Teaching Note—Trauma-Informed Teaching in Social Work Education

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ABSTRACT

The objective of this teaching note is to further discussion, application, and research on trauma-informed educational practices in social work. Trauma has a pervasive effect across social work service sectors. Both generalist and specialized education about trauma could reduce misinterpretation of coping strategies and retraumatization of vulnerable client groups. Educational practices should recognize the effect of trauma on social work students as well as clients to minimize the risk of vicarious trauma and retraumatization in education. This would foster learning for all students, including those from populations at increased risk for exposure to adversity. Further research is warranted to understand whether trauma-informed education can increase diversity in the profession and trauma knowledge in the field.

Introduction

Exposure to adversity and traumatic experiences can have a profound effect socially, emotionally, and physiologically (Shonkoff & Garner, 2012). However, 25% of students have reported that they have worked with clients who have experienced trauma yet these students have not received formal trauma training (Adams & Riggs, 2008). Given the pervasive and damaging effect of psychological trauma, there are increasing calls for trauma-informed knowledge, skill, and care to become embedded in all social work settings, micro to macro, and across the age span (Levenson, 2017). Currently, education about trauma often occurs within specialty courses, whereas to increase capacity to work with clients exposed to trauma across service setting, education about trauma must be embedded across both generalist and advanced programs (Courtois & Gold, 2009; Vasquez & Boel-Studt, 2017; Wilkin & Hillock, 2014). This must be accomplished in ways that appreciate the significant effect of trauma, not only on our clients but on ourselves (Carello & Butler, 2014).

The purpose of this teaching note is to further discussion, application, and research on "trauma informed educational practices" (Carello & Butler, 2015, p. 264). Within this article, trauma-informed care (TIC) is briefly outlined. The neurological basis of anxiety and stress and the effect on student learning is introduced. To facilitate the application of trauma-informed education, current TIC-informed recommendations for social work are reviewed. These include strategies to support education about trauma that recognize the risk of retraumatization, which in turn can foster learning for all students, including those at higher risk for adversity.

Trauma-informed care

TIC explicates the high prevalence of traumatic experiences among service seekers, as well as service providers (Fallot & Harris, 2001). TIC is a practice that can be instituted in any human service setting and strives to ensure that people affected by trauma are not further retraumatized by the psychosocial services they receive (Fallot & Harris, 2001). Across diverse sectors such as substance abuse services,

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homelessness, medical settings, education, and child welfare, there is a recognition of the significant effect on service provision of traumatic events and maltreatment histories (Greaves & Poole, 2012; McKenzie-Mohr, Coates, & McLeod, 2012). Moreover, TIC incorporates an awareness of the effect of intergenerational, historical, and racialized trauma (Greaves & Poole, 2012).

TIC stresses the importance of acknowledging and understanding the significant neurological, biological, psychological, spiritual, and social effect of trauma and violence (Fallot & Harris, 2001). TIC seeks to reframe maladaptive behaviors, such as anxiety, self-harm, suicide, substance abuse, anger, aggression, and mistrust as coping strategies common among those who have been exposed to traumatic events. TIC strives to ensure that practitioners are aware of the potential effect of such coping strategies in therapeutic settings and on therapeutic connection, as a lack of awareness can lead to compounding difficulties or misdiagnoses (Greaves & Poole, 2012). Service providers must have knowledge of trauma to ensure that settings, procedures, or treatments are not inadvertently retraumatizing. To be trauma informed does not require that professionals are trauma treatment practitioners or that they are explicitly aware of a trauma history for an individual, only that they work from a culture that understands trauma (Greaves & Poole, 2012). The possibility of trauma must be considered when working with individuals, children, or adults who are experiencing disruptions in daily functioning, even if trauma has not been confirmed (Fallot & Harris, 2001).

Implications for social work education

A trauma-informed approach to social work education would include information about the effect and processes involved in trauma and acknowledge that trauma exposure is likely to be high for service seekers and service providers, regardless of the population or presenting issue (Adams & Riggs, 2008; Miller, Green, Fettes, & Aarons, 2011). Courtois and Gold (2009) recommended an integrated, inclusive approach across curriculum, which begins at the undergraduate level. Similarly, McKenzie-Mohr (2004) reasoned that Bachelor of Social Work graduates are often working at the front line where service users are likely to have high rates of trauma exposure. Exposure to traumatic materials can shift someone's worldview, disrupting established strategies used to make sense of the world, and challenge beliefs about the world being a fair place (Fallot & Harris, 2001). Students without trauma-specific training are at increased risk of vicarious trauma (Adams & Riggs, 2008). Being aware of countertransference and concerns related to vicarious traumatization is important for both therapist and client, informing intervention and enriching the therapeutic work (Pearlman & Mac Ian, 1995). A theoretical framework for trauma can provide important knowledge and context to understand not only the effect of trauma on clients but on one's self (Cunningham, 2004). Generalist education on the social, emotional, and behavioral implications of significant trauma exposure could prepare practitioners to respond in empathic, nonjudgmental ways to behavior that would otherwise seem counterproductive or intentionally damaging to the therapeutic relationship. This trauma-informed education can then be augmented in graduate education for those who seek to specialize in trauma studies and services (Courtois & Gold, 2009).

