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Exploring Trauma-Informed Practices in Social Work Education

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Exploring Trauma-Informed Practices in Social Work Education

by

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A Banded Dissertation in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Social Work

Saint Catherine University | University of Saint Thomas
School of Social Work

May 2017

Abstract

This banded dissertation consists of three distinct but related scholarly works, and examines the role of trauma-informed educational practices in social work education. The ecological perspective and the trauma-informed perspective serve as conceptual frameworks throughout. Each scholarly work is represented, and overarching implications for social work education and research are discussed.

The first portion of this banded dissertation is a conceptual analysis that examines the need for a trauma-informed perspective in social work education, possible reasons for this curricular gap in undergraduate social work education, and highlights models of curriculum change used in graduate level social work programs to incorporate trauma content. This analysis then presents a rationale for extending the CSWE guidelines offered for advanced generalist social work education to undergraduate social work education.

The second portion of this banded dissertation describes a qualitative study that explores the experiences of faculty with teaching about trauma in undergraduate social programs. Using a semi-structured interview format, this study captured the perceptions and experiences of 14 faculty from social work programs in three states in the Upper Midwest. Participants were asked about their conceptualization of trauma, their observations of the trauma-informed care model, and their experiences with teaching this content at the undergraduate level.

The third portion of this banded dissertation provides an overview of an interactive presentation given on November 20, 2016 at the 36th Annual Original Lilly Conference on College Teaching. The presentation described here proposes that the trauma-informed perspective can serve as a useful conceptual framework for the university classroom, as a tool for supporting pre-professional students, and as a means for introducing an important model for working with clients.

This banded dissertation brings awareness to the need for greater integration of the trauma-informed perspective in undergraduate social work education in particular, and recommends applications of trauma-informed educational practices for higher education. Future research opportunities include further investigation into the current use of these practices in social work programs and avenues for contributing to the Scholarship of Teaching and Learning movement.

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Exploring Trauma-Informed Educational Practices in Social Work Education

The concept of trauma has evolved greatly over the years. As our understanding of the universality of trauma has developed, it is becoming increasing apparent that trauma influences nearly all aspects of life, with nearly three quarters of the population have been "exposed to some event in their lifetime that may consensually be defined as traumatic" (Green, 1994, p. 342). We also know from studies such as the Adverse Childhood Experiences study that large portions of our population have been exposed to dysfunction, loss, or abuse, which have had lasting effects into adulthood (Felitti et al., 1998), including neurobiological and chronic health impacts (Dube et al., 2001). The Substance Abuse and Mental Health Services Administration ([SAMHSA], 2014) has developed a conceptualization of trauma that is widely recognized and defines *trauma* as

> Experiences that cause intense physical and psychological stress reactions. It can
>
> refer to a single event, multiple events, or a set of circumstances that is
>
> experienced by an individual as physically and emotional harmful or threatening
>
> and that has lasting adverse effects on the individual's physical, social, emotional,
>
> or spiritual well-being (p.7).

In the field of social work, there is a growing awareness that past trauma has impacted clients currently served in child welfare, criminal justice, mental health, educational, and social service settings, and the need for trauma-informed and resilience-enhancing services is great (Felitti et al., 1998; Ko et al., 2008; Layne et al., 2011). While a client's trauma experience *per se* may not be the presenting concern, social service providers are increasingly recognizing the influence of that past trauma, and are using trauma-informed care models. In the trauma-informed care (TIC) approach, service providers take into consideration how trauma may be

affecting the lives of clients, and services are designed to be supportive and to avoid re-traumatization (Wilson, Pence, & Conradi, 2013).

Yet, in undergraduate social work education, there is little empirical research describing the inclusion of trauma content into social work curricula despite the realities of the populations often served by the profession, and this is especially true for undergraduate social work education. (Carello & Butler, 2014; Carello & Butler, 2015; Crosby, 2015; Marlowe & Adamson, 2011; McCammon, 1995; Strand, Abramovitz, Layne, Robinson, & Way, 2014). When trauma content is incorporated into social work curricula, it is most often introduced at the advanced practice level of social work education, where the emphasis is on clinical skills (Harvey, 1996). This can be a particular challenge for bachelor's level social workers, because these are the social workers most likely to move to frontline practice settings such as child welfare or corrections, settings that often serve highly traumatized clientele (Strand, et al., 2014). Furthermore, despite the move toward more trauma-informed services across many social service settings, it is not clear that BSW social work programs are consistently introducing the trauma-informed care approach to their students (Carello & Butler, 2015).

Related to this, students themselves may arrive at social work programs with their own personal experiences with trauma, and may bring them into the classroom (Black, 2008) or may experience indirect trauma as the result of course content (Knight, 2010). In one study of college students, over two-thirds of the participants reported they had experienced at least one traumatic event in their lives, including loss of a loved one, life-threatening illness, physical assault, or accident (Read, Ouimette, White, Colder & Farrow, 2011). Younger students, females, less experience, and working in child welfare were all factors that contributed to greater rates of indirect trauma for social work students in the field practicum (Baird & Jenkins, 2003). Social

work educators then face a dilemma of sorts; they must provide their students with the most current - and often challenging, sensitive and traumatic – course content so that they can become effective social workers, and educators must do so in a manner that does not further traumatize students (Ko et al., 2008). This work and others (Black, 2008; Cunningham, 2004) points to the challenge of teaching about trauma, without increasing the risk of vicarious trauma by course content.

Efforts to develop a better understanding of effective methods for teaching about trauma and using the trauma-informed perspective aligns well with the higher education reform movement known as the Scholarship of Teaching and Learning. Otherwise known as SoTL, this movement is a set of practices that is "active, documented research/inquiry about teaching and learning that is shared in public forums to enrich teaching and learning" (Grise-Owens, Owens, & Miller, 2016, p. 8). SoTL is particularly well suited for social work education because SoTL emphasizes integrating faculty, promotes accountability, and encourages competence and continuously improving on teaching, all of which are also expectations of social work education. The 2015 Council on Social Work Education Educational Policy and Accreditation Standards explicitly identify SoTL as a means for improving social work education (Council on Social Work Education [CSWE], 2015), and this model can aid in evaluating the use of trauma-informed educational practices.

This dissertation will examine the issue of teaching about trauma in social work education, and will use several research methods to do so, including an in-depth literature review and qualitative interviews with data analysis. Then, using the SoTL approach, these findings will be shared in a public forum – the third product of this dissertation - in order to inform our

"practice" of teaching (Shulman, 2004) and contribute to the knowledge base of effective and competent social work education.

Conceptual Framework

Several conceptual frameworks serve as a backdrop for this dissertation. The *ecological person-in-environment perspective* will be used as an overarching lens for examination of the characteristics of students, intersections of student and faculty experience, and the content and context of what is taught as related to implicit and explicit curriculum. *The trauma-informed perspective,* a framework that takes into consideration the impact of early adversity on functioning across the lifespan (SAMHSA, 2014) will also be applied to the realm of social work education.

In this dissertation, the *ecological perspective* provides a scaffolding for exploring the interplay between individuals and the setting in which they live, and presumes that individuals, groups, and organizations interact with the environment, with human development and behavior occurring because of interactions between systems (Bronfenbrenner, 1977). Additionally, within the ecological model, transactions at each level and between each level are reciprocal, and each influences the other over time and through culture and history. Finally, the ecological perspective presumes that neither the person nor the environment are more important, and that the interaction between each can serve as a point of intervention (Gitterman & Germain, 2013). Marlowe and Adamson (2011) note that a "social work articulation of trauma, informed by environmental and cultural dimensions, can be at the cutting edge of current constructions of trauma" (p. 625). As such, as a model, the ecological perspective will foster simultaneous focus on people (students, faculty) and the environment (social work educational structures), as well as the interplay between each in present and over time (Gitterman & Germain, 2013; Payne, 2014).

The ecological perspective has applications to understanding the impact of trauma, where the qualities of larger environment can play a role in individual responses and recovery (Green, Wilson, & Lindy, 1985). Harvey (1996) proposes a model where an "individual's reaction to violent or traumatic events will be influenced by the combined attributes of those communities to which s/he belongs and from which s/he draw identity" (p. 5). Gitterman and Germain's Life Model (2008) which is an articulation of the ecological perspective, also incorporates concepts of resiliency and the capacity of people to bounce back from adversity, all of which is especially relevant when considering concepts of trauma and the diversity in culturally-specific forms of coping in the face of trauma (Tsoi Hoshmand, 2007).

The ecological perspective also has applications for social work education, when considering the setting in which education happens. The 2015 CSWE Educational Policy and Accreditation Standards (EPAS) recognize the *explicit curriculum* as the courses and instruction of a program, and the *implicit curriculum* as the "learning environment in which the explicit curriculum is presented" (CSWE, 2015, p. 14). The implicit curriculum includes a program's commitment to diversity, transparent and supportive student development policies, and faculty qualifications, all of which would influence the student learning experience. Both the explicit curriculum and the implicit curriculum are equally important and link conceptually, which is consistent with the ecological model of reciprocity between people and their environment (CSWE, 2015; Peterson, Farmer, Donnelly, & Forenza, 2014).

The *trauma-informed perspective* is the second conceptual framework that serves as a foundation for this dissertation. First articulated by Harris and Fallot in 2001, the trauma-informed perspective is based on several key assumptions. First, this perspective integrates knowledge of the impact that violence, victimization, or other traumatic circumstances can have

on psychosocial functioning across the lifespan (SAMHSA, 2014). The trauma-informed

perspective then applies that knowledge to create services that are supportive and responsive to

trauma survivors' needs (Carello & Butler, 2015; Harris & Fallot, 2001), with emphasis on skill

building rather than attempting to treat the past trauma (Saakvitne, Gamble, Pearlman, & Tabor

Lev, 2000).

     Rather than a prescribed set of practices, in the trauma-informed perspective there are six

key principles: (1) safety, (2) trustworthiness and transparency, (3) peer support, (4)

collaboration and mutuality, (5) empowerment, and (6) cultural, historical, or gender issues

(SAMHSA, 2014). Within the SAMHSA trauma-informed perspective framework, *safety* refers

to physical, emotional, and psychological safety. *Trustworthiness* emphasizes the importance of

transparency and clarity of expectations. *Collaboration* recognizes that everyone in a setting has

a role to play in creating a positive environment. *Empowermen*t refers to the importance of

giving voice and meaningful sharing of power to staff and clients – or faculty and students - in

determining courses of action. Finally, *cultural, historical, or gender issues* mandates that

organizations include policies and protocols that recognize the impact of historical trauma

(SAMHSA, 2014).These six principles together with the trauma-informed perspective have

broad applications across settings, and they serve to underpin much of the work in this

dissertation.

Summary of Scholarship Products

Broadly speaking, this banded dissertation will explore the topic of teaching about trauma

in social work education and specifically, this dissertation aims to answer the following

questions: 1)To what extent and by what methods are bachelor's level social work students

educated about trauma? 2) What is experience of the faculty and / or administrators in integrating

trauma content into their curriculum? 3) How might the trauma-informed perspective itself serve

as a framework for teaching about the topic of trauma? 4) How could trauma-informed educational practices contribute to further scholarship on teaching and learning? This banded dissertation explores these questions through three related but distinct scholarly works, and each explores some aspect of the overarching topic of trauma-informed educational practices. The first product, entitled "Bringing a Trauma-Informed Lens to the BSW Curriculum: A Call to Action" is a conceptual work, and explores the historical and present day literature on several broad topics. In particular, this work surveyed the literature in the disciplinary areas of social work, counseling, higher education, education, and pedagogy to determine the extent to which teaching about the topic of trauma was reflected in the literature. It was apparent early on in this review that little had been written about the topic of teaching about trauma and undergraduate social work education, and therefore the author opted to focus on that aspect of social work education. Thus, the first paper examines trauma as a concept, provides a rationale and methods for introducing the trauma-informed perspective to undergraduate social work education.

The second product is in part a response to the paucity of published works on the topic of teaching about trauma in undergraduate social work education. Entitled "Through their Eyes: Experiences of Undergraduate Social Work Educators Teaching About Trauma", this paper is the summary of a research study, and is Phase 1 of a larger research agenda that will explore the use of trauma-informed practices in social work programs around the country. For this second scholarly work, the author conducted exploratory interviews with a sample of social work educators from a sample of programs, with the goal of identifying major themes around trauma content in the curriculum. This study sought to understand the voices of social work educators as they integrated content about trauma into their classes, and to learn about the degree to which

these educators implemented trauma-informed educational practices in their classes and their programs.

The final product in this banded dissertation is a summary of a presentation at a peer reviewed national conference. This presentation, entitled "Managing Hard Stuff: Bringing a Trauma-Informed Perspective to the Classroom" was given on November 20, 2016 at the Original Lilly Conference on College and University Teaching. As the focus of the Lilly Conference series is the disciplinary area of Scholarship of Teaching and Learning (SoTL), this conference proved to be a very fitting venue to present a synthesis of the research from the first and second scholarly works of this dissertation. This presentation introduced the participants to the history and overview of the conceptualization of trauma, and introduced them to trauma-informed educational practices – all findings from the first component of this dissertation. This presentation also drew upon some of the preliminary data from the second scholarly work, by incorporating some of the recurring themes that emerged from the interviews with social work educators. The findings from the qualitative research study also confirmed and complemented the classroom strategies offered in the presentation.

