TRAUMA: HEALING, WELLNESS, AND SUSTAINABILITY
IN SOCIAL WORK

By

Rebecca Sider

A Project Presented to
The Faculty of Humboldt State University
In Partial Fulfillment of the Requirements for the Degree
Master of Social Work

Committee Membership
Yvonne Doble, MSW, Committee Chair
Elizabeth Roscoe, Committee Member
Marissa O’Neill, MSW, PhD, Graduate Coordinator

May 2015
Abstract

TRAUMA: HEALING, WELLNESS, AND SUSTAINABILITY IN SOCIAL WORK

Rebecca Sider

The growing field of trauma work supports professionals and clients alike in healing from trauma, and creating ways to sustain one’s wellbeing. It is important to consider the benefits of implementing a trauma course in the MSW Distance Learning program, to better assist students in dealing with their own trauma, understanding different ways people experience trauma, various therapies of trauma healing, and how to remain sustainable in the field of social work. Whether MSW students are currently working in the field or not, having an understanding of trauma will benefit them, both in their program as well as in professional practice. MSW Distance Learning students in particular, could greatly benefit from a semester long intensive course in trauma, perhaps more than students in an on campus MSW program because of the potential for isolation in a distance learning program. Using the framework of Trauma Informed Practice, this researcher developed a three-week curriculum designed for MSW Distance Learning students at Humboldt State University to learn about trauma and secondary trauma in the field of social work. This curriculum can be built upon, and extended into a semester long course on trauma for social work students.
Acknowledgements

I would like to thank the faculty and staff in the Department of Social Work at Humboldt State University for their commitment to expertise in the design and function of the Distance Learning MSW program. I am honored to be a part of the first graduating cohort of this program. I must specifically thank Yvonne Doble, MSW, Committee Chair, who has been a most effectual guide in the process of my master’s project. I would also like to thank Marissa O’Neil, MSW, PhD, Graduate Coordinator, whose commitment to ethical social work research helped me to cultivate my own sensibility and ethical framework of working with people and within communities in social work practice. In addition I thank Elizabeth Roscoe for being willing to share with me her vast training, knowledge, and experience in somatic trauma therapy. My thanks are due also to Jamie Jensen, MSW, Distributed Learning Program Director, for her continual support and guidance in encouraging me to remain authentic to my frameworks of practice. Finally, I want to thank my family for their continued love, support, and sacrifice, without which this endeavor would not have been possible.
# Table of Contents

Abstract ............................................................................................................................... ii

Acknowledgements ............................................................................................................ iii

Introduction ......................................................................................................................... 1

Demonstrated Need For Trauma Curriculum ................................................................. 2

Trauma Informed Practice .............................................................................................. 7

Review Of Trauma Literature ......................................................................................... 9

Paradigm Shift In Trauma Work .................................................................................. 12

Methods ............................................................................................................................. 15

Trauma Informed Curriculum Development ................................................................ 15

Description of Interviews .............................................................................................. 17

Interviews of Professionals ........................................................................................... 18

Interview Methods ........................................................................................................ 20

Results ............................................................................................................................... 22

Curriculum Development ............................................................................................. 22

Description Of Curriculum .......................................................................................... 25

Project Outcomes .......................................................................................................... 29

Discussion ......................................................................................................................... 31

Lessons Learned ........................................................................................................... 32

Recommendations For Future Work ............................................................................. 33

Reference .......................................................................................................................... 34
Introduction

This researcher developed a three-week curriculum designed for MSW Distance Learning students at Humboldt State University to learn about trauma and secondary trauma in the field of social work. The first goal of this project was to define trauma and secondary trauma and to offer tools to identify and work through the practitioner’s personal trauma in order to be able to be fully present during trauma work (Fanning, 2015). The second goal was to explore different ways people experience trauma, and different therapies and pathways to healing. The third goal was to discuss tools to remain healthy, effective, and sustainable in social work practice. The project drew from interviews with social work professionals, attending a training on trauma work, and the published works of professionals in the fields of social work, trauma work, and the healing arts. The framework used in the development of this curriculum was Trauma Informed Practice.

