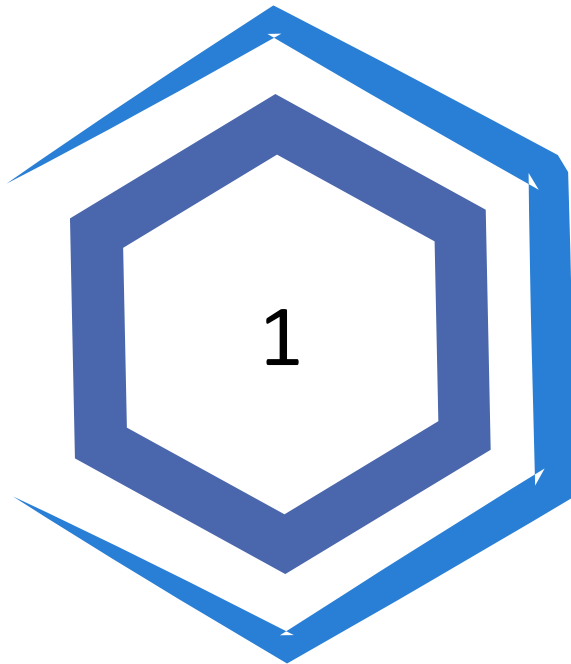
Infographic Based on Briere & Scott (2006)



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# Phase Approach to Complex Trauma Treatment

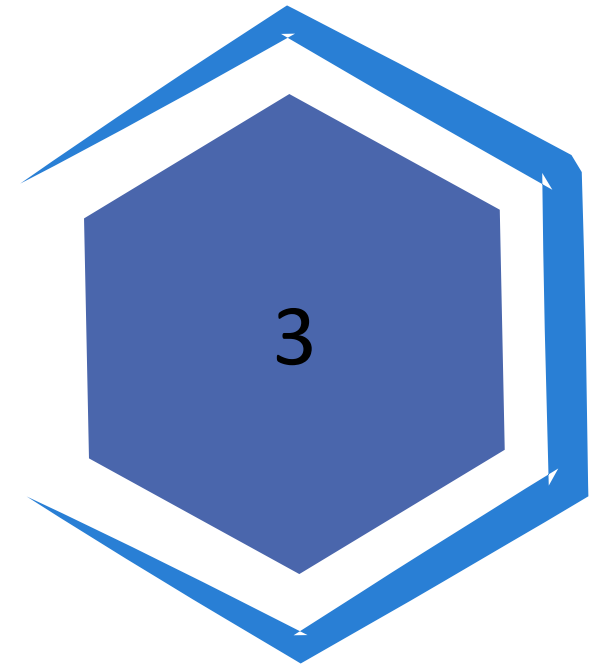
Infographic Based on Courtois (2014)



**SAFETY, STABILIZATION,  
SKILL-BUILDING, & EDUCATION**



**TRAUMA PROCESSING**



**INTEGRATION, MEANING, &  
SELF/RELATIONAL DEVELOPMENT**



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# TRAUMA INFORMED SOCIAL WORK (CSWE)

- 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).

Taken directly from [https://www.cswe.org/getattachment/Education-Resources/2015-Curricular-Guides/2015EPAS\\_TraumaInformedSW\\_Final-VWEB.pdf](https://www.cswe.org/getattachment/Education-Resources/2015-Curricular-Guides/2015EPAS_TraumaInformedSW_Final-VWEB.pdf)