It is fundamental that trauma-informed education incorporate an understanding of the effect of trauma on our students as well as our clients. Butler, Maguin, and Carello (2017) defined retraumatization as "re-activations of negative feelings and memories from past negative events" (p. 9). Exposure to trauma-related material in class and practicum settings is a risk for secondary or retraumatization for students (Butler, Carello, & Maguin, 2016) and the risk increases for students who have experienced adversity in childhood (Butler et al., 2017).

Trauma exposure among social work students: Diversity in the profession

It is important to appreciate that rates of previous trauma exposure are likely to be higher among social work students than the general population. Butler et al. (2017) conducted an online survey with 195 Master of Social Work (MSW) students at a large northeastern university in the United

States (47.6% of those enrolled in the program, *n*=410). The study used a 10-item Adverse Childhood Experiences (ACE) Calculator (with the addition of two items to explore the prevalence of bullying or community violence) to assess the presence of adversity prior to the age of 18. These authors found that 77.8% of MSW students reported one or more ACEs and 31.3% reported four or more (Butler et al., 2017). Gilin and Kauffman (2015) surveyed 162 MSW students at a university in the eastern United States through a self report survey using 10 ACE items and found 78.3% of students had one or more ACEs and 27.3% had four or more.

There are subpopulations at even greater risk of exposure to trauma or secondary trauma. Racialized populations, those with low income, and sexually diverse populations are at greater risk for adverse experiences (Merrick, Ford, Ports, & Guinn, 2018) and social work students of color are more likely to experience training-related retraumatization than non-Hispanic White students (Butler et al., 2017). A trauma-informed educational approach would support diversity and inclusion within the profession by minimizing the potential for retraumatization. Social work programs have a responsibility to provide a trauma-informed, inclusive, and supportive environment where all students have equal opportunity to be successful. There is an important connection between trauma and oppression, and social work education should be critically grounded and prepared to challenge oppressive structures (Shannon, Simmelink-McCleary, Im, Becher, & Crook-Lyon, 2014b) for our clients and for ourselves. The field of trauma must continually work to ensure that trauma-informed strategies support culturally informed changes at the curricular, training, research, and institutional levels (Mattar, 2011). The number and diversity of social work students with exposure to trauma is likely to be significant, and so is the contribution they will make to their clients, the profession and society.

It is extremely important to note that despite high rates of early adversity among social work students, their arrival at higher-level education is a testament to their capacity and resilience. It is important to foster a positive view of social work and work with trauma. Conceptualizing vicarious resilience, compassion satisfaction, and posttraumatic growth are important in social work education (Hernández, Engstrom, & Gangsei, 2010). A strengths perspective would foster a sense of resiliency and capacity (Agllias, 2012). Many are intimidated at the prospect of supporting clients who have experienced significant adversity in their lives and the approaches taken in training should reinforce the resilience of clinicians and clients, to encourage and support social worker's capacity and confidence in their ability to help those they are working with, and approach clinical work from a position of openness and positivity rather than avoidance and discomfort, which can inadvertently retraumatize clients. Research has found that despite high trauma exposure among social work students, both in terms of previous history and the effect of trauma material in course work, negative reactions can resolve through the duration of training, moving students toward compassion satisfaction (Shannon et al., 2014b).

Neurology, emotions, the stress response, and learning

There is a complex relationship between trauma and neurology, with significant implications for emotion and learning. When emotional arousal is low the executive and emotional areas of the brain work together; however, when emotional arousal is high automatic responses override our conscious thinking (Armstrong, 2015). Our stress response, otherwise known as the fight, flight, or freeze response, is engaged at times of stress when the brain perceives a threat. This stress response precedes conscious evaluation of the threat and thought processes related to the threat, such as problem solving, are limited (Armstrong, 2015). The fight, flight, or freeze response engages to prepare physically to fight, run, or withdraw from danger, creating a strong emotional experience within an individual that is not easily ignored, drawing away our focus and depleting energy. For individuals with prior exposure to trauma, particularly early in life, this stress response can be more easily triggered (Van der Kolk, 2017). Prior exposure to adversity can have an influence on neurological development, effecting an individual in many ways including emotion regulation and memory (Egan, Neely-Barnes, & Combs-Orme, 2011), which can have a direct effect on learning.