The first MSW Distance Learning program cohort at Humboldt State University will graduate in May 2015. I am currently an MSW Distance Learning Student in this cohort. This program emphasizes an advanced generalist practice in rural and Native American communities. The program offers teaching in how to practice intentional, compassionate, strengths-based, and responsible, ethical practice through decolonization. This MSW Distance Learning program provides the opportunity for students to complete
their education, while working and completing practicum within their communities, strengthening and advocating for change where they live. The MSW Distance Learning program is primed for implementing a trauma specific curriculum in that the program’s focus on Native American communities and decolonization lends itself to learning about historical trauma and its present day effects. Further, Distance Learning MSW students tend to experience more isolating educational learning (Galusha, 1998). As all MSW students are required to complete practicum work, incorporating a semester long course in trauma would serve to provide additional support and learning for students (Didham, Dromgole, Csiernik, Karley & Hurley, 2011). Further, in MSW on campus programs, given the in-person classroom setting, there are more opportunities for conversations around trauma to happen spontaneously, whether trauma is specifically part of the conversation and class content or not. Distance learning program classes tend to be more structured and these students work more independently. Often much of the students’ class work is done individually, rather than as a collective process (Doble, 2015).

**Demonstrated Need For Trauma Curriculum**

In social work practice trauma and secondary trauma go hand in hand. Though the discipline is wide, almost every social work position will require encounters both with trauma and with secondary trauma, that is, effects of witnessing another’s traumatic experience. It is imperative that social work students are given information about trauma
prior to or alongside their professional work. The Council On Social Work Education suggests that trauma informed practice be incorporated into each of the ten competencies to create a concentration of advanced practice in trauma (Advanced Social Work Practice In Trauma, 2012). Students need to be able to define trauma and secondary trauma and understand them well. They need to be familiar with different ways that people experience trauma, and effective ways to work with people around trauma healing.

Finally, students and social work professionals need to be equipped with tools to promote their own health and wellbeing to make them sustainable in social work practice. For these reasons, this researcher created a course about trauma to be adopted into the current curriculum for the MSW Distance Learning program at Humboldt State University.

Because many areas of social work practice, particularly community work, involve the effects of trauma and secondary trauma, it is important to be educated about how trauma is manifested in a person’s body and life—and how, if left unhealed, it can lead to devastating effects both for the person and those who care about them (Reynolds, 2010). As social work students and practitioners, we need to understand trauma and be familiar with effective healing tools, so we can set up a network of support both in our personal and professional lives. Otherwise we can be left disillusioned, depleted, burned out, and ineffective in our work. The stereotype of the “jaded” or “burned out” social worker is not entirely inaccurate. Many people enter the field of social work wanting to make a difference in the world, by alleviating suffering and oppression, or by changing
systems. However, if they are not sufficiently equipped to manage their own trauma and to contain the trauma of others, they are of no service to themselves or anyone else (Council On Social Work Education, 2012).

It is our work to come alongside people and bear witness to their pain and suffering. We do not cure them or their situations; rather we help them to process their pain and identify ways to make change in their lives. Bearing witness to another’s pain over time has a cumulative effect that can leave us overwhelmed and unable to remain effective either in our work or our personal lives (Lipsky & Burk, 2009). Many of us are drawn to this field because of our own experiences with trauma, social injustice, and oppression. This can be a wonderful strength in that we can have great empathy and understanding of the suffering of others. However, if we are not properly equipped, it can become unbearable. From my own experience as a social worker in the field for about ten years, I can say that I wish I had learned about the effects of trauma and secondary trauma before I began. Therefore the main purpose of this curriculum is for social work students, and students in all fields dealing with trauma, to understand it and to learn ways of maintaining wellness so as to remain effective and sustainable. Let us be well equipped to deal with and heal from trauma so that we can offer these tools to others. Since social work is not done in isolation, let us work together, create supportive networks together, and offer much needed tools of healing to the people we serve (Carniol, 1992).
Judith Herman defines trauma in this way: “Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning….They overwhelm the ordinary human adaptations to life….” (Starhawk, 2011, pgs. 203-204). The National Child Traumatic Stress Network defines secondary trauma as stress and emotional duress that results from listening to firsthand trauma experiences of another person. The symptoms of secondary trauma are similar to those of post-traumatic stress disorder (PTSD). Further, those affected by secondary stress may re-experience personal trauma or notice changes in their response to hearing information of trauma experiences of others. They may experience changes in memory as well as perception. Perception of self-efficacy, a sense of depleted internal strength, and decline in their feeling of safety may occur (The National Child Traumatic Stress Network, 2015).