Discussion

This dissertation set out to develop a greater understanding of how social work education has approached the topic of trauma and the potential applications of the trauma-informed perspective in educational settings. Although much as been written about the topic of teaching about trauma at the graduate level of social work education, this topic for the undergraduate social work curriculum is not well represented in the literature. By examining the evolution of the conceptualization of trauma over time (Marlowe & Adamson, 2011; McKenzie-Mohr, 2004; SAMHSA, 2014), this research provides insights as to why it appears that graduate social work education historically has been better positioned to introduce and integrate trauma concepts into

the MSW curriculum. It is also evident through the literature that across professional training

programs, educators were aware of the potential for bachelor's level practitioners to encounter

traumatized clients (Agllias, 2012; Zurbriggen, 2011), but again, the perspective of social work

educators in undergraduate programs was not represented.

Clearly, the dominant conceptualization of trauma as a clinical construct contributed to

its inclusion with advanced generalist practice skills and training. Yet, undergraduate social work

educators are also introducing these concepts to their students, albeit from a more introductory

perspective, and they are wrestling with the nuances of giving undergraduate students enough

information about trauma to be effective, while adhering to scope of practice considerations. By

interviewing the educators themselves, this dissertation did confirm findings of others (Carello &

Butler, 2015; Cunningham, 2004; & Shannon, Simmelink-McCleary, Im, Becher, & Crook-

Lyon, 2014) of the challenges of delivering important course content in ways that do not

perpetuate trauma for their students. Carello and Butler (2015) attest that social work educators

must seek better alignment between our discipline's teaching methods and course content, and

this dissertation research echoes their contention.

This research also set out to explore how trauma-informed educational practices might

contribute to further scholarship on teaching and learning, and to identify possible applications of

these practices beyond the field of social work education. These findings suggest that the trauma-

informed perspective developed by Harris and Fallot (2001) is transferable beyond social work

education and has relevance for the university setting in general. By modeling educational

practices after the trauma-informed care model, educators have opportunities to improve the

teaching experience of faculty and the learning experience for students. Shulman (2004) defines

SoTL as being distinguished by these criteria: (a) It becomes public; (b) it becomes available for

critical peer review; and (c) it contributes to the future work of your discipline. As trauma-informed educational practices begin to be used, educators will need to evaluate their efforts and demonstrate the utility of these methods beyond the disciplinary scope of social work. In this way, trauma-informed educational practices can indeed contribute to knowledge building and scholarship.

Implications for Social Work Education

The findings from this research illuminate a number of implications for social work education. Foremost, trauma is an example of the human experience that transcends all practice areas and thus, has far-reaching applications for the social work curriculum and teaching pedagogies (Marlow & Adamson, 2011). From the curricular perspective, undergraduate social work curriculum should continue to incorporate broad ranging topics about trauma definitions, prevalence rates of trauma, and an understanding of individuals through the lifespan and within the context of their cultures, their life experiences, and their society (Courtois, 2002). There is also a need for generalist level social workers who are knowledgeable about the trauma-informed care model, and social work education should heed the call of the practice community by more consistently integrating content on these practices into the social work curriculum.

This research has also shed light on the impact that exposure to trauma can have on students in the classroom, particularly if students have some trauma history of their own. As educators, we also need to consider *how* we teach about trauma (Carello & Butler, 2015), and introducing trauma-informed educational practices can ameliorate potential vicarious trauma or retraumatization, where exposure to trauma content may be reminiscent of earlier trauma (Carello & Butler, 2014). Students can be instructed about managing vicarious trauma and the importance of developing self-care techniques can be reinforced. Faculty can be prepared to

provide referrals for students as needed, and can familiarize themselves with the most current research on trauma, its neurobiological effects, and how trauma can effect psychosocial and educational outcomes.

This research also supports earlier recommendations of the necessity of creating safe classrooms, teaching self-regulation skills, and assessing for student responses to course content as needed (Black, 2008; Cunningham, 2004). Using trauma-informed educational practices is also consistent with the CSWE call for complementarity of the implicit and explicit curriculum in shaping professional social workers (CSWE, 2015) and findings from this research can inform this process. In particular, application of the SAMHSA (2014) Implementation Domains and the Six Principles of a Trauma-Informed Approach – safety, transparency, peer support, collaboration, empowerment, and cultural/historical/gender issues - as described in the first paper of this dissertation could greatly enhance the implicit curriculum, or educational environment, of a social work program. In addition, as higher education continues to seek ways to respond to complex needs of college students, social work education can provide leadership to higher education in general, by introducing other disciplines to the utility of trauma-informed educational practices.

Finally, the trauma-informed perspective also complements the social work value of commitment to social justice. Because the concept of trauma has evolved over time, and has been influenced by historical, political, and cultural contexts (Bloom, 1997), the trauma-informed perspective provides an avenue to discuss the concept of alternative trauma narratives of those whose voices may have been marginalized due to racism, sexism, or other oppression (McKenzie-Mohr, 2004). In effect, the lens of trauma can aid in fostering a deeper understanding of strategies necessary for advocating for social justice.

Implications for Future Research

This dissertation has identified a number of areas for further research in the areas of undergraduate social work education, trauma-informed educational practices, and applications for Scholarship of Teaching and Learning (SoTL). First, this research brought to light a number of areas that warrant further exploration. The research reported on in the second paper is Phase 1 of a larger mix methods study designed to explore in greater depth [incorporate and clarify future research agenda in this section] the topic of trauma in social work education and in particular, within the realm of educating bachelor's level social workers. The survey of the literature for this study indicated that little is known about the current extent to which undergraduate social work programs are introducing students to the trauma-informed perspective, or are using trauma-informed educational practices in the programs. Yet, despite the small sample size and limited geographic scope of this study, it was apparent that some social work educators are taking on this task. Further exploration of this phenomenon is warranted, and the findings from Phase 1 of this study are being used to inform Phase 2 of this research agenda. Phase 2 will entail the design of a survey instrument to be administered to a national sample of social work educators in order to examine the extent to which social work programs and social work educators have introduced and incorporated trauma-informed practices. The findings from Phase 2 will inform Phase 3, which will use qualitative methods to gather the perspectives of a larger sample of social work educators. Another potential research question would be to explore if there are differences in emphasis on the trauma-informed perspective across geographic regions or types of social work programs (BSW-only or combined BSW/MSW).

The final scholarly work in this dissertation also suggests a number of avenues for future research. One such area is the arena of SoTL in general, where "research and inquiry about

teaching and learning is shared in public forums to enrich teaching and learning" (Grise-Owens et al., 2016, p. 8). The presentation described in the third manuscript was not specific to social work education, but was designed for broad appeal across disciplines, and argued for the use of trauma-informed educational practices. One line of inquiry may be to assess the efficacy of various teaching strategies designed to decrease vicarious trauma.

Finally, several areas of inquiry are directly tied to SoTL as it relates to social work education. The CSWE 2015 Educational Policy and Accreditation Standards specifically identifies SoTL as one component of the role of social work educators. "Social work educators serve the profession through their teaching, scholarship, and service" (CSWE, 2015, p. 5) and SoTL emphasizes the faculty role, accountability and competence, and improving teaching (Grise-Owens, et al., 2016). SoTL projects that examine the role of trauma-informed educational practices on the implicit and explicit curriculum are warranted. There are also opportunities for community-engaged scholarship, since there is community need for implementing trauma-informed care models across all sorts of social service settings, and social work educators could be on the front lines of designing training, as well as evaluating their outcomes.

In conclusion, as trauma gains visibility as a public health crisis, it is increasingly apparent that a different type of systemic response is warranted. Social work as a profession can be at the forefront of this larger movement to transform the way trauma is understood, and social work educators can take a leadership role in preparing the next generation of professionals to incorporate the trauma lens into their work with individuals, groups, and communities. The research conducted for this dissertation has shed light on the important role that trauma-informed educational practices can play in this transformation, and has illuminated opportunities to introduce these practices to higher education. As we move forward with this transformation, it

will be important to continue to evaluate our efforts so that we can expand our understanding of

the applications of the trauma-informed perspective to higher education, further contributing to

the body of knowledge of scholarship in teaching and learning.

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Bringing a Trauma-Informed Lens to the BSW Curriculum:

A Call to Action

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Abstract

In social work education, there is a growing awareness that trauma as a concept and theory must inform our work; our clients have experienced trauma, and our social work students bring their own trauma histories to the classroom, or may experience secondary trauma through course content or field experience. The Council on Social Work Education (CSWE) has developed guidelines for a trauma-informed concentration for the MSW social work curriculum, yet undergraduate social work education does not appear to have a unified means to prepare students for trauma-informed practice, despite the recognition that BSW level social workers are exceptionally well positioned to intervene with individuals and communities affected by trauma. This conceptual paper examines the need for a trauma-informed perspective, possible reasons for this gap in undergraduate social work education and highlights models of curriculum change that have been used in graduate level social work programs to incorporate trauma content. This article then introduces the Substance Abuse and Mental Health Administration's (SAMHSA) implementation model for creating trauma-informed services and proposes that the SAMHSA model could serve as a framework for preparing undergraduate students for trauma-informed practice.

Keywords: BSW curriculum, infusion, trauma-informed, social work education

Bringing a Trauma-Informed Lens to the BSW Curriculum: A Call to Action

Concepts of trauma have become increasingly more visible in contemporary academic and professional settings, with estimates between 40 and 81 percent of Americans experiencing significant traumatic events in the course of their lifetimes (Bride, Radey, & Figley, 2007). In the realm of social work education, trauma has gained recognition as a conceptual framework because it aligns well with the foundational ecological perspective, since social workers operate at the intersection of traumatic situations with individuals who have experienced the trauma, and the environment (Joseph & Murphy, 2014). Furthermore, trauma as a concept has become more visible in higher education overall as awareness has grown that college students may bring their own trauma history to the classroom (Gillin & Kaufmann, 2015) or may also may be traumatized by course content, even if they do not themselves have a trauma history (Adams & Riggs, 2008). Clearly, the use of trauma-informed pedagogies appears relevant to social work educators for numerous reasons.

Yet, the response from social work education for more trauma content has been inconsistent. Although BSW program graduates often work in direct practice settings with clientele who are often highly traumatized, there is not the focus one might expect on a systematic introduction of the trauma-informed perspective in the undergraduate curriculum (Carello & Butler, 2014; Carello & Butler, 2015; Crosby, 2015; Marlowe & Adamson, 2011; McCammon, 1995; Strand, Abramovitz, Layne, Robinson, & Way, 2014). Furthermore, several studies suggest that trauma content should be integrated throughout professional training curricula much sooner. Courtois and Gold (2009) argue for inclusion of systematic training that is broad-based and where trauma is presented as "a normal and frequent occurrence in human history and as an influential, but as yet not fully recognized, factor in human development" (p.

18), recognizing the increasingly systemic understanding of trauma. Strand, et al. (2014) call for inclusion of trauma content at the BSW level program because these graduates are most likely to move to frontline practice settings, such as child welfare, hospitals, and corrections. Ko, et al. (2008) suggest that professionals who work with traumatized children should be versed in identifying traumatic stress responses, which would be an appropriate role for front line practitioners such as BSW level social workers. McKenzie-Mohr (2004) argues that it is time now for social work educators to take a more active role in dismantling the "individualized deficit trauma model" (p. 52) that emerged from the clinical roots of trauma treatment work, and place trauma theory in the generalist social work curriculum. Zurbriggen (2011) also argues for the need for content on trauma in the undergraduate curriculum, but suggests strategies to reduce the risk of secondary trauma through limiting exposure to course content. Abrams and Shapiro (2014) attest that working with trauma survivors requires attention to both individual and macro questions, all of which suggests of inclusion of a trauma lens at the undergraduate level.

Where introduction of trauma content has occurred, it is most often at the graduate level in social work education where there is focus on teaching clinical skills and broadening the clinical experience (Harvey, 1996). In support of this, the Council on Social Work Education (CSWE) has gone so far as to issue guidelines to assist programs seeking to develop graduate-level advanced practice concentrations in trauma (CSWE, 2012). Yet undergraduate social work education does not appear to have developed a unified means to introduce trauma content to its students. This lack of emphasis on undergraduate social work education may be in part because the origins of trauma theory were borne from clinical foundations (Carello & Butler, 2014), post-traumatic stress disorder literature, and a more narrowly focused definition of trauma that focused solely on single traumatic events or circumstances (Joseph & Murphy, 2014). However,

as research around trauma theory has expanded to incorporate concepts of historical trauma, advances in neurobiology, and a recognition that trauma impacts multiple levels of social work practice, there is a growing awareness that trauma theory has outgrown its clinical roots.

Undergraduate social work education needs a unifying model for bringing trauma content to the curriculum, and two frameworks can guide this process. First, the concept of a *trauma-informed approach,* which refers to "incorporating an understanding of how trauma may be affecting the life of the individual seeking services" (Wilson, Pence, & Conradi, 2013, p. 3), can be a useful perspective to guide both the content and the process of educating about trauma. The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a framework on trauma-informed care that has been widely adopted across sectors, and can guide this process. Second, the use of an *infusion approach* to curricular transformation has been successful in the past when CSWE and the John A. Hartford Foundation sought to increase gerontological content in social work curricula through the GeroRich initiative. This initiative produced a rich body of literature of curricular innovations that are transferable to other fields of social work practice, including incorporation of content on the trauma-informed perspective (Holody & Kolb, 2011).

