The Trauma Informed Social Worker

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HAPPY NATIONAL SOCIAL WORKER’S MONTH!

Celebrated each March, National Professional Social Work Month is an opportunity for social workers across the country to turn the spotlight on the profession and highlight the important contributions they make to society. ... We celebrate the contributions of social workers during National Social Work Month in March

(National Association of Social Workers, 2019)
Agenda

- Welcome!
- Introductions
- Trauma Informed – What does it mean to you?
- Psychological Trauma, ACEs, and the Human Stress Response,
- Applying the principles of Trauma Informed Care into Practice:
  - Safety
  - Trustworthiness and transparency
  - Peer support and mutual self-help
  - Collaboration and mutuality
  - Empowerment, voice, and choice
  - Cultural, historical, and gender issues
- Compassion Fatigue, and Vicarious Trauma
- Next Steps
- Discussion
Introductions

Welcome!

- Let’s Chat:
- Chat in the *name of your organization, your role, and any questions* you may have for us as we begin, in the chat box.
“Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.”

(National Association of Social Workers, 2017)
“Trauma Informed Social Worker” What Does It Mean To You?

Let’s Chat:
Chat in your thoughts and meaning of ‘Trauma Informed Social Worker’ in your chat box.
**Trauma Informed Care - POLL!**

<table>
<thead>
<tr>
<th>Do You Believe</th>
<th>Or...</th>
</tr>
</thead>
<tbody>
<tr>
<td>People could act better if they wanted to.</td>
<td>People do the best they can with the skills they have</td>
</tr>
<tr>
<td>Focusing on developing healthy, healing relationships is the best approach when working with people with trauma histories.</td>
<td>Rules and consequences are the best approach when working with people with trauma histories.</td>
</tr>
<tr>
<td>If people say or do disrespectful things to me it makes me look like a fool in front of others.</td>
<td>If clients say or do disrespectful things to me it doesn’t reflect badly on me.</td>
</tr>
<tr>
<td>When clients act out they are just being manipulative.</td>
<td>When clients act out they may be coping with the situation based on past experience.</td>
</tr>
<tr>
<td>Common/Traditional View</td>
<td>Trauma Informed View</td>
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<tr>
<td>-------------------------</td>
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<tr>
<td>Person chooses behavior and needs consequences</td>
<td>People want to do well but lack the skills or have learned bad behavior patterns</td>
</tr>
<tr>
<td>Characterizes a person’s behavior negatively (i.e. manipulative)</td>
<td>Characterizes a person’s behavior constructively (i.e. needs calming strategies)</td>
</tr>
<tr>
<td>Uses labels to describe people (borderline, etc.)</td>
<td>Reframes behavior to identify strengths</td>
</tr>
<tr>
<td>Authoritarian</td>
<td>Collaborative</td>
</tr>
<tr>
<td>Minimizes coping strategies</td>
<td>Behavior is communication and serves a function</td>
</tr>
<tr>
<td>Mental health focused</td>
<td>Whole person focused</td>
</tr>
<tr>
<td>People should already know the expectations</td>
<td>Teaches and re-teaches expectations using differentiation</td>
</tr>
<tr>
<td>Create systems that make people work for support</td>
<td>All people receive support regardless of their needs</td>
</tr>
<tr>
<td>Staff-centered environment</td>
<td>Person-centered environment</td>
</tr>
<tr>
<td>Uses jargon with families and non-providers</td>
<td>Uses language so that all can understand</td>
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Psychological Trauma, ACES, and The Human Stress Response
What is Psychological Trauma?

SAMHSA definition of trauma includes three key elements:

1. **External** cause (event or circumstances)
2. Individual life changing **experience**
3. Profound **effects**

The combination of one or more adverse events that results in long lasting emotional, cognitive and/or physical harm.
Trauma and Adversity

ACES (childhood) here plus the examples below:

- Combat related trauma
- Refugee/torture/civil unrest
- Witnessing or experiencing violence
- Catastrophic loss (natural disasters)
- Terrorism
People who have experienced trauma are:

- 4 times more likely to become an alcoholic
- 4 times more likely to develop a sexually transmitted disease
- 4 times more likely to inject drugs
- 15 times more likely to commit suicide
- 3 times more likely to use antidepressant medication
- 3 times more likely to be absent from work
- 2.5 times more likely to smoke tobacco
- 3 times more likely to have serious job problems
- 3 times more likely to experience depression