We all experience trauma and are changed by it. As social workers, we not only have to manage our own personal trauma and healing, but also the secondary trauma that comes from bearing witness to another’s trauma in our professional work. Laura van Dernoot Lipsky and Connie Burk call this ‘trauma stewardship’ in their book *Trauma Stewardship An Everyday Guide to Caring for Self While Caring for Others*. They state that trauma stewardship is a daily practice through which individual practitioners, organizations, communities, and societies tend to the pain, trauma, and oppression experienced by people, all living beings, and our planet (2009). Further, they state,
“When we talk about trauma in terms of stewardship, we remember that we are being entrusted with people’s stories and their very lives, animals’ wellbeing and our planets health.” “The most important technique in trauma stewardship is learning to stay fully present in our experience, no matter how difficult” (Lipsky & Burk, 2009, p. 6).

According to Starhawk in her book, *The Empowerment Manual*, “We can make ourselves available to listen, actively, empathetically, hearing emotions as well as content. We don’t have to fix the situation or relieve the pain. Indeed we cannot. A good listener is a witness, not a problem solver or an advice giver” (2011, pp. 203-204). It is both a privilege and a stressor to bear witness to another person’s trauma when we are entrusted with the knowledge and pain of trauma endured by the people we serve (Richardson & Reynolds, 2012). It is important first and foremost to cause no harm; better yet, though, to encourage healing. How then do we do this? We can’t make a person’s trauma story our story! A colleague of mine described trauma work as a dance, explaining that we join people in their “narrative dance,” but we do not become part of it; it is their dance. We enter in and we retreat as an observer. The object of joining in is only to bear witness to their experience. (Krause, 2014).
**Trauma Informed Practice**

This researcher used the framework of Trauma Informed Practice in creating this curriculum. Trauma Informed Practice incorporates assessments of trauma, trauma symptoms, and the effects of trauma into all practices and interventions with clients. This framework of practice encompasses strengths-based practice and ecosystems theory by asking clients what happened to them, rather than what is wrong with them, and by looking at their lives holistically, in terms of the systems in which they live (Smyth, 2012). It takes into account the events of trauma, how a person experienced this trauma, and the effects of that trauma on a person’s spiritual, mental, emotional, physical, and physiological health and wellbeing. The framework of Trauma Informed Practice asserts that a traumatic experience effects all people involved, from clients and family members, to every staff member of an organization. This framework recognizes that an organization is responsible to provide services and interventions, which promote healing from trauma, rather than policies and practices that re-traumatize clients. It also has incorporated new practices and behaviors from staff at all levels, to take into account the trauma experiences of children and adults who use services and for the staff who provide the services. There are specific key principles that guide Trauma Informed Practice, which include safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice, and choice, and cultural, historical, and gender issues. These key principles are fundamental to the effectiveness of Trauma Informed Practice.
These tools foster strength in collaboration, empowerment of clients, families, and staff alike, self-determination, and a parallel process of both clients and staff feeling safe with practices and interventions (Substance Abuse and Mental Health Services Administration, 2014).