This paper operates from the following philosophical perspectives of social work education: (a) social work teaching is a form of social work practice and (b) social work education should seek consistency with the competencies determined by CSWE and between the explicit and implicit curriculum. Using these perspectives as guiding principles, this paper will provide a background on the evolution of concepts of trauma in social work education and will identify connections between a trauma-informed perspective and other important content areas in social work education. It will examine how models of trauma content have been implemented at

the graduate level, and this paper will articulate the rationale for developing a framework for

introducing trauma content to the BSW curriculum that honors the implicit and explicit

curriculum. Using lessons learned from using the infusion approach to the curricular models

developed from the GeroRich experience and the trauma-informed approach developed by

SAMHSA, this paper then articulates a model for bringing a trauma-informed perspective to

undergraduate social work education.

<div align="center">**Trauma**</div>

Definition and Background

Trauma as a concept has its roots in both the mental health field and the early days of the

rape crisis centers and domestic violence movements that began in the 1970s (Wilson, Pence, &

Conradi, 2013), as well as new understandings of trauma that emerged after the Vietnam War.

The addition of the post-traumatic stress disorder (PTSD) diagnosis to the DSM-III in 1980

(American Psychiatric Association, 1980) firmly planted concepts of trauma in the medical

model paradigm. By the mid-1980s, the dramatic growth in child advocacy centers and focus on

child abuse raised awareness about the concepts of childhood trauma, as well as implications for

treatment for these populations (Wilson, Pence, & Conradi, 2013).

The varying definitions of trauma that have emerged are a result of the different vantage

points of stakeholders over the past four decades. From the medical model paradigm, the

conceptual understanding of trauma has evolved to a broader definition to include the contextual

factors of race, socioeconomic status, gender, and orientation. When combined with historical

trauma, economic inequalities, and systemic oppression, trauma is now understood to have

impacts across communities and over time (CSWE, 2012). SAMHSA (2014) has developed a

comprehensive definition of trauma as "an event or series of events, or set of circumstances that

is experienced by an individual as physically or emotional harmful or life threatening physically

or emotionally harmful or life threatening and that has lasting adverse effects on the individual's

physical, social, emotional, or spiritual well-being" (p. 7). A *trauma-informed perspective*

incorporates this comprehensive definition of trauma and provides a lens for understanding how

violence, victimization, disaster, or other traumatic events have influenced the individuals

involved. The trauma-informed perspective provides a framework to create systemic responses

that are supportive and foster recovery (Harris & Fallot, 2001). The trauma-informed perspective

is distinctive, however, from trauma specific treatment methodologies, in that it is more

specifically a lens, rather than a therapeutic modality (Carello & Butler, 2015).

Rationale for a Trauma Informed Perspective

There are four main reasons outlined in the literature that point to the need for developing

a plan to integrate trauma content and a trauma-informed perspective into the BSW curriculum:

the trauma experiences of our clients, the intense and often traumatic nature of social work

course content, the trauma histories of our students, and finally, the evolution of our

understanding of the conceptual framework of trauma itself.

Trauma experiences of clients. Previous research suggests a number of compelling

reasons to develop a trauma-informed perspective in social work education. First, the helping

professions in general regularly interface with traumatized people. A majority of people are

predicted to experience at least one event in their life that is traumatic (Kessler, Sonnega,

Bromet, Hughes & Nelson, 1995). We also now know that early traumatic experiences are linked

with negative adult health outcomes such as premature mortality, mental health issues, and

substance abuse (Dube, Anda, Felitti, Croft, Edwards, & Giles, 2001). Finally, marginalized

groups who experience forms of systemic oppression are much more likely to live with chronically stressful and traumatic situations (Stamm & Stamm, 1999).

Individuals who have experienced trauma are also found in multiple service sectors, not simply clinical settings or behavioral health service providers (SAMHSA, 2014). In their analysis of the responses to trauma across the child welfare, education, healthcare, juvenile justice, and first responder systems, Ko, et al. (2008) highlight the need for the development of a unified response from multiple service sectors in order to effectively enhance the quality of care for children involved in these service systems. Furthermore, service systems used by our clients are in themselves trauma-inducing in their day to day provision of services. Use of seclusion and harsh disciplinary responses sometimes found in our schools and correctional systems, the separation of children from their families used in the child welfare system, and protocols used in mental health facilities all can be traumatic or re-traumatizing (SAMHSA, 2014). There is also, however, an increase in instances of service delivery systems implementing trauma-informed frameworks (Wolf, Green, Nochejski, Mendel, & Kusmaul, 2014) and federal, state, and local level governments and communities are integrating a trauma perspective. Therefore, it is imperative that undergraduate social work education meet the needs of the practice community by preparing students to work effectively in these settings.

The impact of exposure to trauma through clients and its resulting secondary traumatic stress is now being viewed as an occupational hazard for settings that work with children and adults with complicated adaptations to trauma (Abrams & Shapiro, 2014; Adams & Riggs, 2008; Bride, Radey, & Figley, 2007). Alcohol and drug addiction counselors, whose clientele are often highly traumatized and oftentimes overlap with social work, reported significant experiences with secondary trauma (Bride, Hatcher, & Humble, 2009). In the realm of our K-12

education system, there are efforts to train professionals who can recognize trauma and create schools that are responsive to students whose trauma experiences impede their ability to be successful in the classroom. (Oehlberg, 2008).

Trauma content in the BSW curriculum. Another salient rationale for instituting a trauma-informed perspective in undergraduate social work education is the concern that students may be negatively impacted by course content. Given that social workers will be working with trauma, it is necessary that social work students have some measure of exposure to the kinds of issues they may face as practitioners. Yet, several authors suggest that social work students may experience secondary trauma as a result of the exposure to traumatic material in the classroom (Bussey, 2008; Carello & Butler, 2014; Cunningham, 2004; Dane, 2002; Knight, 2010; Miller, 2001; Zurbriggen, 2011). Social work field practicums specifically can also be a source of trauma exposure for students. Didham, Drogmole, Csiernik, Karley, and Hurley (2011) surveyed social work students in their field practicum and found that a majority of undergraduate social work students experienced or were exposed to at least one incident that was distressing at their practicum, with meetings with clients and reading case files as the most common sources of traumatic exposure at practicum. Finally, age and experience can also contribute to the impact of an intense field placement, and students are at greater risk for vicarious trauma in their practicums if they were younger, less experienced, and in a child welfare placement (Knight, 2010). Therefore, social work educators are obligated to prepare BSW students not only with the practice skills necessary to be successful in their field practicums, but also prepare students to anticipate the impact that trauma exposure may have on students in their setting. One way to accomplish this objective is to use a trauma-informed perspective.

Trauma histories of students. The notion that students may bring a personal trauma history to the classroom is not new, and has been well demonstrated in the social work literature. Black, Jeffreys, and Hartley (1993) found that master's level social work students consistently reported significantly high incidences of early family trauma. Gilin and Kauffman (2015) also examined this phenomenon, and found that nearly 80% of respondents who were students had experienced at least one adverse childhood experience. Adams and Riggs (2008) examined the personal trauma narratives of graduate trainees in a counseling program and found that personal issues are related to increased rates of vicarious traumatization. Breckenridge and James (2010) have built in several curricular structures to their course content that allow them to attend to and mitigate possible re-traumatization of their students, as they are covering sensitive course content. These course activities also serve to foster awareness for students of any potential trauma responses.

An evolving understanding of trauma. Our changing understanding of trauma also points to the need for increasing the dialog about trauma in our curriculum. Trauma as a concept has moved beyond the impact of trauma simply on the individual. There is growing recognition of the effects of traumatic events on communities and nations (Breckenridge & James, 2010) and social workers are often situated to respond to both individual and community tragedy such as disaster response, which often requires multi-systems level interventions (Bussey, 2008). It is also increasingly recognized that trauma is disproportionately experienced by certain sectors of our society. For example, social and governmental policies have impacted Native American communities in ways not experienced by others in society, and Bowen and Murshid (2016) argue that social policy should be trauma-informed, in order to more explicitly incorporate the effects of both historical trauma, and the present-day sociopolitical and economic effects of trauma on

historically marginalized groups. Undergraduate social work education has been charged with the task of developing generalist practitioners who "engage diversity in their practice and advocate for human rights and social and economic justice" (CSWE, Educational Policy and Accreditation Standards, 2015 p. 11). A trauma-informed lens can serve as an overarching framework to support baccalaureate programs in their efforts to address these curricular goals.

Models for Incorporating Trauma Content into the Social Work Curriculum

A number of curricular strategies have been used for integrating trauma content at the graduate level that could serve as a starting point for integrating trauma content to the BSW level of social work education.

Stand-alone course. Several studies discuss the efforts made by educators to create trauma-specific courses, as a response to the challenge of incorporating trauma in curriculum. For instance, Breckenridge and James (2010) describe their development of a course that sought to foster a dual focus on the broader context of trauma, as well as the individual practice skills necessary to support clients more effectively. Miller (2001) outlines a series of pedagogical methods designed to create a safe climate in a clinical course on the topic of child sexual abuse and trauma. Dane's (2002) curricular model introduces concepts of trauma into a required final semester practice course, and includes content on working with traumatized clients, self-care, activities for exploring personal history, and meditative imagery as a means to counter the potential for vicarious trauma for new workers. Several authors have identified problem based learning pedagogies and clinical case review within a particular course as viable options for educating graduate social work students about trauma (Layne, et al., 2011; Strand, et al., 2014). Black (2008) discusses a pilot study where graduate students participated in a trauma counseling course, and their experiences were evaluated.

Trauma certificate. Another model used to introduce trauma content at the graduate level has been through the use of an integration method, where a series of courses are bundled together, or content is added at select portions of the curriculum. Bussey (2008) discusses the evaluation of a trauma certificate implemented in an MSW program that was well received by both students and field instructors. The certificate model is becoming more common overall, and a recent review of social work programs identified 14 certificate programs related to trauma.

Pedagogical strategies. Several pedagogical recommendations emerge regarding best practices that BSW social work programs can integrate in the move toward a trauma-informed perspective. First, the instructor is tasked with establishing a safe classroom, for both the individual student, as well as for the classroom community (Cunningham, 2004). It is important that the instructor introduce a metacognitive stance around the topic of trauma, encourage students to recognize and anticipate potential responses within themselves or by peers to course content (Miller, 2001). Black (2006) argues for a model of teaching about trauma that is based on elements of trauma treatment itself, where "resourcing, titrated exposure to traumatic material, and reciprocal inhibition" (p. 268) are all offered. Agllias (2012) describes a trauma course that incorporates four safe strategies: education around self-care, fostering a supportive classroom environment, individual support and regular debriefing, and a transparent curriculum. Greenwald, et al. (2008) found that teaching students a trauma-informed case formulation method led to a decrease in distress as well as increased feelings of empathy toward clients and increased confidence in their professional role. Each of these studies suggests possible applications for undergraduate social work education that warrant further exploration.

The CSWE Response – Advanced Generalist Trauma Concentration

In 2012, CSWE took action to address the need for trauma content in social work education and published a series of guidelines entitled "Advanced Social Work Practice in Trauma", intended to provide a framework for integrating trauma material into advanced practice / graduate-level social work education. With CSWE's move to competency-based education in 2008, the 2008 Educational Policy and Accreditation Standards (EPAS) delineated areas of practice that could be enhanced through specialization at the advanced practice or graduate-level of social work education. In keeping with this focus on competencies, the trauma guidelines provide an overview of the conceptual framework for trauma-informed social work practice, and articulate a definition of trauma that is broad, recognizes resiliency and impacts of neurobiological effects, uses a developmental perspective, incorporates intersectionality, and prepares students for self-care (CSWE, 2012). The guidelines then provide trauma-specific content for each of the 10 Competencies in the 2008 EPAS.

The Advanced Social Work Practice in Trauma guidelines were designed for advanced or graduate level social work education, but the guidelines are very applicable to undergraduate social work education as well. The conceptual framework underpinning the guidelines is based in the trauma-informed practice literature, which aligns well with integrating trauma content to both the implicit and explicit curriculum.

Discussion

The need for a more trauma-informed perspective for undergraduate social work education has been established. Social work education may now need to set aside the model that trauma content must be sequestered only to graduate level education. In fact, a trauma-informed perspective can be thoroughly integrated into the BSW curriculum. There are three actions that can guide social work education in its pursuit of building trauma into the BSW curriculum. First,

the CSWE Advanced Practice Guidelines for a Trauma Concentration (CSWE, 2012) can inform this work. Next, social work education can draw upon its experiences with introducing other overarching concepts, such as gerontology or criminal justice into its curriculum using the infusion model. Finally, the trauma-informed perspective framework developed by the Substance Abuse and Mental Health Administration (SAMSHA, 2014) can be used as a model for infusion – both model and process for the explicit curriculum and the implicit curriculum.

Rationale for the infusion approach. One model for moving forward with including a trauma content into undergraduate social work education is the *infusion approach*, where the intended content is interwoven throughout the entire curriculum, and thus is embedded in all of the foundation courses (Hooyeman & St. Peter, 2006). There are several major benefits to this approach. First, if particular content about trauma is infused into all the core courses in the curriculum, all students benefit, rather than only those students who opted for the content-specific course. Additionally, by sequestering course content such as trauma, for example, to one course, it reinforces the perception that trauma as a concept can be compartmentalized as distinct from other life experiences.

Social work education has employed the infusion approach when integrating content on aging, criminal justice, and diversity (Warde, 2014) and much has been written of the successes of infusion efforts around aging, in particular (Green, Dezenfork, Lyman, & Lyman, 2005; Holody & Kolb, 2011; Lee & Waites, 2006). Some strategies have been identified that support successful curricular infusion. These include building on curricular scaffolds already in place, supporting faculty through professional development and provision of necessary resources, developing incentives, and recognizing the 'competition' from other topic areas such as aging, school social work, or child welfare (Sanders, Dorfman, & Ingram, 2009). The infusion approach

embodies the trauma-informed perspective, thus making it well suited to a transformative

curricular redesign.