CTAC
### ACEs in Urban Settings

<table>
<thead>
<tr>
<th></th>
<th>CDC-Kaiser ACES (N=17,337)</th>
<th>Philadelphia ACEs (N=1,784)</th>
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</thead>
<tbody>
<tr>
<td>Emotional Abuse</td>
<td>10.9%</td>
<td>33.2%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>28.3%</td>
<td>35.0%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>20.7%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>14.8%</td>
<td>19.1%</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>9.9%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td>26.9%</td>
<td>34.8%</td>
</tr>
<tr>
<td>Mentally Ill Household Member</td>
<td>19.4%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Witnessed Domestic Violence</td>
<td>12.7%</td>
<td>17.9%</td>
</tr>
<tr>
<td>Household Member Incarcerated</td>
<td>4.7%</td>
<td>12.9%</td>
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Wade, 2016
Prevalence of Expanded ACEs

<table>
<thead>
<tr>
<th>Expanded ACE Indicators</th>
<th>Respondents (N = 1,784)</th>
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<tbody>
<tr>
<td>Witnessed violence</td>
<td>40.5%</td>
</tr>
<tr>
<td>Felt Discrimination</td>
<td>34.5%</td>
</tr>
<tr>
<td>Adverse neighborhood experiences</td>
<td>27.3%</td>
</tr>
<tr>
<td>Bullied</td>
<td>7.9%</td>
</tr>
<tr>
<td>Lived in foster care</td>
<td>2.5%</td>
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</table>

Wade, 2016
Beyond the ACES: Other Forms of Adversity

Adversity related to…

- Racism/ Micro-Aggressions
- Special Education
- Homelessness
- Poverty
- Food Insecurity
- Cultural displacement/civil strife/refugee status
The Pair of ACEs

Adverse Childhood Experiences

- Maternal Depression
- Physical & Emotional Neglect
- Emotional & Sexual Abuse
- Divorce
- Substance Abuse
- Mental Illness
- Domestic Violence
- Incarceration
- Homelessness

Adverse Community Environments

- Violence
- Poverty
- Discrimination
- Poor Housing Quality & Affordability
- Community Disruption
- Lack of Opportunity, Economic Mobility & Social Capital

Ellis W., Dietz W. BCR Framework Academic Peds (2017)
Understanding the Human Stress Response
The Limbic System: Processing stressful events in the brain

These components in the Limbic System help process stressful events. They work together to help the brain determine whether something is stressful and triggers stress responses in the body.

Amygdala & Hippocampus

If something is seen as a threat or a stressor, the amygdala triggers the fight-flight response in the brain. Then it tells the hippocampus to remember everything about it, shaping our future response to similar events. Because of this, people who suffer more trauma are more likely to react poorly to stressors.

Prefrontal Cortex

While it’s not a part of the limbic system, the prefrontal cortex has a close relationship with how we experience stress. When something happens, information gets sent here for us to process the event on a more intellectual level - with logic and evaluation skills. Using those, we develop a response. But stress can disrupt the prefrontal cortex, making it harder to make good decisions.

Hypothalamus

After the Amygdala triggers the fight-flight response, the hypothalamus carries it out. It sends a message to your adrenal glands to release adrenaline and cortisol. Cortisol is a hormone that causes stress reactions throughout the body. If you’re constantly in a fight-flight state, these hormones will do great damage to your body.

### Responses to High Threat: What You Might See

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<tbody>
<tr>
<td><strong>Fight</strong></td>
<td>➔ Irritability  &lt;br&gt; ➔ Loss of Temper  &lt;br&gt; ➔ Defensiveness</td>
</tr>
<tr>
<td><strong>Flight</strong></td>
<td>➔ Avoidance  &lt;br&gt; ➔ Anxiety  &lt;br&gt; ➔ Fear</td>
</tr>
<tr>
<td><strong>Freeze</strong></td>
<td>➔ Numbing  &lt;br&gt; ➔ Detachment  &lt;br&gt; ➔ Giving Up Easily</td>
</tr>
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</table>
EFFECTS OF STRESS ON THE BODY

Lack of concentration and energy, headaches, dizziness, panic, depression and anger.

Increased heart rate and blood pressure leading to increased risk of high cholesterol and heart attack.

Upset stomach, acid reflux, pain ulcers and change in appetite leading to weight gain.

Suppressed immune system leading to illness and high levels of inflammation.

Joint pain and lowered bone density, muscle tension, tightness, and protein breakdown.