Many social service organizations have not transitioned to using a Trauma Informed Practice, but within those organizations there may be social workers operating independently, using this framework of practice. A few social workers in an agency providing Trauma Informed Practice services though better than none cannot have enough momentum to create positive change systemically in their agency. They can have great influence with their own clients, but the service delivery system of the agency will remain unchanged. Often, social workers enter the profession to help others, and to alleviate oppression; however, it is often all too apparent that the systems with which we work are broken and dysfunctional. Many of these agencies are not only ill equipped to use Trauma Informed Practice, but they can re-traumatize both clients and staff with detrimental systemic practices and protocols. The focus of change needs to be not only on direct practice, but also on organizational and systems change, and a paradigm shift in how services and interventions are delivered (Smyth, 2013).

Trauma is a universal experience. “According to the U.S Department Health and Human Services Office on Women’s Health, 55%-99% of women in substance abuse treatment and 85%-95% of women in the public mental health system report a history of
trauma, with the abuse most commonly having occurred in childhood” (National Council For Behavioral Health, 2014, p.1, para. 2). The effects of a person’s traumatic experience impact every area of their lives, including spiritual, emotional, physiological, mental, physical, and social. The expectation of social service agencies, particularly in behavioral health, is steadily moving toward Trauma Informed Practice. By agencies effectively addressing trauma, there will be improvements in quality and impact of services, enhancement of safety for clients and staff, encouragement of client engagement, and help to prevent staff burnout. Social work practice, working at all levels through Trauma Informed Practice has the capability of creating and providing effective services and interventions that support clients, staff, and communities (National Council For Behavioral Health, 2014).

**Review Of Trauma Literature**

Peter Levine, expert in the field of trauma, states in his book, *In An Unspoken Voice: How the Body Releases Trauma and Restores Goodness*: “Therapists working with traumatized individuals frequently ‘pick up’ and mirror the postures of their clients and hence their emotions of fear, terror, anger, rage and helplessness” (2010, p. 45). Levine states that how we respond to these signals is crucial to a client’s healing process. If we withdraw because of our own horror of their trauma, we abandon our clients. Instead, if we can embrace the present moment with a client, in the process of their story
and their pain, we can assist clients to move forward in their own time and manner, toward healing. He further states that we must find a balance in mirroring or engaging in a person’s distress enough so that we understand their experiences to some degree, but not so much that we increase their level of anxiety or take on the trauma as our own. According to Levine we strike this balance when we come to understand ourselves and our own trauma and triggers, find our pathways to healing, and become more comfortable with this process. It is then that we can really be present for clients, helping them to contain their feelings and emotions so they can learn that they will not feel this way forever (2010). Trauma has a memory, and it is stored in the body. Often mainstream evidence-based practices theorize that healing from trauma comes from talking about it and thinking about it. However, Levine says trauma is actually stored in the body by design. In order to process traumatic events, we must first identify its stored memory. “Therapeutic approaches that neglect the body, focusing mainly on thoughts (top-down processing), will consequently be limited” (Levine, 2010, p. 46). Levine proposes instead that, in the initial stages of restorative work, the focus needs to be on bottom up processing. The first step is to address a client’s “body-speak” and then enlist their emotion, perception and cognition. Talk therapy and cognitive therapy should come only after work has been done to allow the silent voice of the body to speak (Levine, 2010).

In the book, The Boy Who Was Raised As A Dog, by Bruce Perry M.S, Ph.D., and Maia Szalavitz, they discuss how important it is for a person to work toward healing from
trauma. They state that trauma work brings professionals into peoples’ lives when their clients are most desperate, sad, and alone, wounded, and afraid, but often the outcomes are resiliency, healing, relief, and joy. Further, Perry and Szalavitz state that what ultimately determines how children will survive and heal from all types of trauma, is whether they have loving, caring, supportive, and trustworthy adults involved in their lives (2006). Children need to be able to count on the adults in their lives to care for them and not harm them. Parents and other adults must take great care in protecting children and creating a safe, nurturing, and loving environment where children can grow and learn. (Perry & Szalavitz, 2006). According to Perry and Szalavitz the process of healing from trauma is absolutely essential. If we live with stored trauma, essentially trauma becomes the framework from which we operate. This framework is important because the stored memory of traumatic experiences through neural networks create a memory template that will be used to make sense out of new incoming information. These templates are formed throughout many levels of the brain, beginning first in the lower and more primitive areas, so that they may not even be a part of conscious awareness” (2006).
Paradigm Shift In Trauma Work