Use of the Substance Abuse and Mental Health Association framework. The model

of a trauma-informed approach developed by SAMHSA can also provide the framework that can

guide this infusion of trauma content into the undergraduate social work curriculum. Building off

of the work of Harris and Fallot (2001), SAMHSA (2014) has identified Ten Implementation

Domains within which organizational change must occur to foster a trauma-informed approach:

(a) governance and leadership, (b) policy, (c) physical environment, (d) engagement and

involvement, (e) cross sector collaboration, (f) screening and assessment, (g) training and

workforce development, (h) progress monitoring, (i) financing, and (j) evaluation. While

developed for the client service sector arena, the author contends that the Implementation

Domains can be used to guide the introduction of a trauma-informed perspective to the BSW

curriculum. Table 1.1 demonstrates the applicability of the SAMHSA Trauma-Informed

Implementation Domains to the BSW Social Work Curriculum.

Table 1.1

Application of SAMHSA's Ten Implementation Domains for Social Service Settings to Undergraduate Social Work Education

SAMHSA's Guidance for Implementing a Trauma-Informed Approach: Ten Implementation Domains

Implementation Domain For Social Service Settings[a]	If Applied to Undergraduate Social Work Education
1. **Governance and Leadership** Leadership supports the implementation of the Trauma-informed approach, and identifies leader to manage the transformation at the institutional level.	Within the BSW social work program, there is support for implementing and sustaining a trauma-informed perspective, and a point person has been identified to oversee this work
2. **Policy** Trauma-informed policies are developed to establish a trauma-informed approach to working with clients and with other community stakeholders.	Within the BSW program, there are policies in place that support the commitment to a trauma-informed approach.
3. **Physical environment of the Organization** The physical environment promotes safety, where the emotional and psychological well-being of clients and staff is paramount	The BSW program makes every effort to ensure that its program space and classroom space promote safety and a spirit of collaboration.
4. **Engagement and involvement of people receiving services** Clients and their families have involvement and voice in all aspects of the organization (e.g. program design, implementation, service delivery, quality assurance, cultural competence, workforce development, evaluation).	The BSW program structure and practices such as admissions, retention, and advising are transparent, and operate from the assumption that most students have some degree of trauma history. Student voices are valued.
5. **Cross-sector collaboration** Collaboration occurs with the trauma-informed perspective in mind, and all partners recognize the significance of a client's trauma history in providing services	Every effort is made to ensure that BSW program partners are also operating from a trauma informed perspective, particularly in the area of the field program.
6. **Screening and assessment** Practitioners use and are trained in interventions based in evidence-based methods, which include trauma-informed practices	SW faculty are sufficiently familiar with trauma reactions, and have protocols for the classroom and for the program in general to make referrals for students as needed.
7. **Training and workforce development** On-going training on trauma is essential. Trauma-informed principles are incorporated in hiring, supervision, and staff evaluation. Procedures are in place to support staff with trauma histories or those experiencing secondary traumatic stress from exposure to working with individuals with complex trauma.	The BSW program and faculty are committed to educating themselves and modeling for students best practices for self-care, in light of the trauma content present throughout the curriculum and in the classroom. The BSW program also seeks to support field instructors in training around working effectively with students who may have trauma histories.
8. **Progress monitoring and quality assurance** There is ongoing assessment of the use of trauma-informed principles and effective use of evidence-based trauma specific screening, assessments, and treatment.	The BSW program has an assessment plan to determine its effectiveness in implementing a trauma-informed perspective throughout the curriculum.
9. **Financing** The financing structures of the organization support the use of the trauma-informed approach by assuring resources for staff training on trauma.	The BSW program has the resources needed to properly train faculty and staff in the key principles of the trauma-informed perspective, and supports the commitment to seeking and training field program agencies that can support this objective.
10. **Evaluation** Measures designed to evaluate service and program implementation reflect an understanding of trauma.	The evaluation methods used throughout the BSW program reflect a trauma-informed perspective.

[a] The Ten Implementation Domains and content in "For Social Service Settings" is adapted from the Substance Abuse and Mental Health Services Administration publication "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach" HHS Publication No. (SMA) 14-4884, 2014, p. 12-14.

If combined with the infusion approach, SAMHSA's Ten Implementation Domains provide a

holistic framework for introducing a trauma-informed perspective to undergraduate social work

education.

Conclusion

Now is the time to develop a concerted effort in social work education to bring a trauma-

informed lens to the BSW curriculum, and there are several actions that can be taken. First,

social work education can begin to develop curricula that can introduce this important topic to

undergraduate social work students appropriately and effectively, and there are a number of

strategies that can be drawn from these efforts at the graduate level. The use of a trauma-

informed perspective and accompanying SAMHSA guidelines can also guide this process, as it

can foster a learning environment for undergraduate social work students that will attend to both

the content of trauma and the process of the experience of learning about trauma. In effect,

introducing a trauma informed perspective in undergraduate social work education allows

educators to teach the important content of trauma work, while doing so in a way that is sensitive

and responsive to experiences of all students, regardless of their background. Social work

education can also draw from the experiences of the GeroEd Initiative and others for using the

model of infusion.

There are several areas for future research that warrant attention. First, there is very little

published on the extent to which undergraduate social work programs are already taking steps to

incorporate trauma content into their curricula, and as social work educators do begin to take

steps to build trauma-informed BSW curricula and programs, efforts must be evaluated. Despite

the widespread use of trauma-specific interventions in the practice field, there has been virtually

no evaluation of curricula that incorporate trauma-informed approaches (Wilson & Nochajski,

2016), or its impact on students. Researchers could also explore the extent to which social work education is incorporating trauma content consistent with SAMHSA's (2014) six guiding principles of the trauma-informed perspective and the Ten Implementation Domains. These efforts and others could all be used to develop tools for assessment of the implicit curriculum.

This conceptual paper has examined the necessity of a trauma-informed perspective, possible reasons for this gap in undergraduate social work education, and has presented a rationale for extending the CSWE guidelines offered for advanced generalist social work education to undergraduate social work education. Finally, this paper offers a means for doing so using the SAMSHA Implementation Domains as a framework for infusing trauma content into the BSW curriculum. If this trauma-informed lens can be successfully applied, bachelor's level social work program graduates will be better equipped to manage their experiences as they enter the profession and have solid self-care skills. They will also be better positioned to work effectively and demonstrate leadership in agency settings that are themselves working toward trauma-informed competency, particularly if the use of the SAMHSA Implementation Domains are made explicit. After all, trauma theory and concepts of the trauma informed perspective are built on the core same core values as social work – commitment to social justice, valuing the experiences of all.

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Through their Eyes: Experiences of Undergraduate Social Work Educators

Teaching about Trauma

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Abstract

Concepts of trauma have become increasingly more visible in contemporary academic and professional settings. In social work education, there is a growing awareness that trauma has impacted clients served in social work settings, and students as they are introduced to the concepts. Yet despite this growing awareness, little has been written about the experiences of teaching about the topic of trauma in undergraduate social programs. Using a semi-structured interview format, this exploratory qualitative study captured the perceptions and experiences of 14 social work faculty from social work programs in three states in the Upper Midwest. Participants were asked about their conceptualization of trauma, their observations of the trauma-informed care model, and their experiences with teaching this content at the undergraduate level. The findings suggest that conceptualizations of trauma vary widely, and are strongly influenced by practice experience. Implications for social work education and the social work practice community are discussed.

Keywords: trauma, baccalaureate social work education, faculty, trauma-informed, teaching

Through their Eyes: Experiences of Undergraduate Social Work Educators

Teaching about Trauma

Concepts of trauma have become increasingly more visible in contemporary academic

and professional settings. In the field of social work, there has long been recognition that

exposure to trauma – broadly defined as significant negative experiences that result in enduring

distress - can have lasting psychological and physiological impacts on the clients often served in

social work settings. In response, there has been a movement in some social work practice

settings to incorporate a trauma informed approach to providing services, where *trauma

informed* is conceptualized as framework of care that is "centered on principles intended to

promote healing and reduce the risk of retraumatization of vulnerable individuals" (Bowen &

Murshid, 2016, p. 223). Yet, in the literature on undergraduate social work education, there is

not the focus one might expect on including trauma content and the trauma-informed perspective

in curricula, despite the realities of the populations often served by bachelor's level social

workers in particular (Carello & Butler, 2014; Carello & Butler, 2015; Crosby, 2015; Marlowe &

Adamson, 2011; McCammon, 1995; Strand, Abramovitz, Layne, Robinson, & Way, 2014). This

may be because trauma as a concept and treatment responses to it have historically been

anchored in clinical literature (Harvey, 1996). As such, training on trauma has historically fallen

within the sphere of the master level in social work education, where there is focus on teaching

clinical skills and broadening the clinical experience. As our conceptualization of trauma and the

trauma-informed perspective expands and deepens however, undergraduate social work

education also has an important role to play in introducing these concepts to emerging

professionals. However, to date, the experiences of social work educators to integrate these

concepts into undergraduate social work education are not well documented.

This study aimed to explore the experiences of social work educators as they have taught about the topic of trauma and the trauma-informed perspective in undergraduate social work education. Using qualitative methods and a series of semi-structured interview questions, this exploratory study sought to understand how a sample of social work educators in schools in the upper midwest have approached the definition of trauma, and how these educators perceived influences of their own practice background on their approach to teaching about trauma to undergraduate social work students. Distinctions between their experiences with undergraduate versus graduate social work students were explored, as well as perceptions of how the expectations of the practice community to produce competent bachelor's level practitioners knowledgable about trauma-informed practices may impact their teaching.

Overview of Trauma

‘Trauma' as a concept originated from several different domains. On one hand, it has its roots in both the mental health field and the early days of the rape crisis centers and domestic violence movements that began in the 1970s (Wilson, Pence, & Conradi, 2013), as well as new understandings of trauma that emerged following the return of soldiers following the Vietnam War. The addition of the post-traumatic stress disorder (PTSD) diagnosis to the Diagnostic Statistical Manual - III in 1980 cemented the concepts firmly in the medical model paradigm (Marlow & Adamson, 2011; Wilkin & Hillock, 2014), where illness is individualized and deficit-based. However, with the growing recognition of the impacts of other types of traumatic experiences such as child abuse and natural disasters, the conceptual understanding of trauma spurred the evolution of our understanding of trauma to include the experience of the individual as well as community trauma (Wilson, Pence, & Conradi, 2013). Historical trauma, the recognition that trauma can impact marginalized or oppressed groups, families, and communities

intergenerationally (Smyth, 2013), has also been incorporated into the conceptualization of trauma.

Background of the Trauma-informed Construct

As the conceptualization of trauma became more embedded in the helping professions, systems responses to working with people who have experienced trauma began to emerge. In the 1990's several initiatives developed that served as the foundations for what we now call the trauma-informed perspective. In 1994, the Substance Abuse and Mental Health Services Administration (SAMHSA) convened a seminal conference that brought together survivors of domestic violence and sexual assault to draw attention to the impact that social services had on their continued re-traumatization (Wilson, Pence, & Conradi, 2013). This conference and other initiatives during that time, followed by the landmark findings of the Adverse Childhood Experiences study solidified our understanding of the links between early traumatic experiences and negative adult health outcomes such as premature mortality, mental health issues, and substance abuse (Dube, et al., 2001). As awareness grew of the impact that organizational practices could have on people who had experienced traumatic events, the structures that would constitute the "trauma-informed care" model began to be articulated (Bloom, 2010; Harris & Fallot, 2001; Wolf, Green, Nochajski, Mendel, & Kusmaul, 2014). By 2001, initiatives started by SAMHSA and the National Child Traumatic Stress Network (NCTSN) brought greater momentum to the conceptualization of a trauma-informed perspective for working with specific systems that served traumatized children and families (Ko, et al., 2008). In the present, the trauma-informed care perspective operates from the assumption that everyone – clients and staff – may have had some exposure to trauma. The trauma-informed perspective lens is emerging to inform the organizational change process for social service agencies, so that they may be more

responsive to their clients, while at the same time creating a more trauma-informed work environment for agency staff (Wolf, et al., 2014).

Trauma and Social Work Education

Impact on curriculum. The literature confirms that social work education has embraced the concepts of trauma, particularly within the sphere of graduate social work education, and numerous curricular models for incorporating trauma content into curricula have been developed. For example, Adams and Shapiro (2014) advocate the integration of trauma theory into graduate social work education through case study methods. There is also support for the use of stand-alone courses devoted to the topic of trauma, and Breckenridge and James (2010) describe their development of a course that sought to foster a dual focus on the broader context of trauma, as well as the individual practice skills necessary to support clients effectively. Strand, et al. (2014) report on their experiences with using problem based learning pedagogies to educate graduate social work students about trauma. Furthermore, other disciplines such as professional counseling and education that work with similar populations have also begun incorporating trauma theory and content into their professional training, but again, this integration is occurring at the graduate in the level (Black, 2008; Black, 2006; Crosby, 2015). To date, there appears to be little written, however, about how social work education has introduced concepts of trauma and the trauma-informed perspective to the undergraduate generalist social work curriculum.