Learners connect new information to past knowledge and experience. Neurological processes are informed by and inform the experience of emotions for an individual, the emotional state is directly related to neurological perceptions of threat, and the fight or flight response limits our ability to accesses problem solving, decision making, and conscious thinking. Emotions are triggered by perceptions of current, remembered, or imagined events that produce physiological changes in brain and body (Immordino-Yang & Damasio, 2007). While these processes can facilitate learning, such changes can also negatively effect focus and attention and in significant cases cause distress and difficulties with emotion regulation and behavior.

The role of stress and emotion in learning is not entirely clear. It is believed that improved learning and retention is achieved when stress is induced in close association with learning (de Kloet, Oitzl, & Joëls, 1999). However, when the levels of stress hormones are raised to a certain level, performance is impaired (Kim & Diamond, 2002). Additionally, it has been hypothesized that there should be consistency between the type of stress (e.g., physical or psychological) and the learning task, and the time of exposure to stress and the learning activity (e.g., significant stress before or considerably after the learning event detracts from learning) (Joëls, Pu, Wiegert, Oitzl, & Krugers, 2006). Chronic overactivity of stress responses, such as long exposure or uncontrollable stress, can impair learning (Joëls et al., 2006). Further, the stress response can block learning for a period of time following the stressful experience (Joëls et al., 2006).

Despite the complex relationship between stress and learning, there is a good deal of interest in learning strategies that raise stress levels and or elicit emotional responses. Some teaching strategies encourage the expression of strong emotions and elicit the expression of past traumatic experiences. Written emotional disclosure, or the Pennebaker paradigm (Pennebaker, 1997) has become a popular pedagogy across a number of disciplines. Studies have demonstrated positive benefit in writing about or revisiting painful experiences and emotions when the author is able to develop a new meaning or a new physiological response in relation to these events (Littrell, 2009). This requires active understanding of the need to rework the experience and a long-enough exposure for the stress response to subside (Littrell, 2009). Without this reworking, preexisting perspectives and coping strategies can be reinforced. The risk of reinforcement of avoidant strategies and distress is higher for those with a more significant clinical presentation (see Littrell, 2009 for a review of the literature). Even within trauma treatment, full immersion into traumatic material is recognized as destabilizing and counterproductive (Gold, 2002; Knight, 2015). Engaging stress in a classroom has the potential for unanticipated consequences and the threshold for retraumatizing material varies between students, warranting careful consideration of its use.

A meta-analysis by Frattaroli (2006) of studies on disclosure elicited during an experiment, such as the Pennebaker paradigm, found a general small positive effect. The effect was strongest when, among other things, studies did not involve a college student sample, disclosures happened at home, participants disclosed in a private setting, samples included more male participants, had fewer participants, paid the participants, had follow-up periods of less than one month, had at least three disclosure sessions, and had disclosure sessions that lasted at least 15 minutes. It is noteworthy that each of the criteria noted to improve benefit are not common practice in a classroom setting. Moreover, in the studies reviewed students were not graded on their trauma narratives, participation was voluntary, and they had the ability to withdraw at any point (Frattaroli, 2006).

Recommendations for trauma-informed educational practices in social work

Social work education has an important role in facilitating trauma knowledge across the profession through trauma-informed educational practices instituted throughout curricula and across levels of education. However, additional research is required to establish best practice guidelines for the broad integration of trauma knowledge that fosters an optimum learning environment for all students. An introduction to the current literature on trauma-informed education is presented to support educators and researchers in this task.

It is generally accepted that a certain amount of exposure to traumatic materials is necessary within a trauma course. Problem-based education provides opportunity to model TIC through case studies, role plays, and simulation (Shannon et al., 2014b). There are many examples of trauma treatment–specific courses for social work and related disciplines (e.g., Agllias, 2012; Breckenridge & James, 2010; Newman, 2011; Strand, Abramovitz, Layne, Robinson, & Way, 2014). These courses identify that care and caution should be taken regarding exposure to trauma information.

There is some debate about the level of importance of exposure to traumatic material when teaching about trauma. Agllias (2012) stated that it is important not to overly protect students, identifying that exposure in the classroom is vital preparation and allows reflection on the effect of traumatic material. Carello and Butler (2014) asserted that transformation in an academic setting is not dependent on increasing the risk that students are exposed to potentially retraumatizing or vicariously traumatizing pedagogical practices. They stress careful consideration of the methods used to engage the topic of trauma, encouraging reducing rather than increasing the risk of retraumatization or secondary traumatization (Carello & Butler, 2014, p. 155). Additional research is needed to inform social work educators when striking this importance balance in their teaching. Regardless of the amount or level of exposure to traumatic materials, students should be explicitly prepared for the effect of increased awareness of trauma on their own lives and the possibility that they may begin to recognize their own experiences as traumatic (Agllias, 2012).