Systemic change within society and social service delivery are needed to support trauma healing. Our current system creates barriers to change and healing through socioeconomic disparities, inequitable access to quality treatment, and a mindset of a reactive system (DeGruy, 2006). Rather, society needs to change to be a more equitable system, and social service delivery needs to come from a preventative model to support healing and change in clients’ lives. Further, for the social worker, the current system perpetuates working under great stress, with high caseloads of clients, and little support for self-care or processing secondary trauma. The responsibility of trauma healing must not fall on the client and social worker alone, but rather be shared with society and social service systems as well, in order for more effective healing to occur. Recognizing the effects of direct trauma, or of trauma induced by bearing witness to another’s experience, is a shared experience and responsibility in our society, rather than an individual responsibility. As individuals, families, professionals, and communities we can acknowledge that as human beings we are affected by the horror of trauma, whether we experience it directly or through the story of another person, or as a community member (Reynolds, 2013).

Just as there are different ways to experience trauma, there are different paths to healing and different therapies that will be effective for each individual client. Therefore it is important to look at different current practices of trauma healing. Somatic trauma
healing (or body mind healing), as mentioned above, works very well with some people. It is important, however, that each individual client lead their path or tendency toward healing and have self-determination in the process. As social workers we cannot determine how someone will need to heal. This is their story. As we look at pathways of healing from trauma and secondary trauma, our focus is on respecting each person’s path to healing and owning our responsibility for our own health and wellness and that of our society at large. One path to healing from trauma is to look at traditional healing tools from many cultures that have promoted wellness and sustainability over many thousands of years. One way to prevent toxic overload of secondary trauma is to build networks of support with other professionals and groups of trusted people, to build a connection of hope, support, and accountability (Lipsky & Burk, 2009).

The practice of Ubuntu fits in nicely with promoting traditional pathways to trauma healing as well as using the framework of Trauma Informed Practice. The African philosophy of Ubuntu says, “I am, because we are” (Chilisa, 2012). We are all connected; everything is connected. We are co-responsible for one another, all animals, plants, and our planet. This practice of living is central to Trauma Informed Practice and to the ethical and effective practice of social work and the structure of social service systems. Trauma, healing, and wellness can be viewed through the lens of Ubuntu because all humankind is collectively responsible for one another and for the wellness and sustainability of all living things. If humanity collectively joined together in response to
trauma, trauma healing, and promoting wellness, perhaps globally, people would experience less trauma, less oppression, and less suffering. Perhaps then, humanity could operate more from a caring and preventative model, rather than a reactive one.

Finally, how do we remain healthy, well, and sustainable in social work practice? As social work professionals, we must continue to monitor our own trauma healing, and create and maintain supportive measures to promote wellness and connection in our lives. As Lipsky and Burk say, “We develop and maintain a long-term strategy that enables us to remain whole and helpful to others and our surroundings even amid great challenges. To participate in trauma stewardship is to always remember the privilege and sacredness of being called to help” (2009, p. 6). In his book, *Full Catastrophe Living*, Jon Kabat-Zinn says: “Traumatic experiences can themselves compound, negatively distort, and sometimes even trivialize other important life events that have the potential to provide new meaning and life satisfaction but which require being recognized, met, and worked in creative ways so that the connection with one’s own original wholeness can be recovered and restored” (2013, p. 304).
Methods

Trauma Informed Curriculum Development

The framework of Trauma Informed Practice guided the development of this curriculum from its inception, beginning with my intention for MSW Distance Learning students to learn about trauma and secondary trauma, while learning tools to protect themselves from trauma’s effects, both in their personal lives and in social work practice. Trauma Informed Practice also shaped the formation of this curriculum through my choice of topics on different ways people experience trauma and some effective trauma therapies to use with clients. This framework also governed the topics covered about self-care and wellbeing for trauma work practitioners. By taking into consideration that each student will have their own trauma stories, and different experiences about how trauma has affected them, they will need a solid foundation in Trauma Informed Practice both to maintain their own health and wellbeing, and to be effective in working with clients around trauma.

