

Trauma-Informed and Equipped for the Field: Implementing a Trauma Studies Curriculum in a BSW Program

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ABSTRACT

It has long been recognized that there is a high prevalence of trauma exposure in client populations served by social workers. The Covid-19 pandemic underscores the universality of trauma exposure. Experiencing trauma impacts the client-worker relationship and client outcomes, making it critical to address at an early point in social workers' education. Implementing a trauma-informed care (TIC) model is becoming the standard of care, despite many social workers not receiving comprehensive and explicit education about trauma until reaching their master's level education courses. In this paper, I examine the rationale for, and outline the creation and implementation of, three trauma-specific courses at the baccalaureate social work education level. Offering these trauma courses offers students the opportunity to better serve their clients, recognize organizational practices that support trauma-informed care, and manage their own self-care practice.

Keywords: trauma-informed care, trauma education, BSW education

Baccalaureate social work (BSW) students first encounter clients and their stories in their field experiences. The likelihood that their clients will have experienced trauma is high (Hepscher, 2020; Jennings, 2004; Mersky et al., 2019). Baccalaureate social work students enter the field with a strong desire to help others, often with a history of their own losses or traumas (Mersky et al., 2019; Radis et al., 2020). While our students are eager to help, they may not be adequately prepared for what they will



encounter when they begin to work with clients, first in their field placements, and then as they join the profession after graduation.

Despite there being a recognition for the need of trauma-informed practice occurring across levels of service delivery, historically, there has been a focus on providing comprehensive, explicit trauma education for master's level social work students (Hepscher, 2020; Radis et al., 2020; Vasquez & Boel-Studt, 2017). Providing trauma courses and trauma studies concentration benefits students enrolled in a BSW program and offers them specialized training in an area that is growing within our discipline. Indeed, we are called to implement such best practice standards (NASW, 2017). Aligned with this call, the Council on Social Work Education, our accrediting body, considers trauma-informed practice "an essential component of social work education" (CSWE, 2018). The need for trauma-informed care is critical, based on the high likelihood of encountering clients with trauma histories, regardless of the practice setting. Some estimates place this at up to 90% of clients presenting with a history of experiencing trauma (Popescu et al., 2016). In the context of the recent pandemic, it is likely that nearly everyone seeking services has been impacted by this traumatic event to some degree. The need for training social workers, including pre-service professionals, in trauma-informed care is a trend that is echoed throughout the professional literature and in practice settings (Bent-Goodley, 2019).

Trauma in its many forms is something that many, if not all, individuals face at some time in their lifetime. While definitions of trauma differ, SAMHSA (2014) defines trauma as resulting "from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being". This definition highlights the pervasive and impactful nature of experiencing trauma. For social workers to address clients in a comprehensive manner that takes the potential for trauma exposure into account, we push for a paradigm shift in our approach to clients. Implementing a trauma-informed approach includes incorporating the widely recognized six principles of trauma-informed approach outlined by SAMHSA (2014). These include: (a) safety, (b) trustworthiness and transparency, (c) peer support, (d) collaboration and mutuality, (e) empowerment and choice, and (f) considering cultural, historical and gender issues related to trauma. This framework underscores that this approach can and should be employed throughout the organization, rather than only being implemented by trained clinicians (SAMHSA, 2014).

Implementing trauma-informed care begins with understanding the universality of trauma experience. There is extensive research on the long-lasting impact of trauma in our clients' lives (Hughes et al., 2020). These experiences affect long-term health outcomes, the likelihood that clients will engage in risky behaviors, and the levels of engagement in the worker-client relationship (Hughes et al., 2020). Trauma-informed care plays a role in all stages of social work interventions – engagement, assessment, intervention, and evaluation. For this to be infused throughout the service delivery system, it must begin with non-clinical staff, including generalist level social workers (Menschner & Maul, 2016; SAMHSA, 2014).

Perhaps the most well-known study on the impact of trauma is the Adverse Childhood Experiences (ACE) study (Felitti et al., 1998). The study revealed some

long-term consequences of trauma on an individual's health, including an increased risk of chronic diseases affecting the heart, lungs, and liver, as well as an added risk of mental illnesses including depression. Individuals who have experienced childhood trauma also tend to have higher incidence of drug, alcohol and tobacco use, and sexually transmitted diseases (Felitti, 1998; Hughes et al., 2020). In other words, the more adverse childhood events individuals experience, the greater the risk for long-term and chronic health problems as well as engagement in health-harming behaviors that extend into adulthood (Hughes et al., 2020). Additionally, trauma impacts the quality of interpersonal relationships, ability to build rapport and trust with health care providers, and adherence to health care plans (Menschner & Maul, 2016; Tomaz & Castro-Vale, 2020). This, in turn, impacts the cost for both healthcare and social services (Bellis, et al., 2019; Menschner & Maul, 2016).