Relational teaching is encouraged, where instructors are open and acknowledge their own struggles with stress and counter transference (e.g. Courtois & Gold, 2009; Shannon et al., 2014b). Through a relational approach students experience an emotionally engaging, and supportive learning environment (Edwards & Richards, 2002). However, achieving safety in a classroom is not always possible, and instructors are encouraged to integrate a reflective practitioner paradigm to examine educational practices and issues as they come up in the classroom (Mishna & Bogo, 2007).

While there has been some debate about the use of trigger warnings in academic settings, many authors identify the benefit to students with a trauma history of providing information on course material that allows them to prepare for and control exposure to potentially distressing content (Boysen, 2017). Instructors should consider showing powerful videos with the lights on to minimize emotional flooding, providing detailed information on the video content to increase student sense of personal choice and control, and give explicit permission to leave the class if needing a break (Gilin & Kauffman, 2015). Additionally, instructors provide information for referrals to additional support services and consider incorporating this information into the syllabus, as well as professor contact information, as not all students are comfortable discussing concerns after class (Agllias, 2012).

Social work educators should consider teaching about secondary trauma early and regularly to normalize the effect of trauma on practitioners, and teach strategies to process emotions in the classroom (Agllias, 2012; Shannon, Simmelink-McCleary, Im, Becher, & Crook-Lyon, 2014a). Trauma-informed practice includes developing the ability to manage emotions, distress, and functioning (Gold, 2002). Instructors can encourage students to maintain boundaries regarding trauma exposure by carefully selecting and pacing the amount of traumatic material in the class, establishing and maintaining group norms or ground rules for sharing, and monitoring how students are doing (Carello & Butler, 2015; Shannon et al., 2014a). Pacing and diversifying activities and traumatic content can model for students protective practices of pacing their work where possible when in the field (Agllias, 2012).

Student disclosure should be discussed, helping students identify the possible effects and alternatives to self-disclosure in the class setting (Agllias, 2012). Self-care strategies can encompass physical, relational, and cognitive strategies and students should incorporate them into their learning about themselves and their work while still in training (Shannon et al., 2014a). Agllias (2012) incorporated a relaxed and informal approach when teaching about trauma, capitalizing on the body's inability to be both relaxed and in the stress response mode at the same time, while incorporating self-care strategies. Self-care should be explicit within social work education and

modeled by instructors. Students should have genuine options to not participate in specific learning activities, instructors should be aware of tendencies to interpret nonparticipation as difficulties with engagement or class preparation (Carello & Butler, 2015), and be prepared to support students when appropriate, ranging from alternate class activities to linkages to professional services. Carello and Butler (2015) encouraged instructors to carefully consider the rationale for assignments or activities that require personal disclosure and whether the assignment can be adapted to foster appropriate personal and professional boundaries.

Carello and Butler (2014) identified seven principals for educators, which include: prioritizing learning and student safety, recognizing the vulnerability of students with trauma histories, being prepared with referrals to additional services, understanding that trauma may effect performance even when trauma is not the focus of the class, becoming trauma informed, being aware of transference and countertransference and your own reactions to traumatic material, critically reviewing research, and checking assumptions that trauma is good or productive (pp. 163–164). Gilin and Kauffman (2015) encouraged instructors to consider whether the implicit curriculum within the social work program is working from a trauma-informed framework, addressing self-care across the program, supporting stress management, and presenting the perspective that the effects of trauma on professionals are to be expected rather than a sign of impaired professionalism. It is again stressed that TIC is placed within a "culturally informed traumatology" that considers all levels of trauma education and training, curricular, training, research, and institutional levels to foster diversity, inclusivity, and trust (Mattar, 2011, p. 263).

The above discussion is presented to support instructors when educating in a trauma-informed way. However, it is important to note that additional research in each of these areas is needed to develop best practice guidelines that foster an education that is inclusive, that recognizes the effect of trauma on student learning, that encourages self-awareness, that prepares students for work with clients who have experienced adversity, and that allows reflection on the effect of traumatic material and promotes self-care. Additionally, research is required that supports the development of trauma-informed options for field education as social work students recognize and learn to manage the effect of traumatic client material on them personally. This discussion is intended to encourage research and the application of trauma-informed education in generalist and specialized curricula that fosters capacity and confidence to work with trauma, teaches students to manage vicarious and secondary trauma reactions, and ultimately moves toward compassion satisfaction.

Conclusion

The pervasive effect of adversity across service sectors signifies the need to increase trauma-informed skill, knowledge, and care within social work. However, additional research is needed to determine whether trauma-informed educational practices within generalist and specialized curricula will increase the base of trauma-informed knowledge across the profession and maintain an optimum learning environment for all social work students while doing so. Trauma-informed education in social work has the potential to increase diversity in the profession and trauma skill and knowledge in the field.

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