In creating this trauma curriculum I utilized the published works of professionals in the field of social work, trauma work, mindfulness practice, and spiritual practices. I read many books on trauma and effective therapy and healing tools, as well as ways to maintain professional wellness to remain sustainable in the field. I attended and participated as a volunteer at an National Association of Social Workers (NASW)
sponsored training by Wendy Elliott, MA, LPCC, SEP, BC-DMT at Antioch University’s Santa Barbara, California campus. This training was entitled, *Healing Trauma Through the Body-Mind Connection*. In this training, Elliott discussed ways to assist clients in healing from trauma through an integrated approach using techniques to help in regaining a sense of emotional self-regulation, reconnection, and the capacity to integrate positive experiences in their lives. The training drew from the frameworks of trauma informed practice, somatic psychology, and interpersonal neurobiology. The focus of the training was on learning to understand how awareness of body, breath, mindfulness, and movement can be integrated within the therapy session in trauma healing work (Elliott, 2014).

My community partner was a valuable resource in learning about trauma informed practice and somatic trauma healing. Elizabeth Roscoe has been working in the field of trauma and somatic therapy for many years. She has worked with Pat Ogden, Founder and Educational Director of the Sensorimotor Psychotherapy Institute that specializes in somatic and cognitive therapy for Post Traumatic Stress Disorder. Spending time with Elizabeth was helpful in understanding body/mind memory of trauma and in reconnecting the mind with the body to promote healing and wellness. Elizabeth currently uses somatic therapy techniques to work with parents and newborns around traumatic birth experiences. This somatic approach to trauma therapy blended well with my research findings of somatic therapy through published works of professionals in the
field of social work and trauma work. I read *In An Unspoken Voice*, by Peter Levine, about effective somatic body-mind healing from trauma. I also read *The Boy Who Was Raised As A Dog*, by Bruce Perry, MD, PhD. and Maia Szalavitz. These books were instrumental in learning about somatic therapy and including it in the curriculum. I also used tools I’ve learned in the MSW Distance Learning program at Humboldt State University.

**Description of Interviews**

I also used information and insight gained from reflection on three interviews I conducted with social work professionals working in the field of trauma. I met with each of the three social work professionals at their workplace. I gave them a list of four questions about trauma work with clients. On an identical form I transcribed their responses as they answered each question. Each participant signed a consent letter to participate in the interview. I submitted a printed copy of the consent form and data collection instrument as it will appear in the final format that is presented to participants. The data was then submitted to my faculty member Yvonne Doble. The results of these interviews helped to inform the structure of the curriculum by supporting the framework of Trauma Informed Practice, the written work of professionals in the field, and the information gleaned from videos and links to other resources. The following is the list of questions I asked each of the three interviewees:
1. How long have you been working with clients around trauma and trauma healing?

2. What approach or framework do you use in working with clients around trauma and healing?

3. Have you used other approaches or frameworks, and if so, how successful were they, and how have you come to work with your current approach or framework?

4. In your assessment, what approaches or frameworks of working with clients around trauma and healing work well to encourage clients in experiencing healing and growth in their lives, and in alleviating trauma symptoms?

Two questions govern this curriculum. First, "How can professionals who deal with trauma with clients and secondary trauma by virtue of the work, remain healthy and well in their personal lives as well as to be effective and sustainable as social work practitioners?" Second, "What approach or framework of trauma healing is most effective in helping clients to experience growth and change, and to alleviate trauma symptoms?"