Trauma and the student experience. There is, however, a robust body of literature exploring the impact that exposure to traumatic course content may have on students, and it is well-established that social work students may experience secondary trauma as a result of the exposure to traumatic material in the classroom (Bussey, 2008; Carello & Butler, 2014; Cunningham, 2004; Dane, 2002; Figley, 1995; Knight, 2010; Miller, 2001; Zurbriggen, 2011).

Social work field practicums specifically can also be a source of trauma exposure for students (Didham, Drogmole, Csiernik, Karley, & Hurley, 2011). Black (2006, 2008) in his work with graduate counseling students argues for teaching about trauma using principles founded in trauma therapy, in order to respond to these concerns. Breckenridge and James (2010) have built in several curricular structures to their course content that allow them to attend to and mitigate possible re-traumatization of their students, when covering sensitive course content.

When students have their own history of trauma, the risk for secondary trauma is compounded. Black, Jeffreys, and Hartley (1993) found that master's level social work students consistently reported significantly high incidences of early family trauma. Gilin and Kauffman (2015) also examined this phenomenon, and found that nearly 80% of respondents who were students had experienced at least one adverse childhood experience. Adams and Riggs (2008) collected the personal trauma narratives of graduate trainees in a counseling program and found that personal issues are related to increased rates of vicarious traumatization. In addition, there is recognition that new professionals with less education are far more likely to be working in frontline positions with clientele who have experienced trauma (Agllias, 2014; Knight, 2010).

While the literature provides a good deal of background on trauma-informed educational practices for social work education in general, the discussion in the literature about the inclusion of trauma content and the introduction of trauma-informed perspective specifically focused at the undergraduate social work education is far less robust. Yet, there is a growing body of literature suggesting social work education could do more to introduce these concepts at the BSW level, in order to prepare generalist practitioners to work more effectively with clients who have experienced trauma, and prepare students to lead in social service settings that employ a trauma-informed model (Agllias, 2012; Greewald, et al., 2008). This study then serves as an exploratory

first step toward understanding how social work education has begun this task, from the firsthand accounts of the social work educators themselves.

Method

This study sought to elicit the experiences and perceptions of social work educators as they consider their role in teaching about the topic of trauma to undergraduate social work students. While much as been written about the perspectives of social work educators who teach this topic at the graduate level, the academic literature contains little information about teaching the topic of trauma at the undergraduate level. In order to gain a more in-depth understanding of the unique experiences of social work educators, use of qualitative research methods are appropriate for this study (Patton, 2002).

Sampling

This study used purposive sampling methods, and participants were initially recruited through email. Criterion sampling was also used to ensure identification with the faculty role and to establish a broad pool. The first criterion was that participants were eligible to participate in the study if they taught in a social work program at least one year. The second criterion was that only one participant from an institution would be interviewed, should more than one faculty from an institution volunteer to participate in the study. This issue did not arise in the sample, however.

In June 2016, an email inquiry inviting participation was sent to the publicly available email addresses of 177 faculty identified on the websites of Council of Social Work Education-accredited social work programs in the identified geographic region of three states in the Midwestern United States. From this initial email inquiry, seven email recipients declined to participate for reasons including "retired", "not social work faculty", "do not teach trauma"," no

longer working at this institution" and 16 emails were returned with automatic "away" email messages. Sixteen email recipients responded in the affirmative that they would be willing to participate in an interview to discuss their experiences with teaching about the topic of trauma. Due to scheduling issues, 14 interviews (*n= 14*) were ultimately conducted, twelve of which were conducted via telephone, one via Skype videoconference, and one interview was conducted in person. Even though the researcher is herself a social work educator in this same geographic region, the researcher made explicit efforts to remain to true to the sampling methods, and did not personally recruit participants beyond the scope of the email inquiry.

Protection of Human Participants

Prior to the start of this study, the project was reviewed and approved by the Institutional Review Board for the researcher's university. Once participants confirmed their interest in participation and a method of conducting the interview was determined – by phone or in person – the participant was emailed a copy of the consent form and was asked to review and return the signed informed consent form by email. This researcher then also signed the informed consent form and then emailed a fully signed copy back to the participant. Participants were assigned a number to maintain participant confidentiality.

Data Collection

A protocol tool containing 27 descriptive and open-ended questions was developed and piloted prior to the first interview with participants. Based on the initial piloting, the protocol was modified to allow for more logical sequencing of questions (Appendix A). Each participant took part in one interview with the researcher. The participants were asked to provide demographic information, background information on their program, their own conceptualization of trauma, classroom experiences with teaching about trauma, and their perceptions on teaching

BSWs versus MSWs. The interviews were audio recorded and transcribed to data verbatim, and lasted anywhere from 40 minutes to 80 minutes long. This researcher followed the semi-structured interview protocol and also encouraged participants to expand on areas that were of particular relevance to their lived experience. Immediately following each interview, the researcher made field notes to summarize any observations about the interview.

Data Analysis

Following the collection of interviews, all data were de-identified and inputted into the qualitative data analysis software MaxQDA 12. Using content analysis methodologies, for the first round of analysis, the researcher reviewed all of the interview transcripts and then used open coding methods to identify provisional categories (Creswell, 2014) and create memos to serve as markers for the categories. Following the initial coding, the first seven interviews to be coded were reviewed once again to confirm consistency with coding categories. As categories were examined and became more distinct, some were collapsed or expanded as themes became more apparent. This process continued until all data were classified or determined to be unrelated to the focus of the study.   Data credibility was sought using peer debriefing to ascertain the coherence of the coding process (Creswell, 2014) and emerging themes, and using consultation and review of coding from professional researchers not familiar with the topic of trauma.

<div align="center">

Results

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Fourteen participants were interviewed for this study (Table 2.1).

Table 2.1

Demographic Characteristics

Variable	Number	%
Gender		
Female	13	93%
Male	1	7%
Age		
31-40	6	43%
41-50	4	29%
51-60	1	7%
61-70	3	21%
Level Taught		
BSW	8	57%
BSW and MSW	6	43%
Highest Degree		
MSW	4	29%
PhD or abd/DSW/EdD	10	71%
Years Teaching		
1-5 years	4	29%
6-10 years	4	29%
11-15 years	2	14%
16+	4	29%
Years in SW Practice		
1-5 years	5	36%
6-10 years	3	21%
11-15 years	1	7%
16-20 years	3	21%
20+years	2	14%
Primary Area of Practice		
Child Welfare	4	29%
Clinical (*couples, trauma, PTSD, adult mental health, multicultural clinical*)	6	42%
Macro Practice	2	14%
Substance Abuse	1	7%
Non-profit Administration	1	4%
Leadership Position if any		
Department Chair	4	29%
Field Director/Coordinator	5	36%
Type of Institution		
Small Private	4	29%
Public University	10	71%

Thirteen study participants were female, one participant was male, and they ranged in age from 30 to 70 years of age, with a mean age of 46 years of age. All but one participant had a Master of Social Work, seven participants had a PhD, three were currently enrolled in a doctoral program, and four participants did not have a terminal degree. Ten of the 14 participants (71%) taught at public universities, and while all taught undergraduate social work students, the majority (57%) taught in undergraduate students only. Two of the participants held the rank of Lecturer/instructor, six of the participants held the academic rank of Assistant Professor, one held the rank of Associate Professor, one was a Professor and one was a Professor Emeritus. The group had an average of 12 years of social work practice experience, with 12 identifying themselves as direct practice practitioners in fields such as child welfare and substance abuse, and two identifying themselves as macro practitioners. Participants were largely an experienced group, with an average of 15. 4 years of teaching experience overall.

Themes

The themes that have emerged from this data can be articulated within three overarching and interdependent spheres: conceptualizing trauma, impact on social work education and curriculum, and the interplay of professional identities (Figure 2.1). Each overarching theme influences and is influenced by the other.
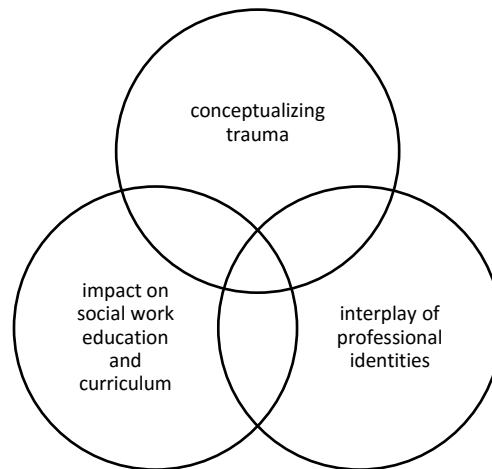
Figure 2.1 OverarchingThemes

Conceptualizing trauma. After basic demographics were collected, participants were

asked to provide their own conceptualization of trauma as they describe it to students, and the

responses varied widely. Some provided what they identified as "clinical" definition, and made

direct reference the Diagnostic Statistical Manual – 5. A number of participants conceptualized

trauma more broadly, and they described how their explanation of trauma for students in the

classroom integrated elements of community trauma and the lifelong impacts of trauma

identified by Adverse Childhood Experiences studies (Felitti et al., 1998). As one participant

noted,

> In terms of the students, I think they're familiar with things like post-traumatic
>
> stress disorder. PTSD, they all know that acronym, right? I go into it much more,
>
> the effects on the human being if somebody beat you up, or did you experience
>
> war, or did you get raped? Those are included, we even talk about the trauma of
>
> poverty.

Three participants stated specifically they approached the topic from a "historical trauma"

vantage. For these participants, their personal and professional connections to Native American

communities in particular underpinned their conceptualization of trauma. Finally, one participant noted that sometimes "it depends on the setting and sometimes it seems it's a more clinical definition and perhaps in other times... it is a different lens."

Trauma-informed care. Participants were asked about their observations of trauma-informed care; if it was a model familiar to them, and if so, what was their perspective on introducing the model to students. All participants indicated that they were knowledgeable about the model from their own practice experience and from current social work literature and conferences. Nearly all of the participants also noted that trauma-informed care was a model being talked about in their practice communities. Participants who were also involved in Field Education articulated more in-depth observations about the wide variation in use and understanding of the trauma-informed care model, and described examples of using the trauma-informed care model in some field agencies. Several expressed some concern that the practice community was looking for a "how-to" model for care. As one participant noted, "I think trauma-informed services is very 'not-one-size-fits-all'. I think that on the practice side, people have wanted this nice little package of, 'Here, this is what you do,' and that doesn't exist." A related subtheme that emerged was a common concern among some participants that in the practice community, there is not a clear understanding of what constitutes trauma informed care.

> I feel like it's a buzzword that I hear a lot of organizations use... I think that as far as academicians are concerned, it really is about helping people in the field to really understand what this means. It's not just about lip service. It's not just about that we're saying trauma is incurable. I feel that people particularly in the field are really looking for guidance about what does it mean, what does it look like, and I

don't know that we have done a good job of really educating on what it is and

what it isn't.

Participants were also asked about whether or how undergraduate social work students

should be introduced to trauma-informed approaches and their responses suggested that the

solution is complicated. A number of participants described the challenge of finding the balance

of providing enough information about the model so that students had beginning awareness,

while maintaining an awareness of scope of practice issues for bachelor's level social workers.

As one participant described it,

I want to make sure and give them information and material that is suitable to

where they will go out into the field and not do damage, if that makes sense? I

don't want them thinking clinical if they're a bachelor level. I don't want them to

go out and try doing therapeutic interventions that could open a whole can of

worms and them not being equipped or prepared.

Several participants noted the implications for undergraduate students when there is a

misalignment between student knowledge of trauma-informed perspectives and their practicum

settings. One participant described the experience of her students:

Actually students are coming back [from their practicum settings] and they're

overwhelmed that people don't know about trauma. They're like, 'Wow. People

need to know. They don't understand. If they understood about trauma, they

would respond differently,' … so [students] become the educators who are out

there, letting people know about what they don't know.

Another believed that her social work program must move to more formally introducing the

trauma-informed care model, because agencies in their community are implementing new and

more holistic, trauma-informed approaches to working with clients, and now there's "a push for

new employees that are social workers who are familiar with trauma-informed or evidence based

practices in the treatment of trauma." In her words, her program needed to respond to this "ripple

effect."

Finally, participants were asked about the recent emphasis on trauma in social work

literature. Participants generally debunked the idea that the trauma-informed model is 'new', and

especially those participants who had practice experience in child welfare. A number of

participants argued that trauma-informed care is simply good social work practice, and that other

professions are now beginning to see the value in the strengths-based systems perspective that

underpins trauma-informed methods. One participant echoed the sentiments of several

participants, when she stated

> I'm going to border on maybe sounding a little cynical and I don't mean to, but 25
>
> years ago, when we'd sit around at conferences we never called it trauma-
>
> informed care, but we called it trauma, working with victims of trauma, people
>
> who had experienced trauma. Fast forward 20 years now I think it's called trauma-
>
> informed care.

Impact on social work education and curriculum. There were three subthemes that

emerged concerning the impact of trauma on the social work curriculum: location in the

curriculum, emphasis on self-care, and managing trauma in the classroom.

Location in curriculum. All participants stated that they introduced their undergraduate

students to concepts of trauma, but their responses varied as to where in the curriculum the

content was found. Most often, the content was integrated in several different courses, and one

participant echoed the experiences of a number of the participants, when she stated, "When we

talk about [trauma] whether it's the intro class, policy, child welfare classes, it's within

everything that we talk about."