Decreased hormone production leading to reduced fertility and sex drive.
Impact of Toxic Stress

Toxic Stress

Hyper-Responsive Stress Reaction(s)

Chronic Fight/Flight Increased Cortisol

Changes in Brain/Body

Wade, 2016
Applying the principles of Trauma Informed Care into Practice
Why Become a Trauma Informed Social Worker

- Social workers focus on social change
- Vulnerable populations – targets of social injustice (POC, women, LGBTQ, (disabled).
- Critical understanding of racism and discrimination and its impact of MH and other social problems
- It increases the safety for everyone
- It Improves the social environment that improves the relationships for all
- It increases the quality of services
- It Creates a community of hope and health
The 6 Principles of Trauma-Informed Care

- Safety
- Trustworthiness and Transparency
- Cultural, Historical, and Gender Issues
- Peer Support and Mutual Self-Help
- Empowerment, Voice, and Choice
- Collaboration and Mutuality
Case Example: Jo

- **31 Year-old Latina and African American Female**

- **Presenting Problems:** Difficulty with sleeping and attending appointments for other services and difficulty getting to work on time; inability to concentrate at work; Substance use; problems controlling her anger.

- **SES:** Single mom of three children (4, 8, and 12), living in a family shelter

- **Brief Bio-Psycho Social:** Jo was one of two siblings and was raised by her mother from Puerto Rico and step-father from Jamaica in an poverty impacted neighborhood and left home at the age of 17. After she left home, she moved in with an older boyfriend whom she broke up with 3 years later. She completed her GED and applied to college for nursing but declined as she was pregnant with her first child. Jo was recently in a difficult relationship with her new boyfriend and had to move to a shelter. She is currently looking for permanent housing.
Safety

- Throughout the organization, staff and the people they serve feel physically and emotionally/psychologically safe.
- Safety first and a commitment to ‘do no harm’

Let’s Chat:

*How do we create safety with Jo?*
Creating Safety with Jo

**TI Care:**
- Discussed and centered safety
- Use calming tones
- Respectful language/listening skills
- Office set up with easy egress
- Put paper and pen aside when adversity discussed

**As Jo disclosed:**
- Focused on gender and culture comfort
- Engaged in some relaxation w/permission
- Provide options to eyes closed
- Provide psycho-education on trauma and stress
Using Basic History-Taking, Jo Disclosed the Following ACEs:

1. Was sexually abuse by an uncle at the age of 10
2. Mother had a substance abuse problem and
3. Suffered from severe depression
4. Her father was incarcerated and she has little contact with him

Jo’s ACE Score was a 4.
In addition, Jo was placed in foster care for 6 months as a child, grew up in poverty.
Trustworthiness and Transparency

- Decisions are made with transparency and with the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

- Let’s Chat: How do we express trustworthiness and transparency with Jo?
Creating Trustworthiness and Transparency with Jo

- Continue to highlight the importance of safety.
- Clarify all procedures (e.g. intake, confidentiality etc.)
- Reviewed ACEs and discussed the importance understanding ACEs.
- Clarified position on the need to talk about adversity and its impact.
- Explore potential obstacles to services.
- Explored expectations for successful services.
- Explored prior experience with MH services and degree to which trauma/ACEs had been explored.
- Attempted to accommodate her schedule for our future appts.
Peer Support and Mutual Self-Help

- These are integral to the service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

- Let’s Chat: **How do we incorporate peer-support and mutual self-help with Jo?**
Incorporating Peer Support and Mutual Self-Help with Jo

- Routinely discuss and explore social support both positive and negative supports in her life.
- Discuss the risks of social isolation.
- Consider referrals:
  - To a family or peer advocate.
  - Group with other survivors of DV or sexual abuse
  - Group with parents of young children affected by violence
- Demonstrated respect for readiness for group
- Assist in follow-up with referral - make phone call with and offer to attend the first session.
Collaboration and Mutuality

‣ There is true partnering and leveling of power differences between provider and participant. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.

‣ Let’s Chat:
How do we incorporate collaboration and mutuality with Jo?
Incorporating Collaboration and Mutuality with Jo

- Emphasize hope often, especially in the context of discussions of adversity
- Create and prioritize treatment goals together
- Create a climate of collaboration a “We”
  - Explore what things would look like if “our” work together is successful or helpful.
- Reinforce shared expertise. I can help people cope and talk about their adversity and she is the expert on her experiences and what has been most helpful.
Empowerment, Voice, and Choice

- Individuals' strengths are recognized, built on, and validated and new skills developed as necessary.
- Every individual is considered unique and has an individualized plan
- A belief in resilience and that people can overcome, survive and thrive.