Interviews of Professionals

I interviewed three professionals currently working in the field, one of whom is a Licensed Clinical Social Worker (LCSW), and the other two having Master’s in Social Work (MSW) degrees. These three social workers are very effective clinicians who work with trauma on a daily basis. Several themes and commonalities about trauma work
emerged from these interviews. An initial theme was to establish safety and help the client find a sense of stability in their present moment. The main framework of practice that collectively emerged through these interviews was Trauma Informed Practice. Client-Centered Practice, solution focused interventions, and holistic views of clients’ lives were also central themes. One clinician stated that it’s important to be present to hear a client’s story or to share the trauma as it’s occurring. Our role as social workers is to be a container and to be present. Alternative healing practices including mindfulness practice, as well as evidenced based practices including Cognitive Behavioral Therapy (CBT), were themes as frameworks of practice. Strengths-based practice, trauma work around historical trauma, and respect for diversity and cultural competence were also strong themes. Often times the clinicians had only a brief interaction with clients, and solution-focused practice was stated as the most effective framework for brief or intermittent work. Another clinician stated that asking a patient what their biggest concern right now would be is often a great question. Many times patients have great concern about things that are not obvious to the situation. These pressing issues for a patient can often be addressed quickly, which help the patient to be able to then focus on their own care around trauma. A strong common theme among all of the clinicians was to practice good self-care. All of the clinicians interviewed stated that self-care is a tremendously important component in social work practice. As we bear witness to trauma, we need to utilize clinical supervision to process our experiences, establish rituals
that support our wellbeing, and create a life of balance. The culmination of their thoughts on best practice can be condensed into a Trauma Informed Practice. Each social worker interviewed, stated they worked through a trauma informed approach, and their descriptions of how they work with clients encompasses this framework.

**Interview Methods**

I chose to interview the three professional medical social workers, because I’d spent time working alongside them and observing their commitment to their clients and to their work through Trauma Informed Practice. These social workers are also working within a hospital system that operates from a medical model rather than a social work model of care, and the hospital does not work from a Trauma Informed Practice approach. Though these social workers daily come up against barriers to holistic and trauma informed care, they still provide an excellent level of care to their clients through Trauma Informed Practice. They have developed healthy strategies to care for their own wellbeing and to support one another, despite the systems within which they work.

This researcher chose to ask these specific questions to better gain an understanding of how to practice trauma informed social work with clients and within systems. Though each social worker gave more than one framework of practice as their approach to working with clients, their frameworks are all encompassed in Trauma Informed Practice. I asked how long they’d worked as trauma social workers to gauge
their ability to manage stress and burnout due to trauma work over time. Though they have dealt with an accumulation of stress related to trauma, they continue to remain healthy because of their skills in maintaining excellent boundaries and in processing with and supporting each other in dealing with the trauma they witness. I asked what frameworks of practice they work from and if they’d tried other approaches, what frameworks had they found to provide best practice for clients. This information was pivotal in the development of the curriculum because I wanted to present a proven and effective framework of practice for students to build upon, to incorporate into their own frameworks of practice.
Results

Using the framework of Trauma Informed Practice, this researcher created a three-week curriculum on trauma, healing, and wellness for MSW Distance Learning Students at Humboldt State University. This researcher gathered information and knowledge from combined learning through education and training in the MSW program, researching published works of professionals in the field of social work, trauma work, mindfulness practice, and spiritual practices, participation in a trauma informed training, and interviews with three professionals working in the field of trauma. The information gathered was a wealth of knowledge, not all of which could be incorporated into the curriculum due to the scope of a three-week course. The field instructors at Humboldt State University have been given access to the curriculum with the offer to implement it in whole or part into their Field Education courses that include a trauma component.