Three participants described stand-alone courses on the topic of trauma, two of which

were combination BSW and MSW student courses, with different assignments for undergraduate

versus graduate student. One participant felt that combined courses such as this served students

well, and noted "What I like about that, that they're together, is that the BSW students are really

learning from those MSW students and they're asking good questions to provoke the MSW

students to think a little deeper." Another participant provided examples of how portions of

course content had been developed for hybrid delivery but for them, that wasn't ideal. As she

noted, "The thing about the trauma class is that they put all online. I was really discouraged

because a lot of this needs to be in conversation and talking." When prompted further, the

participant echoed sentiments of several by suggesting the trauma content warranted more

support than can be offered in online courses. Another participant believed that content about

trauma was important information for all students, and that she would like to see a course that

met every week face to face. Finally, another emerging subtheme was ambivalence for stand –

alone courses on trauma, because as one participant put it, the content "should not be relegated to

an elective, where not all of the students have a chance to gain that important trauma

knowledge."

But participants were not necessarily seeking a more formal curricular change to include

content on trauma**.** Many participants noted that the undergraduate curriculum is "already so

full" and that "there's a lot to fit in." One participant noted:

> It's interesting because we're about to write our governing statement for our
>
> department and I'm thinking, 'Oh, that might be something that we need to talk

about,' in terms of either having students who are experiencing issues, but then

how do we also teach that in our classrooms? How are we addressing trauma-

informed care and needing to be aware of it because regardless of what they are

going to do with our degree… they're going to need that foundation.

Finally, the participants who identified as macro practitioners had a slightly different

perspective on the topic, and appeared to approach teaching about trauma from a more macro

perspective as well. One participant described her approach by saying

In teaching social welfare institutions, I teach it from a historical perspective,

from pre-European contact all the way through. We're really looking at

identifying places in the U.S. history where there were incidents of historical

trauma, so impacts of slavery and impacts of manifest destiny in the European

Invasion and then how those occurrences of trauma have an impact in terms of

generational impacts and in boarding schools.

Emphasis on self-care. The topic of self-care was a sub-theme that also emerged

consistently when participants talked about teaching about trauma, and all described the

particular obligation they felt to teach about self-care strategies alongside trauma, especially to

their undergraduate students.

A large amount of our students go to the Boys and Girls Club and volunteer in

their afterschool program where they're working with kids who are of lower

socio-economic status, that have experienced some form of trauma whether it be

directly or indirectly. Witnessing the abuse of a parent or the assault of a parent,

or other form neglect and understanding how all of those psycho-social

characteristics intersect to contribute to the client's current functioning… I think

we have to require additional training in trauma and taking care of yourself.

As was reflected in the literature, these participants also confirmed that field experience in

particular was a source of risk for secondary trauma for their students. Participants described

many strategies they used to integrate self-care into their courses, including teaching about

mindfulness, breathing, use of supervision, incorporating lessons on self-care early and

throughout the program, and understanding individual triggers.

Managing trauma in the classroom. All of the participants were asked about how they

introduced trauma content into the classroom, particularly in light of the recognition that students

who have their own trauma histories are disproportionally represented in social work programs

(Black, Jeffreys, & Hartley, 1993). Participants talked at length about the steps they took to

create a safe classroom for students. As described by one participant,

At the beginning of the semester I say, 'these are tough topics. I have outlined

them so you know what we're talking about each week in your syllabus. Let me

know if somethings difficult and if it's just too hard to come to class one day

because there are many students that have experienced difficult things'. I don't

think that means you can't teach about it, you can have a classroom that's a safe

and open place while still challenging people's learning.

Several participants also noted that since the majority of their BSW undergraduates are

traditionally aged college students, they often see students who are at the developmental point in

their lives where they may be working through their own personal trauma issues, and for whom

trauma course content can be especially sensitive, reflecting the gate-keeping obligations of

social work faculty. In these instances, one participant noted

I think what they're doing is they're trying to heal themselves. Those students, I

don't want them to know a lot about how to respond to trauma because I think

they'll get themselves in positions that could be really hurtful or damaging to

somebody else.

Ultimately, however, the participants reflected many of the best practices classroom safety

strategies identified by others (Agllias, 2012; Carello & Butler, 2014) including educating about

self-care, personalizing support for their students, demonstrating transparency, all of which

contribute to create a trauma-informed classroom.

Interplay of professional identities. The participant's view of themselves as social work

professionals also had an impact on their view of trauma and how they went about teaching

about trauma, and two subthemes became apparent which illuminated this concept: influence of

practice on teaching and the influence of the participant's professional identity.

Influence of practice on teaching. Types of practice and years of practice experience

influenced participants' description of how they conceptualized and taught about trauma, and

participants consistently referred to their practice experience when reflecting on teaching styles

and priorities. Not only did stories from their practice find their way into their teaching, but the

participants' own clinical knowledge of trauma influenced the delivery of course content by

recognizing that some course content could be traumatizing in itself. As noted by one participant,

"I don't think it's been a conscious 'we need to put this [trauma content] in our curriculum', but

just because of how I've practiced and then how I come into teaching, I've brought that with me."

One participant, who was a clinician for a number of years before moving to higher

education, described how she first approached teaching the topic of trauma, and recounted this

story:

A colleague had observed my class and said, 'It was very good, but I think some

of the students weren't prepared for it. I think some of them were triggered.' At

first I got a little defensive and said, 'Well, I'm not making this stuff up. This is

what people go through. As social workers we need to be prepared to hear this

awful stuff.' But, then I realized… if they [students] are being triggered, they

aren't learning.

Several participants pointed to their practice experience in child welfare as a major

influence in their desire to move into higher education, and in turn, to better prepare future child

welfare workers; they saw it as their opportunity to change the field in a different way. One

participant viewed returning to get her doctorate and move into social policy research and social

work education as a means for her to contribute more effectively to improving the child welfare

system. As one former child protection supervisor and now associate professor noted,

Particularly for a lot of young graduates when they go into child welfare, they're

overwhelmed. They're shocked and blindsided by the trauma that people

experience, and they don't know how to process. [In our program] we talk about

how to work with people, when they experience different kinds of trauma. We do

that in our child welfare course. We do that in our HBSE courses that focus on

diversity. We also talk about it in our practice courses as well.

Another participant spoke more pointedly about her commitment to preparing her

undergraduate students to be effective social workers.

I have a philosophy as an instructor, we trauma, that because we are a pre-

professional program, I have more of a liberty to speak where I talk about the real

world. I want to bring the real world into the classroom. I would much rather have

students struggle with their reaction, with whether their own buttons are pushed,

whether some of their trigger issues are pushed in the classroom - rather than the

first time having that happen in front of a client.

Influences of practitioner identity. Several participants identified themselves as the

"trauma experts" in their departments and among colleague, because they had extensive practice

experience in working with trauma. Another identified herself both as the "go-to" person in her

department, but also suggested that she felt isolated. The significance of their practitioner

identity continues to influence their educator identity, even when they are no longer in practice.

As one participant noted, "I actually have to remind myself sometimes, and remind students, 'I'm

not your therapist'". Another participant recounted

Ultimately, I resolved leaving practice… if I can be a part of educating really

competent social workers my impact might be wider, greater. Rather than just

continuing myself. I try and tell my students and myself that's why I left. I didn't

leave because I was unhappy. I didn't leave because I was burnt out.

For each of the participants, their practice experiences working with trauma have deeply

influenced their conceptualizations of trauma, and have fueled their insistence that as educators,

they must better prepare social work professionals.

Discussion

 This exploratory study sought to understand the experiences of social work educators in

schools in the Upper Midwest when teaching about trauma in undergraduate social work

programs. The participants interviewed volunteered to share their perceptions of their own

experiences, and offered insights into how they conceptualized trauma for students. Not

surprisingly, the variety with which participants approached conceptualizing trauma mirrored

findings in the literature, where definitions are contextually driven, with some participants describing trauma from a strictly clinical perspective, and others incorporating a more community or historical trauma lens. All participants were strongly commited to providing a strong foundation of content on trauma to their undergraduate students, particularly because these students would go on to work in intense settings. Participants wrestled with the best methods to use for introducing their students to tough content, but gave great thought – and also at times their own clinical expertise – to doing so in ways that wouldn't perpetuate trauma for their students. All spoke at length about their message of self-care to students, and of their desire to prepare students to be practicitioners who could function effectively and ultimately be leaders in practice settings by coming from a trauma-informed perspective. Finally, participants described their attitudes, observations, and insights into the various ways the trauma-informed care model has come to be used in their communities.

There are a number of limitations that impact the generalizability of this study and study design. First, this study is limited by its small sample size and by the sample's geographic limits. While the study did use multi-state sampling and sought participants from different institutions, the perspectives are those of a sample of social work educators from one region, and thus may not represent the perspectives of the broader social work educational community. In addition, the participants self-selected to identify themselves for participation, which therefore ruled out the perspectives of other social work educators who had more limited experiences teaching about trauma. For instance, there were several respondents in the original email request who indicated that they "did not teach about trauma", and one possible line of exploration would have been to follow up with these participants to discern if their definition of trauma may have been very narrow. The study design also limited generalizability because of the one-time nature of the

interview and the fact that all but one interview was conducted via telephone. In person and follow up interviews would have likely produced more rich data. This study does however give voice to a group that is not well represented in the professional literature, and lays the groundwork for future research in a number of different areas.

These findings may have a number of implications for social work education. First, if there was a question as to whether undergraduate students were being introduced to concepts of trauma, this study demonstrates that indeed, in these settings, trauma is being integrated into these undergraduate social work programs. This does not speak to the many programs whose voices were not represented here however, and a larger study to determine the experiences of a broader range of social work programs is warranted. Next, the participants in this study clearly articulated the necessity for undergraduate social work students to be more systematically introduced to trauma concepts and theory, and that undergraduate students should be oriented to trauma-informed care models of service delivery, especially future child welfare workers. As schools and programs move forward with these efforts, it is important that they consider the most apppropriate means of delivering course content on trauma, and give special consideration to which content may or may not be appropriate for asynchronous learn methods. Finally, the participants in this study brought to light the need for more training and support for agencies seeking to adopt a trauma-informed model of care in their communities. Social work educators can have a role to play in providing that training and support. It was also evident from these findings that the practice community may benefit from practice standards. Several entities such as SAMHSA and the National Child Traumatic Stress Network have developed extensive resources for working with trauma, but social work education could have a larger role to play in disseminating this type of information in the social work curriculum and the practice community.

The Council on Social Work Education (2012) has also developed guidelines for advanced social work practice in trauma for graduate education. It would seem appropriate that CSWE also consider developing guidelines appropriate for undergraduate social education as well.

This study serves as a first step toward understanding and documenting the experiences of social work educators as they have sought to integrate concepts of trauma into the educational experience of Bachelor's level social work students. The findings have shed light on several important areas for growth for social work educators, as we work to continue to integrate new knowledge about implications of trauma on both social work clients and practitioners.

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Appendix A

Interview Protocol

Trauma Content in Undergraduate Social Work Education

Semi-structured Interview Questions

Participant #: _____   Interview date: _____

How was interview conducted: phone / in person / video call

Introductions

Thank you once again for your willingness to participate in this interview. As we discussed, I will be recording this interview for practicality's sake, so I can focus on your responses.

You have read and signed the consent form. Do you have any questions about the study or this interview, before we begin?

Consent statement and signature

Part l. Background Questions - I am wondering if we can start off to learn a bit about you.

1. What are your **educational background**? (i.e. what degrees do you have?)

2. How many **years** have you taught social work *at your institution*?

3. **What do you teach** and at what level (content areas, BSW, MSW, both)?

4. How many **years of teaching** social work do you have *overall*?

5. What is your **academic title** at your institution? (Instructor/ Assistant Professor /Associate Professor

   /Professor)

6. Are you in a **formal leadership role** in your program, such as department chair, field director,

   program director? If so, what is your role? (probe – are you a department, part of another

   department, school, etc

7. How many **years of social work practice** do you have?

8. What are your **areas of interest** for practice?

9. Are you **licensed**? If so, what is your licensure level?

10. What is your **age**?

11. How do you identify your **gender**? male female other

    Part ll. It will be helpful to get a little information about your institution.

12. How many full time faculty do you have in your program?

13. How many part-time or adjunct faculty do you have in your program, on average?

14. What is the configuration of your program?

      BSW only   BSW/MSW   MSW only BSW/MSW/DSW/PhD   Other

15. How many students do you have in your program?

        BSW _____   MSW _____   Doctoral program _____

16. How would you characterize your school's setting, overall?
      (primarily rural, primarily urban, combination)

17. If your program offers an MSW, what are the specializations or concentration areas? (For example, clinical, community practice, older adults, etc.)

Part lll. Now that we've got those questions out of the way, I would like to talk more specifically about your experience as a social work educator.

18. There are a number of **ways to define "trauma"**. Some contexts frame the concept in clinical terms, and contexts consider historical trauma, or the idea of a lens. When you think of trauma, how do you define it? Conceptualize

19. What has been **your experience with teaching** about trauma in your social work program?

20. **What classes** does it appear the most? How do you introduce it? What materials do you use to teach about the topic? (books, videos, case scenarios)

21. How does your undergraduate **program view the teaching of trauma?** (probes – specific courses, buy in from faculty, support from administration, how is trauma defined or thought of, in your department? When you're talking about trauma with students, how do you define it?)

22. How does your program **manage secondary trauma in the classroom**? Secondary trauma would be that experience of students when they are exposed to difficult and traumatic course content, and they have a strong negative response to content.