Let’s Chat: How do we empower and raise Jo’s voice and provide her with choice?
Creating Empowerment, Voice, and Choice with Jo

- Focus on strengths with the person
  - How have you made it so far? What has helped you in the past to cope with your trauma or adversity?
- Provide a variety of treatment strategies and choice about direction and focus of treatment (e.g. life role goals vs. program goals)
- Strongly encourage talking about trauma and adversity but emphasize choice about when and how much.
- Emphasize limits of control.
- Explore and reframe negative self-beliefs (e.g. triggered fight-flight-freeze)
- Provide information about treatment choices and provide new possibilities for coping (e.g. self-care strategies)
Cultural, Historical, and Gender Issues

- Move past cultural stereotypes and biases (e.g., race-based, ethnicity, sexual orientation, gender, age, geography)
- Recognize and integrate the healing value of traditional cultural connections
- Recognizes and addresses historical and intergenerational
- Connect trauma/adversity to anti-racism & anti-oppressive

Let’s Chat: How do we attend to cultural, historical and gender issues with Jo?
Attending to Cultural, Historical, and Gender Issues with Jo

- Explore issues of social identities in understanding the person and experiences of oppression
- Discuss significance and meaning of culture in defining the problem and in healing
  - (e.g. the story of their name, environment in which they grew up, ethnicity, religion)
- Connect Adversity to ACEs not Culture
  - Explore her experiences with intimate partner violence.
  - Explore intergenerational exposure to trauma and toxic stress
Summary: Trauma Informed Care

Agencies demonstrate trauma informed care with policies, procedures, and practices that

Create Safe Context:
- Physical Safety
  - Lighting
  - Comfortable Space
- Emotional Safety
  - Trustworthiness
  - Clear and consistent boundaries
  - Transparency
  - Predictability

Recognize the Individual Through:
- Relationship
- Respect
- Compassion
- Acceptance
- NonJudgement
- Mutuality
- Collaboration

Restore Power Through:
- Choice
- Empowerment
- Strengths-focused
- Skill Building
Understanding Compassion Fatigue, Vicarious Trauma and Burn Out?
The experiences of our clients may directly impact us.
Helpers’ Reactions to Work in the Helping Professions

- **Compassion Satisfaction**: Positive aspects of working as a helper
- **Compassion Fatigue**: Negative aspects of working as a helper
- **Burnout**: Inefficacy and feeling overwhelmed
- **Work-related traumatic stress** *(Secondary Traumatic Stress or Vicarious Trauma)*
  - Primary traumatic stress direct target of event
  - Secondary traumatic exposure to event due to a relationship with the primary person

*(Stamm, 2009)*
Risk Factors for Compassion Fatigue, Vicarious Trauma, STS, or Burnout

- Personal History of Trauma
- Inexperience Working with Trauma
- Counter-Transference
- CF/ VT/ STS/ BO
- Degree of Exposure
- High Degree of Empathy

Bourassa (2013)
Symptoms

- Anxiety
- Sleep Disturbance
- Pervasive Hopelessness
- Hypervigilance
- Self-Doubt
- Inability to concentrate
- Apathy
- Anger
- Minimization
- Decreased Sexual Intimacy
- Forgetfulness
- Loss of Purpose
- Withdrawal/Isolation
- Emotional Rollercoaster
- Feeling Overwhelmed
- Poor Self-Care
- Appetite Changes
- Poor Self-Care
Pro Qol: https://proqol.org/

- Professional Quality of Life
  - Quality of Life in relation to their work
  - Both positive and negative aspects of work influence your professional quality of life.
  - Includes individual, community, national, and even international crises.
  - Can affect any professional, especially those working with people who experience trauma and suffering
  - Exploration can improve your ability to help keep your own balance.
Prevention Strategies

- Increase your self-care. Make taking care of yourself a priority. You deserve the same attention as everyone else you care for.

- Increase organizational opportunities for care (i.e. Staff lunches, recognition of services).

- Increase supervision as support in times of need. Supervisors are an important protective factor in our work. Reach out to them and colleagues for support.
I have come to believe that caring for myself is not self indulgent...

Caring for myself is an act of survival.

- Audre Lorde
Upcoming Events

- Core Components of Effective Treatment for Youth with Depression – Wednesday, April 10th at 12 PM
  Dr. Anil Chacko

- Adaptive Leadership in Organizational Change (Rescheduled) – Thursday, April 11th at 12 PM
  Dr. Linda Lausell-Bryant
Thank You

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