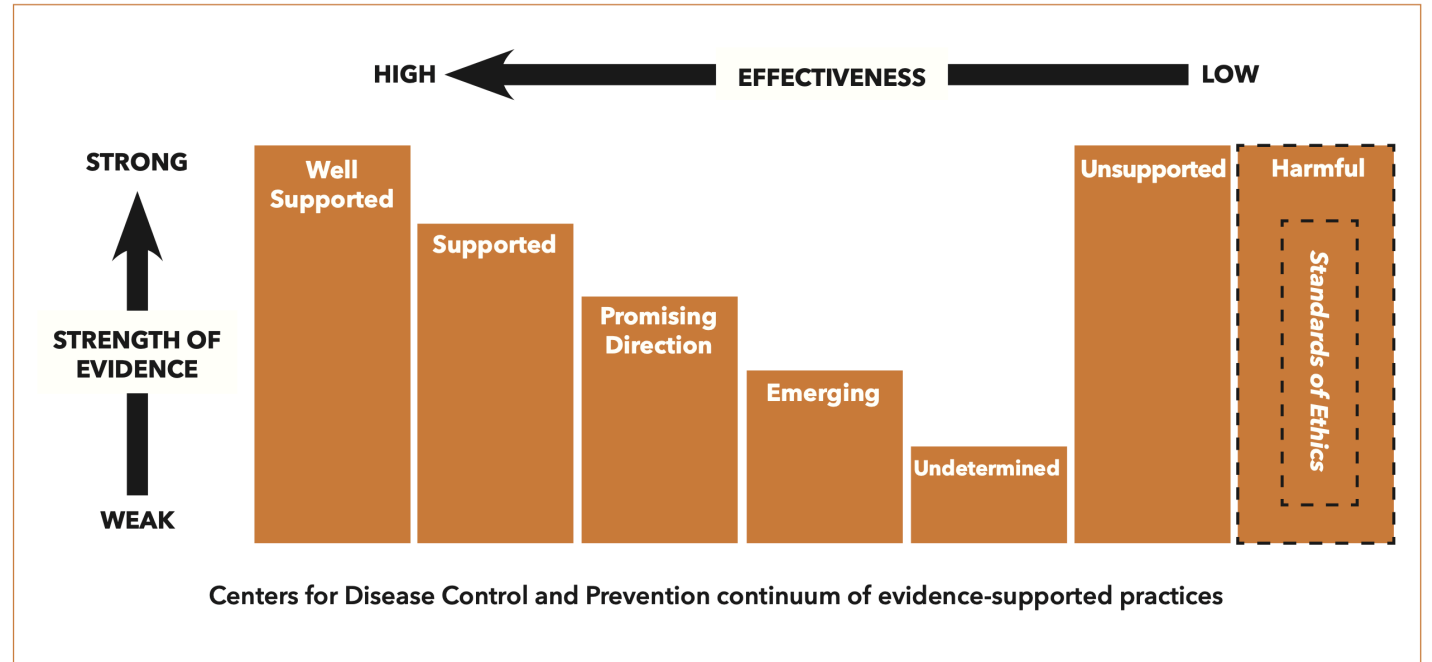
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## TRAUMA INFORMED SOCIAL WORK (CSWE)

- **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.

Taken directly from [https://www.cswe.org/getattachment/Education-Resources/2015-Curricular-Guides/2015EPAS\\_TraumaInformedSW\\_Final-WEB.pdf](https://www.cswe.org/getattachment/Education-Resources/2015-Curricular-Guides/2015EPAS_TraumaInformedSW_Final-WEB.pdf)

## CTIPP POSITION ON EVIDENCE-SUPPORTED PRACTICES AND POLICIES



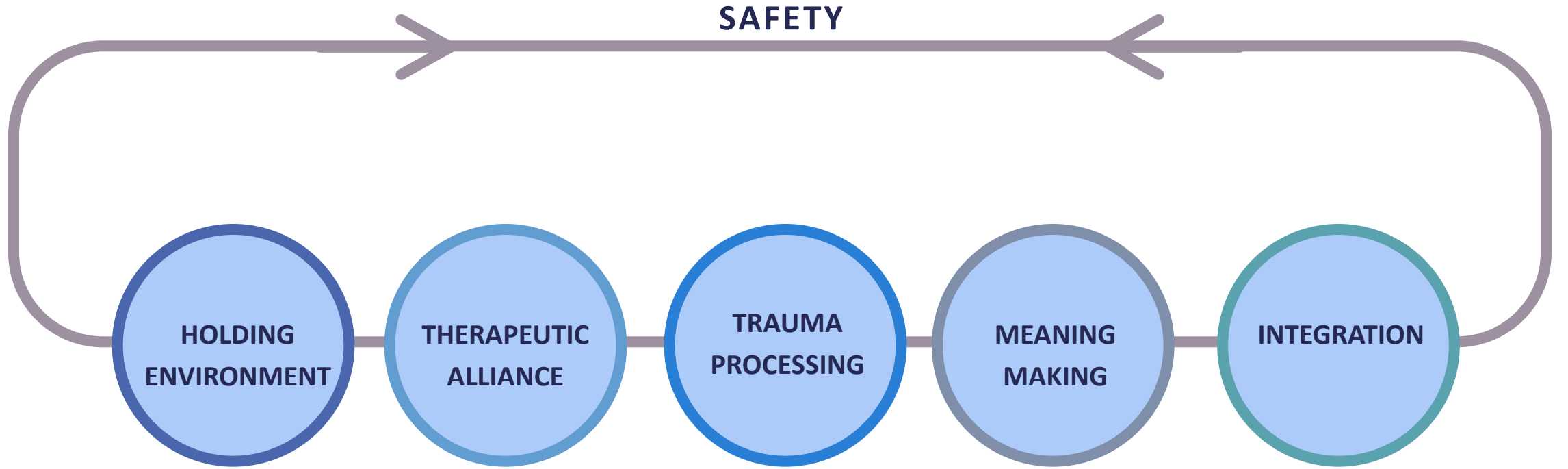
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**SAFETY**