23. What sorts of **policies** are in place at the dept or institution level?

24. In your community, what do you hear about the use or need for **"trauma informed" services**? In what fields (i.e. child welfare, JC)

25. What is the **level of interest in trauma content by your faculty,** do you think?

26. What **barriers,** if any, do you see to integrating trauma content into the BSW curriculum?

27. What **differences or similarities do you see between the BSW and MSW program**s when thinking about integrating trauma content?

28. **Is there anything else that you would like to share or that would be helpful for me to know?**

Managing Hard Stuff:

A Presentation on the Trauma-Informed Perspective in the Classroom

Anne Vande Berg

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Abstract:

In undergraduate professional preparation programs, the concept of trauma can inform our teaching; our students' future clients have frequently experienced trauma, and our students often bring their own trauma histories to the classroom or may experience secondary trauma through course content. This paper provides an overview of an interactive presentation given on November 20, 2016 at the 36th Annual Original Lilly Conference on College Teaching held at Miami University, Oxford, Ohio. Entitled "Managing Hard Stuff: Bringing a Trauma-informed Perspective to the Classroom," this presentation proposes that the trauma-informed perspective can serve as a useful conceptual framework for the university classroom, as a tool for supporting pre-professional students, and as a means for introducing an important model for working with clients. This paper discusses the relationship of this presentation to the author's banded dissertation, identifies key reference sources used as the framework for the presentation, and summarizes feedback from presentation attendees.

Keywords: academic success, course/curriculum design, trauma-informed, pre-professional students

Managing Hard Stuff:

A Presentation on the Trauma-Informed Perspective in the Classroom

This paper provides an overview and analysis of a presentation entitled "Managing Hard Stuff: Bringing a Trauma-Informed Perspective to the Classroom" which was given at the 36th Annual Original Lilly Conference on College Teaching at Miami University, Oxford, Ohio. The Original Lilly Conference is one of five conferences in the Lilly Conference Series on College and University Teaching and Learning held annually around the country, and is a highly regarded conference focused on presenting innovative pedagogies in the area of Scholarship of Teaching and Learning (SoTL). The Lilly Conferences typically draw participants from a wide variety of disciplines and types of institutions, but all are united in their interest in exploring new ways to improve teaching and learning on their campuses.

The presentation described in this paper also serves as one component of the author's banded dissertation "Trauma-Informed Educational Practices in Social Work Education" for the Doctorate of Social Work at St. Catherine University | University of St. Thomas. This doctoral program has a specific focus on transformative teaching and preparation for leadership in higher education settings, therefore the author's emphasis for this presentation on integrating trauma concepts with classroom pedagogies is appropriate.

This paper will provide an overview and analysis of the author's presentation, to include reference to key source materials. The PowerPoint presentation slides and conference materials are included in the appendices.

Overview of Presentation

This presentation was given on November 20, 2016 at the 36th Annual Original Lilly Conference on College Teaching, held November 17- 20, 2016 at Miami University, Oxford,

Ohio. Entitled "Managing Hard Stuff: Bringing a Trauma-Informed Perspective to the

Classroom", the presentation was accepted for the Innovation category, because the presentation

proposes an innovation of approach to teaching and learning through the introduction of trauma-

informed educational practices for the classroom. For the purposes of this paper, the presentation

proposal abstract, learning objectives, and annotations of the PowerPoint presentation slides are

provided for discussion, along with an overview of key sources that informed the creation of this

presentation. The PowerPoint presentation slides are contained in Appendix A. The full accepted

conference accepted proposal abstract, acceptance letter, and additional conference materials can

be found in Appendices B-E.

Presentation Abstract and Learning Objectives

In undergraduate professional preparation programs, the concept of trauma can inform

our teaching; our students' future clients have frequently experienced trauma, and our students

often bring their own trauma histories to the classroom or may experience secondary trauma

through course content. This interactive presentation introduces the *trauma-informed*

perspective developed by Harris and Fallot (2001) and expanded upon by SAMHSA (2012) as

the guiding conceptual framework teaching about trauma. Teaching strategies will be identified.

At the end of the presentation, participants will be able to 1) articulate an

understanding of "trauma-informed perspective" as it applies in higher education; 2) identify

applications of the trauma-informed perspective to their discipline; and 3) describe at least three

strategies to use in the classroom to manage trauma course content or student trauma histories.

Annotation of Presentation and PowerPoint Slides

The author used PowerPoint presentation slides to introduce the audience to the trauma informed perspective as it would relate to the university classroom, as well as to guide discussion and provide a visual accompaniment (Appendix A).

Introduction and overview of the presentation: Slides 1 – 3. The author began the presentation by providing an overview of content that would be covered during the 45-minute presentation. Because the Original Lilly Conference was not intended to be discipline-specific because of its overarching emphasis on the scholarship of teaching and learning, the author began by situating the presentation within the context of social work education, but suggesting this content has relevance beyond social work. At the beginning of the presentation, the author modeled one of the key strategies for the trauma-informed classroom by encouraging attendees to practice self-care (Slide 2), in the event that any of the presentation content proved troubling at any time. This activity is directly in line with the principle tenets of the work of Carello and Butler (2014, 2015), who contend that educators in higher education have an obligation to prioritize student emotional wellbeing in classroom when traumatic events are part of the course content. Next, using Slide 3 as a catalyst, the author presented a case study to illustrate the individualized nature of trauma. This case study provided the backdrop for the remainder of the presentation and served as the springboard for a more in depth definition and history of trauma.

Definitions and Background: Slides 4 – 8: Following the case study, on Slide 4, the author introduced attendees to a definition of trauma developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), where trauma is an " event, or series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful … and that has last adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, July 2014, p. 7). The author then

introduced attendees to the evolution of the conceptualization of trauma (Slide 5), beginning

from the 1970s with the growing awareness of the impact of combat, and the alignment with

trauma as a clinical concept when Post Traumatic Stress Disorder was added to the Diagnostic

Statistical Manual III in 1980 (Wilson, Pence, & Conradi, 2013). The author drew particular

attention to the important role of Harris and Fallot's (2001) work in developing the trauma-

informed care (TIC) framework, a model that understands the impact trauma may have on

individuals, and designs programs and services specifically to empower clients, while preventing

retraumatization (Slide 6-7).

The author then discussed how the principles of Harris and Fallot's (2001) traum-

informed approach work in concert with the five principles of the trauma-informed approach for

organizations (Slide 8) articulated by SAMHSA (2014) in their publication "SAMSHA's

Concept of Trauma and Guidance for a Trauma-Informed Approach". The SAMHSA publication

was developed with the intent of creating a comprehensive framework for understanding the

concept of trauma and the trauma-informed approach that could be used by an array of

stakeholders and generalizable across multiple types of settings, including the university setting.

Since its publication, this SAMHSA has served as a guide for many constituencies, and was

instrumental in the development of this presentation.

Applications to the higher education: Slides 9-15. After providing an overview of the

trauma-informed perspective, the author then applied this framework to the university classroom.

According to Carello and Butler (2014, 2015) and Ko, et al. (2008), in educational settings it is

especially appropriate to develop trauma-informed pedagogies for several reasons. First, course

content in clinical degrees and nonclinical disciplines such as education, women's studies, and

literature is often traumatic in nature, or expects students to disclose personal trauma without

appropriate supports. In addition, given the overall prevalence of trauma histories among college

students, higher education institutions should place greater emphasis on trauma-informed

educational practices (Slide 10).

At this point, attendees were invited to have small group discussions for a few minutes

about possible traumatic events or situations (Slide 11) their students may have encountered, and

which may be impacting students in the classroom. Following this, the author highlighted the

work of several key scholars (Zurbriggen, 2011; and Miller, 2001) to discuss how trauma may

manifest itself in the classroom (Slide 12). The author then identified behavior patterns that may

be observed or reported by students to suggest that students may have a trauma history or are

being traumatized in some way in the course, and described how Carello and Butler's (2014,

2015) strategies foster the use of the trauma-informed perspective and allow for a different

understanding of the responses of students.

For the remainder of the presentation, attendees were provided with a host of trauma-

informed educational practices that could be used to recognize the impact and symptoms of

trauma in students, and could avoid retraumatizing students (Slides 13-14). The majority of the

recommendations were informed by the work of Carello and Butler (2014, 2015), as well as by

Bussey (2008), who identifies the importance of self-care plans and understanding secondary

trauma. The work of Zurbriggen (2011) also informed this portion of the presentation, since she

advocates educating about secondary trauma, managing safety in the classroom, empowerment,

and social support. The presentation concluded with a discussion of the debate in higher

education about the use of "trigger warnings" in the classroom (Slide 15). The author argued that

difficult or potentially traumatizing course content should be included, and the use of the trauma-

informed perspective can serve as a guide for faculty in these instances. The author concluded

the presentation by returning to the case study from the beginning of the presentation, and invited

the attendees to consider the case now, in light of their new understanding of the trauma-

informed perspective of the university classroom.

Feedback from Attendees

The presentation had ten attendees, and the disciplines represented included: psychology,

mathematics, English literature, nursing, occupational therapy, physical therapy, journalism,

social work, and curriculum and instruction. The conference made use of an electronic

presentation evaluation system, where attendees were asked to provide feedback on the

conference website following the presentation (Appendix E). While electronic feedback

responses were not made available to the author, a number of participants provided informal

feedback. During the question and answer portion of the presentation, several participants

commented that information about trauma and the framework of trauma-informed educational

practices would be exceptionally useful for their own teaching practices. A number of attendees

noted that this topic warranted more time at a conference such as Lilly, and several stated that the

concept of the trauma-informed perspective was a completely new concept for them. An attendee

from mathematics and an attendee from English literature both made important contributions to

the discussion, as they identified applications of the presentation content to their own

classrooms. One attendee stated she would soon be teaching a course on sexual identity and

commented that the modeling of self-care offered by the author at the beginning of the

presentation was particularly valuable. Overall, the presentation was very well received, and a

number of attendees followed up with the author following the conference to request further

resources.

Reflection on the Conference Experience

This presentation proved to be a very valuable experience, personally and professionally. To begin, all of my previous conference presentation experiences have been in collaboration with colleagues, so the opportunity to present alone was both intimidating and challenging. The actual presentation went smoothly, even though I found myself very nervous. During the presentation, I found that I was able to draw on a number of conceptual ideas from my dissertation work, as well as my background in student affairs. Overall, the experience boosted my confidence and commitment to becoming a social work educator and scholar in the area of teaching and learning.

My experience with a Lilly Conference overall was also very positive. As a relatively new faculty, I was not entirely convinced that I had new information to offer to this group of educators who are certainly leaders at their institutions and often in their disciplines, when it came to innovative teaching methods and the creation of exceptional student learning environments. I was not sure that my topic – the use of trauma-informed educational practices – would be of interest, or would be new. It was apparent, however that my presentation content was of great interest to a great variety of disciplines. The content was also very new to most of the audience. In fact, when I was creating the presentation, I made some assumptions that attendees would have more knowledge about the topic of trauma and would have some ideas of how trauma might influence their classroom. During the course of the presentation, I opted to adjust my delivery to a more general audience, and took time to explain terms and concepts that were not familiar to attendees. Finally, it was particularly evident when interacting with the faculty from other disciplines that the social work profession and social work education has important contributions to make to higher education, and to the scholarship of teaching and learning (SoTL). I hope to continue to incorporate SoTL projects into future research.

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Appendix A

PowerPoint Slide Presentation

Managing Hard Stuff:
Bringing a
Trauma-informed
Perspective
to the Classroom

Anne Vande Berg, MSW, LISW
Winona State University
Lilly – November 20, 2016
Slide 1

Overview of the session

- Evolution of conceptualization of trauma
- Introduction of the trauma-informed perspective
- Applications to education
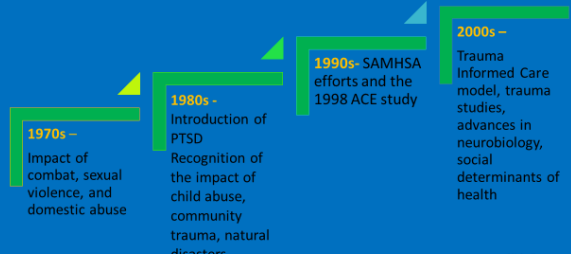- Strategies for the classroom

Slide 2

Slide 3

What is trauma?

- Event or experience that causes extreme distress and overwhelms a person's ability to cope.
- Unexpected
- Subjective experience
- Feelings of hopelessness and loss of control
- Effects continue in the aftermath of the experience

SAMHSA (2014)
Slide 4

Evolution of the conceptualization of trauma

1970s –
Impact of combat, sexual violence, and domestic abuse

1980s -
Introduction of PTSD Recognition of the impact of child abuse, community trauma, natural disasters

1990s- SAMHSA efforts and the 1998 ACE study

2000s –
Trauma Informed Care model, trauma studies, advances in neurobiology, social determinants of health

Slide 5

The trauma-informed perspective

- *Realizes* the widespread impact of trauma
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- *Actively* *resists* re-traumatization

Harris & Fallot (2001), SAMHSA (2014)
Slide 6

The Trauma-informed perspective changes the question

From....
What is wrong with you?

?

To:
What happened to you?

Slide 7

Principles of the trauma-informed approach

- Safety
- Trustworthiness and transparency
- Choice
- Collaboration and mutuality
- Empowerment

SAMHSA (2014)
Slide 8

Here's the rub….

"Trauma confronts schools with a serious dilemma: how to balance their primary mission of education with the reality that many students need help in dealing with traumatic stress to attend regularly and engage in the learning process."