Need for Trauma-Informed Care Approach

Because of the high prevalence of trauma exposure, a Universal Precautions approach supports wide implementation of trauma-informed care (TIC). The principles that guide TIC are helpful for all our clients, even for those who have not experienced trauma (Racine, 2020). To embrace a trauma-informed approach more universally, educational institutions need to shift their culture so that pre-service learners are oriented to this framework from the beginning. One such way to do this is to ensure that education focused on trauma-informed care occurs across the curriculum. Instructing students at the baccalaureate level establishes a foundation for implementing trauma-informed care. A trauma-informed approach should be framed as the standard of care, beginning with foundational social work education.

It is not only our clients who have experienced trauma; often, helping professionals have their own trauma histories and trauma responses that may be activated when working with clients (Radis et al., 2020). This also puts BSW professionals at higher risk for experiencing secondary traumatic stress (CSWE, 2018; Menschner & Maul, 2016; Newcomb, 2018). By being trauma-informed and trauma-responsive, social workers can help shift organizational culture while being better prepared for the impact of hearing their clients' trauma stories. By providing this information to students at the baccalaureate level, we can build resilience and reinforce the importance of self-care, both of which are critical for those working in helping professions (Bent-Goodley, 2019; Radis et al., 2020).

Given the prevalence of trauma and the likelihood of encountering clients with trauma histories, more specifically the significance of building trust on overall client outcomes and the impact of exposure to secondary trauma, it is critical to educate the pre-service learner about trauma. The remainder of this article outlines the creation and implementation of direct and explicit instruction through the creation of three interconnected courses designed to teach BSW-level students how to become trauma-informed and trauma-responsive social workers.

Course Rationale and Structure

Part of our social work mission is to improve the well-being of the most vulnerable in our community. Ensuring that our students can receive targeted education about providing trauma-informed care helps advance that mission. Preparing social workers to implement best practice standards is a professional and ethical obligation for social workers (NASW, 2017). This benefits not only the clients they serve, but also their own understanding of how trauma impacts them, their colleagues, and our society. Additionally, developing this focus in education aligns with the mission of our university, including the Benedictine values that guide our work.

Three separate but inter-related courses were created to form the core curriculum for the Trauma Studies concentration. While the initial survey course and macro-focused courses can be stand-alone electives, the course on trauma interventions requires students to first complete the initial survey course. The scope of the courses was designed to align with the generalist practice social work focus on work at the micro, mezzo, and macro levels.

CURRICULUM

The first course – Trauma: Theories, Ethics, and Impacts – provides students with an overview of trauma. In this course, students gain an understanding of the neurobiology of trauma, including Adverse Childhood Events (ACEs) and Adverse Life Events (ALEs). Students also examine the intersectionality of class, race, culture, and spirituality in the context of trauma experience. Topics include understanding simple versus complex trauma, secondary trauma and self-care, co-occurring disorders, addiction, different types of trauma individuals may experience, and post-traumatic growth.

Building on knowledge from the initial course, in the second course in the series – Treatment of Trauma: Individual, Families, and Groups – students review the major risk factors for trauma-related dysfunction, cultural factors that exacerbate or ameliorate dysfunction, and assessment tools for identifying trauma-related symptoms. They also learn about research-supported approaches to treatment and prevention of post-traumatic stress symptoms (PTSS) in the aftermath of trauma. Students develop coping skills and emotional regulation skills appropriate to generalist practice, as well as an overview of trauma-informed practice (TIP). Major treatment approaches covered include a general overview of stage-oriented integrated therapy models, cognitive-behavioral therapy (CBT), eye-movement desensitization and reprocessing (EMDR), dialectical-behavioral therapy (DBT), stress management techniques, group and family therapy approaches, expressive arts therapies, psychopharmacological interventions, and alternative treatments. It should be emphasized that this course is not designed to teach the baccalaureate-level social workers how to implement trauma-informed practice (i.e., advanced clinical focus), but instead to gain an overview of how trauma is addressed, which is an appropriate understanding for baccalaureate-level social workers (Hepscher, 2020; Vasquez & Boel-Studt, 2017). This level of understanding equips students with a general outlook on theoretical foundations of clinical interventions. Self-care for the social worker is emphasized, as is building resilience, and identifying factors that put workers at risk

for secondary traumatic stress, compassion fatigue, and related impacts from working with clients with a trauma history.