# SAFETY

- Safety is the key to any successful intervention.
- It is the bedrock of the therapeutic relationship.
- It is the key to vulnerability, trust, self-disclosure, reflection, and connectedness.





# SAFETY

- Safety is even more vital in the treatment of trauma survivors who have had experiences of danger, terror, and fragmentation.
- Safety includes physical, psychological, social, and moral components (Bloom, Foderaro, & Ryan, 2006). It is foundational to the treatment of complex, multilayered trauma (Courtois, 2014).
- Winnicott refers to the “holding environment” as the safe space in which healthy development, creativity, and exploration can occur.
- He suggests that the safety provided by the holding environment does not need to be perfect; it simply has to be “good enough” (Winnicott, 1939-1970; Elliott, 1994).
- In the context of group treatment, safety can be developed through creation of group rules, cohesion, and a consistent routine.
- In the context of individual treatment, safety can be created through a variety of verbal, nonverbal, and environmental methods.



# TRAUMA PROCESSING

# TRAUMA PROCESSING

- Trauma processing is considered to be an element of best practices for traumatized populations
- There is some controversy in the field about whether or not traumatized individuals need to “relive” the trauma by detailing their experiences or if progress can be achieved by addressing symptoms
- In essence, the trauma field is grappling with the question: Can we help people heal from trauma without unearthing every skeleton? Can we help people manage their symptoms and leave the skeletons where they are?
- There is also discussion/debate in the field about how to address trauma symptoms

# TRAUMA PROCESSING

- Think of theorists' approaches to trauma processing as being on a continuum.
- On one end of the continuum are interventions that require the individual to fully detail their trauma. Symptom reduction is achieved through habituation.
- On the other end of the continuum are approaches that never speak directly to the trauma. The focus of these interventions is managing symptoms and post-trauma responses without exploring the narrative of "what happened."

# TRAUMA TREATMENT CONTINUUM

SOMATIC EXPERIENCING (LEVINE)  
BESSEL VAN DER KOLK

IFS (SCHWARTZ)  
STORIEZ (CORRADO)

PROLONGED EXPOSURE (FOA)  
NET  
TF-CBT



Trauma processing does  
not require direct  
dialogue or exploration of  
traumatic experiences

Trauma processing can include  
both direct and indirect  
processing methods

Trauma processing requires  
direct confrontation of  
traumatic experiences and  
explicit verbalizations



# EMOTIONAL EXPRESSION

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## EMOTIONAL EXPRESSION

- Helping trauma survivors build emotional expression skills is essential to their healing process
- Many of the challenges traumatized individuals face relate back to their difficulty expressing feelings in a healthy way
- Oftentimes trauma survivors experience intense emotions but are not taught the skills to navigate emotions in alternative ways

# EMOTIONAL INTELLIGENCE

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First coined by Salovey, the term emotional intelligence refers to an individual's "ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and actions" (Huy, 1994, p. 325).

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Tugande & Fredrickson (2008) add to this definition of emotional intelligence, stating that it involves "understanding...emotions-both positive and negative, be[ing] able to process emotional information accurately and efficiently, and have the insight to skillfully use one's emotions to solve problems, make plans, and achieve in one's life."

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Individuals with emotional intelligence use feelings as a tool to understand self and others.

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They also use it as a gauge to support them in healthy problem solving. Bloom & Farragher (2013) state that individuals with emotional intelligence use their feelings as a tool to help them identify what is important to them and confront their challenges. They also add that emotionally intelligent people are able to more openly express feelings in safe, healthy environments.