(Ko, et al., 2008, p. 398)

Slide 9

Trauma-informed educational practices

There is a growing realization that our teaching should be informed by and consistent with the implications of the content we teach. In short – we should be practicing what we teach.

Realize
- Students may be traumatized by course content
- Students may be traumatized at field or clinical experiences
- Students may bring their own trauma histories with the to the classroom

Recognize symptoms as they may manifest in the classroom

Respond by including what we know about trauma into program and classroom policies

Resist retraumatizing   Carello & Butler (2015)

Slide 10

Have your students encountered any of these experiences?

- Natural or man-made disaster
- Early neglect or deprivation
- Intrusive medical interventions
- Chemical dependency
- Homelessness
- Domestic violence
- Disrupted early care
- Sexual violence
- Home fire
- Serious accident
- Divorce of parents
- Death of a caregiver
- Military experience
- Maltreatment or abuse
- Immigration
- Witnesses violence

Slide 11

So what does this look like in the classroom?

- Withdrawal
- avoidance
- Persistent sadness
- Reduced energy
- Changes in sleep and eating habits
- Intrusive thoughts or images
- Lack of insight or minimizing of reactions
- Restlessness
- Overdisclosures
- Poor peer relationships
- Anxiety
- Overbearing
- PRICKLY

Slide 12

Strategies for the classroom

- Preview course content with a trauma-informed lens
- Encourage students to take care of their emotional needs as necessary
- Process content – in discussions or in writing
- Consider our assignments – do they require personal disclosure?
- Instructor feedback
- Provide an agenda – tell people what you're going to do before you do it
- Be aware of our actions – literally
- When covering difficult but critical content, provide students with a outline of what to expect, in terms of content, severity, and /or duration
- Recognize that vicarious trauma can occur to all students

Slide 13

Additional considerations

- Discuss, foster, and model self-care
- Recognize the power differential, and that students with trauma histories may be especially motivated to please the instructor
- Be attuned to students if they have strong reactions to course content
- Provide students with referrals as needed
- Familiarize yourself with current research on secondary trauma, retraumatization
- Allow opportunities for choice
- Determine if you are "romanticizing trauma" in ways that jeopardize your students' wellbeing

                    Carello & Butler (2014, 2015)

- Other considerations?

Slide 14

Utility of trigger warnings

- Difficult content *should* be taught, and not avoided – but with appropriate scaffolding
- Giving a warning is about giving students *power* and *choice* - not about content
- If students are being triggered, they are not able to learn in that moment
- For pre-professional program students, it is valuable that they have the opportunity to try out or "practice" being impacted in a safe setting, rather than having their first experience being in the presence of clients
- We can't know what will trigger a student (remember the rat?)
- Build in opportunities for discussion of content

Slide 15

In conclusion….

The GOAL is not to provide therapy or become a therapist, but to ensure the emotional safety of everyone – including the instructor - when discussing hard stuff.

(Carello & Butler, 2015)

Slide 16

Questions

Thank you!

Anne Vande Berg, MSW, LISW, DSW candidate
Winona State University
avandeberg@Winona.edu

Resources

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Appendix B

Conference Proposal Abstract

Presenters:

Vande Berg, Anne
Social Work, Winona State University

Abstract:

In undergraduate professional preparation programs, the concept of trauma can inform our teaching; our students' future clients have frequently experienced trauma, and our students often bring their own trauma histories to the classroom or may experience secondary trauma through course content. This interactive presentation introduces the *trauma-informed perspective* developed by Harris and Fallot (2001) and expanded upon by SAMHSA (2012) as the guiding conceptual framework teaching about trauma. Teaching strategies will be identified.

(76 words)

Outcomes:

Articulate an understanding of "trauma-informed perspective" as originally developed by as it applies in higher education

Identify applications of the trauma-informed perspective to their discipline

Describe at least three strategies to use in the classroom to manage trauma course content or student trauma histories

(52 words)

Keywords:

Academic Success Course/Curriculum Design/Redesign Trauma

Category: Innovation

Innovation: Describe the planned innovation addressed in your paper and what motivates it. Describe what you see in your students', colleagues', or institution's behavior that you want to change. Describe the learning objectives you want students or colleagues to better achieve as a result of your innovation.

Trauma as a concept has its roots in the mental health field and domestic violence response movements that emerged in the 1970s (Wilson, Pence, & Conradi, 2013) but more recently, the conceptual understanding of trauma has evolved to a broader framework to include historical trauma and other experiences of marginalized groups. The Substance Abuse and Mental Health

Services Administration (SAMHSA) developed a definition of trauma that has gained widespread acceptance, where trauma is "an event or series of events, or set of circumstances that is experienced by an individual as physically or emotional harmful or life threatening physically or emotionally harmful or life threatening and that has lasting adverse effects" (SAMHSA, 2014, p. 7). A *trauma-informed perspective* (Harris & Fallot, 2001) incorporates this comprehensive definition of trauma and provides an action strategy for understanding how violence, victimization, disaster, or other traumatic events have affected people and communities.

The *trauma-informed perspective* also has applications for the university classroom. In professional education programs, students are introduced to traumatic topics through course content, and students may bring their own trauma histories into the classroom. There have been significant efforts made to integrate trauma content into graduate-level professional programs such as social work, counseling, and chemical dependency training. Yet, the topic of trauma has historically remained a component of graduate education, in part because of its clinical roots. As awareness has grown of the impact and breadth of trauma, however, it is evident that there is a need to introduce the content of trauma to the undergraduate classroom, while being mindful of the impact of learning this content. This presentation will present the case for developing a unified means to introduce trauma theory concepts to undergraduate professional programs using the trauma-informed perspective and the guidelines expanded upon by SAMHSA (2012) as the guiding conceptual frameworks.

(308 words)

Innovation: If your innovation involves a particular course or curriculum, briefly describe it, its students, and its place in the curriculum or program.

This presentation will focus on the introduction of the use of the trauma-informed perspective to professional programs such as social work, teaching, healthcare, and criminal justice, and in particular, undergraduate programs in these areas. Traditionally, course content on trauma has not been embedded into undergraduate programs, since at that educational level, students are being prepared for generalist practice. Yet these frontline professionals are often most likely to be working in settings with highly traumatized clientele (Bussey, 2008). This presentation will guide participants in understanding the rationale for applying SAMHSA's model of a trauma-informed approach to undergraduate education.

(100 words)

Innovation: How is your innovation different from ones that others have tried?

The notion that students may bring a personal trauma history to the classroom is not new, and has been well demonstrated in the social work literature. Black, Jeffreys, and Hartley (1993) found that master's level social work students consistently reported significantly high incidences of early family trauma. This proposed innovation described in this presentation is unique in that it recommends applying the model of a trauma-informed approach – a model developed for use by social service agencies – to undergraduate professional programs in higher education. With

the introduction of the trauma-informed approach, professional programs will be more attuned to the self-care needs of students as they navigate their programs, and at the same time, will be more effectively introducing their students to the trauma-informed lens (Breckenridge & James, 2010).

(131 words)

Innovation assessment and baseline: Indicate how you plan to determine the success and effectiveness of your innovation. If outcomes are not yet available, indicate when they will be (by the time of the session?).

The success of this recommended innovation could be measured in several ways. First, students could be assessed on their working knowledge of the impact of trauma at the beginning and end of their professional program. Students could also be assessed on their knowledge and awareness of how to manage the impact of secondary trauma and their need for self-care. Greenwald, Maguin, Smyth, Greenwald, Johnston, and Weiss (2008) found that teaching students a trauma-informed case formulation method led to a decrease in distress as well as increased feelings of empathy toward clients and increased confidence in their professional role. Miller (2001) recommends first that an instructor introduce a metacognitive stance around the topic of trauma, encouraging students to recognize and anticipate potential responses within themselves or by peers to course content. Black (2006) argues for a model of teaching about trauma that is based on elements of trauma treatment itself, where "resourcing, titrated exposure to traumatic material, and reciprocal inhibition" (p. 268) are all offered. Each of these studies suggests possible applications tor undergraduate social work education that warrant further exploration. Faculty at these professional programs could also be queried about their experiences with teaching the topic using the SAMSHA model, once the model is introduced at the program level.

(209 words)

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(234 words)

Organization:

This presentation content is applicable across disciplines. Using a combination of presentation and small group guided discussion, participants will explore the use of the *trauma-informed perspective* to support teaching content that may be sensitive, while also doing so in a way that is responsive to experiences of all students. Several Classroom Assessment Techniques will be used during the presentation.

(63 words)

Appendix C

Acceptance to Conference Notification

Mon 8/15/2016 2:27 PM

Wentzell, Gregg wentzegw@miamioh.edu

Acceptance of Your Lilly Proposal

Dear Anne:

Greetings!

We are pleased to accept your revised proposal, "Managing Hard Stuff: Bringing a Trauma-Informed Perspective to the Classroom," for the 2016 Original Lilly Conference on College Teaching. Your proposal will be posted on the Conference website soon.

As stated on the Conference website, we will do our best to honor your request for a particular session format; however, changes may be necessary due to scheduling constraints. **Because scheduling so many presentations is difficult, please plan to be available to present at any conference presentation time slot from Friday morning, November 18, through noon Sunday, November 20.**

Your proposal acceptance does not register you for the conference. Please go online to www.miamioh.edu/lillyconference/ and click Register Now to register. The early bird registration deadline is October 1.

We would like to post a photograph of you and any copresenters on the conference website. If you have a jpeg photo, please send it to us.

We will be in touch later with additional information.

Best wishes,

Gregg

Gregg Wentzell, Ph.D.

Lilly Conference Associate Director

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Gregg W. Wentzell, PhD

Miami University

Center for Teaching Excellence

Laws Hall 317

551 E. High St.

Oxford, OH 45056

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Appendix D

Original Lilly Conference Program

CONFERENCE PROGRAM
SUNDAY, NOVEMBER 20

20c Marcum 112	**Encouraging Deeper Student Reflection Through Integration, Collaboration and Partnerships** Sunday, 8:15 am - 8:55 am **Stephanie Danker**, Art, Miami University Field experience in any discipline provides students opportunity to know their chosen field at a deeper level. Students observe and interact within a professional setting, connected to coursework. How can instructors coach students to reflect deeper, beyond recall of an experience? This qualitative study analyzes data collected through student reflection journals and presentations, surveys, and other evaluative tools. Contextual factors such as integration, collaboration, and partnerships can provide reciprocity for external stakeholders hosting university students.
20d Marcum 124	**Demystifying Interprofessional Education: A Curricular Model for Teaching a Collaborative Approach of Patient Care to Students in Graduate Health Professions** Sunday, 8:15 am - 8:55 am **Rhonda Schwindt**, Nursing, Indiana University Following completion of an online module, an interprofessional live training session, and a simulation experience with a standardized patient, graduate health professions students (N=36 [n=13 nursing, n=9 pharmacy, and n=14 social work]) reported high perceived ability to engage in collaborative care and work as part of an interprofessional team. This curricular model has the potential to inform the ways in which students across the spectrum of health professions are educated.
20e Marcum 180	**We're Not in Kansas Anymore, Toto: Pulling Back the Curtain on a New Institution** Sunday, 8:15 am - 8:55 am **Nancy Sowers**, Economics and Business, Berea College **Maggie Robillard**, Education Studies, Berea College **Connie Lamb**, Nursing, Berea College **Beth Kelly**, Mathematics, Berea College **Sarah Jones**, Psychology, Berea College **C. Anderson**, Art and Art History, Berea College Changing institutions is a challenging adventure. Through a peer observation project, we took advantage of each other's experience and perspective to learn more about our own teaching and our new community. We were struck by interdisciplinary themes that emerged in our self-reflections. This worthwhile endeavor might be replicated by faculty learning communities that embrace openness, a focus on pedagogy rather than content, and a willingness to see teaching through a colleague's eyes.
20f Marcum 184	**Managing Hard Stuff: Bringing a Trauma-Informed Perspective to the Classroom** Sunday, 8:15 am - 8:55 am **Anne Vande Berg**, Social Work, Winona State University In undergraduate professional preparation programs, the concept of trauma can inform our teaching; our students' future clients have frequently experienced trauma, and our students often bring their own trauma histories to the classroom or may experience secondary trauma through course content. This interactive presentation introduces the trauma-informed perspective developed by Harris and Fallot (2001) and expanded upon by SAMHSA (2014) as the guiding conceptual framework teaching about trauma. Teaching strategies will be identified.

Appendix E

Conference Presentation Feedback Form

Lilly Conference on College Teaching Session Evaluation Form

We wish to provide the session presenter(s) with feedback. Your comments may help them prepare for a future presentation or to prepare results for publication. Please take a moment to give us your reaction.

2

Please rate the following questions on a scale from 1-5 with 1 being strongly disagree and 5 being strongly agree.

3

I learned much from this session.
5 being the highest. Leave blank if N/A.

4

I will be able to use some things from this session in my teaching.
5 being the highest. Leave blank if N/A.

5

This session stimulated me to think about new concepts or to see old concepts in a new way.
5 being the highest. Leave blank if N/A.

6

The quality of the materials presented (e.g. handouts, technology, live demonstration, etc.) were (or will be) informative and helpful. If there were no materials leave blank.
5 being the highest. Leave blank if N/A.

7

This session was presented well.
5 being the highest. Leave blank if N/A.

8

What was best about this session and its content?

9

What could be improved/revised?

10

Slide to indicate your overal rating of this session. The scale is as follows: 5 - Excellent, 4 - Good, 3 - Fair, 2 - Poor, and 1 - Waste of Time.

5 being the highest. Leave blank if N/A.