In the final course, also offered as a stand-alone class – Trauma: Systems, Policies, and Laws – incorporates a mezzo and macro perspective to addressing trauma. Students examine various systems of care and the services available for those who have experienced trauma. Special focus is given to the interdisciplinary intersections within the behavioral health, healthcare, education, and criminal justice systems. Using the International Association of Trauma Professionals (IATP) code of ethics and National Association of Social Workers (NASW) code of ethics as a framework, students also explore the relationship between state and federal laws and regulations on the trauma sustained by victims of crime, on the accessibility and utilization of treatment and services, and other social injustices. Lastly, students become familiar with the frameworks for evaluating systems of care with respect to providing trauma-informed service delivery through use of the Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol (Fallot & Harris, 2015). By the conclusion of this course, they can apply this protocol to identify components of the trauma-informed care model, identify the gaps in services and identify where they can make positive systemic changes, beginning with their field placement.

These trauma courses were developed in response to information from community partners, educational trends, and practice trends. The additional knowledge and skills gained through trauma-specific courses makes our graduating baccalaureate-level social workers more marketable and better prepared to meet the needs of our community. Non-social work majors who take these courses are also exposed to social work as a profession, including scope of practice, opportunities for employment, and values and ethics of the profession. By participating in an interdisciplinary course, students have exposure to various fields of study and begin to learn collaborative skills and perspectives that will serve them well in their careers.

Baccalaureate-level social workers students are encouraged to apply this knowledge of trauma-informed principles in their field placements. Field instructors are made aware that students have the opportunity to receive trauma-specific education via these elective courses, which add value to the students' educational background. This brings an additional layer of preparation into the internship experience. Having taken these courses, then, gives students an advantage when applying for their field placements.

Impact

The trauma courses were implemented in sequential fashion, one course per semester. Twenty-three students enrolled in the first course – Trauma: Theories, Ethics, and Impacts – and all students completed the course. For the second course – Treatment of Trauma: Individual, Families, and Groups – 9 students enrolled. And lastly, a total of 6 students enrolled in the third course – Trauma: Policies, Systems, and Laws. It should be noted that this final course was a summer course offering. Upon finishing the courses, all students were asked to reflect on their learning process. Across all the trauma courses, in their first offering, twenty-five out of the

thirty-eight enrolled students, completed course evaluations. Those who completed the course evaluations indicated they found the courses to be helpful and informative. Specifically, 80% ($n=20$) indicated they strongly agreed, 16% ($n=4$) indicated they agreed, and only one student disagreed with the statement, "Assignments were helpful to my learning process." Similarly, 88% ($n=22$) strongly agreed, and 12% ($n=3$) agreed with the statement, "Instructional materials were of high quality and relevant." In their comments on the course evaluations, and in their reflection papers, students noted they were particularly interested to learn about the various types of traumas (e.g., relational, crime, natural disasters), and how trauma impacted individuals both physically and psychologically. Student reflections conveyed a sense of confidence in their ability to implement trauma-informed care models in their practice after taking the course, and a commitment to engaging in self-care to prevent and manage secondary traumatic stress. The importance of focusing on the principles of trauma-informed care was a common theme in their course evaluations and self-reflections. In general, they expressed the opinion that implementing trauma-informed care made sense as an approach to take with all their clients, whether there was a known or disclosed experience of trauma or not. Lastly, they expressed gratitude for the opportunity to take these courses at this stage of their education.

CONCLUSION

The prevalence of trauma experienced by those who seek social services, along with the call to provide best practices, has implications for practice as well as policy. Baccalaureate-level social work students need robust, explicit, and direct training in delivering trauma-informed care. Pre-service learners are at risk of experiencing secondary traumatic stress when they enter the field, in both field placements and employment. It is critical that they are prepared to meet the needs of their clients and be equipped to manage the impact of working with clients with trauma exposure to build personal resilience. Providing baccalaureate-level students with this education in a structured and intentional way needs to become standardized. If trauma-informed care is indeed the standard of practice in the field, we need to make it an educational standard at all levels of social work education.

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