Curriculum Development

I gathered information from professional works, the trauma training, and interviews with professionals in the field, and integrated this information with my learning and education in the MSW Distance Learning program at Humboldt State University. Together, this cumulative knowledge and information began to form a structured curriculum. It was imperative to me that the course content incorporated
different learning styles to meet the different learning needs of students. In each week’s session, after stating the week’s topic I began with a link to a video where I welcomed the class and discussed the week’s topic and class expectations. As an MSW student in the Distance Learning program at Humboldt State University I have found it to be very helpful and grounding in understanding the coursework when professors and lecturers began each week with a video presentation of them describing the topic and the class expectations for that week. I also wrote a description of the week’s topic and class expectations for that week in that week’s section to provide written instruction as well as visual instruction. I added pictures and images in each week’s session to provide visual interpretations of the topic covered. Each week I included links to videos and articles written about the week’s topic as well, for further learning. I found this to be exceptionally helpful as an MSW student, especially because it encouraged engagement with other students. In a Distance Learning format, there can be little interaction at times with cohort members, and often social work subject matter is very emotionally charged. Conversation has the potential to provide insight and learning by responding together to each other’s comments in a collaborative manner. I found that by viewing videos on class topics and reading related articles, it gave me a better framework of reference from which to participate in class forum discussions. The topic of trauma is often greatly emotionally charged, and my hope was that by including videos and articles, it would spark deeper
conversation and learning by students. In each week, I provided a forum post to give a space for students to discuss the week’s topic and to engage in dialogue about the topic.

I chose to divide the three-week curriculum into their defined sections to create a structured and sequential progression of learning. The first section addressed defining trauma and secondary trauma, as well as asking students to assess the effects of trauma in their own lives. This initial step in the learning process served to create a foundation about trauma work and potentially assist students to become more aware of their own healing around trauma, so they could be present working with clients in trauma informed practice. With this knowledge, the second section of the curriculum was designed to demonstrate different ways that people experience trauma. I included the topics of child abuse, veterans dealing with post-traumatic stress disorder, historical trauma and its effects today, and human trafficking. I chose to present these varied types of traumatic experiences to offer students the opportunity to gain insight and understanding into many different ways people experience trauma and to examine trauma’s lasting effects over time. I also hoped that perhaps these topics would provoke students’ compassion and empathy in their work with clients and families who deal with traumatic experiences outside of the students’ own experience. The intention behind the development of the third section of this curriculum was to provide ethical support for students as they processed their learning about trauma work and Trauma Informed Practice, and to assist students in developing their own networks of support to maintain their effectiveness of
practice and their personal wellbeing. I chose to use the analogy of social workers as containers for people’s pain and trauma, because it served as a visual expression of Trauma Informed Practice. I included incorporating a routine of mindfulness practice as a suggestion for self-care. I also discussed developing networks of support, both personal and professional, and to establish these supportive networks prior to working with clients and families around trauma. These networks of support are essential to remaining healthy and effective as practitioners (Lipsky & Burk, 2009).

I included additional resources in written and video format to direct students to additional learning material if they had interest in a particular area of trauma work. These optional resources were extended examples of trauma topics discussed in the curriculum. I also included a list of resource books on the topic of trauma work as another resource and as another approach to support students’ different learning styles.

**Description Of Curriculum**

As I gathered information from published works on the subject, it became clear that there is a tremendous amount of written material and information on trauma, healing, and wellness in social work practice. I gathered so much information through books, articles, videos training, and interviews that I realized I had too much material to be contained in this master’s project curriculum. It was the suggestion of my master’s project instructor to limit my curriculum to this three-week course in trauma, healing,
wellness and sustainability in social work practice. With this in mind, I chose to divide
the class into these sections:

- **Week 1** included an introduction to trauma and secondary trauma. I
  included a definition of trauma defined by Judith Herman, a professional
  in the field of trauma work. I also included a definition of secondary
  trauma defined by The National Child Trauma Stress Network. I
  incorporated descriptions of trauma work therapies by professionals in the
  field, including Laura van Dernoot Lipsky, Starhawk, and Jon Kabat-Zinn.
  I posted an introductory video for the cohesiveness of the group and their
  understanding of course expectations. I posted a link to a video about
  trauma and secondary trauma, as well as a forum post. The forum post
  asked students to think about how they may identify trauma in their own
  lives and to discuss tools they may have found to be useful in healing from
  their own trauma. I also asked students to consider what kinds of
  supportive systems and networks exist in their communities, and if there is
  a lack of this support, what types of supportive networks could be
  developed.

- **Week 2** included looking at four different ways that people experience
  trauma, including child abuse, veterans and post traumatic stress disorder
(PTSD), historical trauma, and human trafficking. I also included four different types of therapy or healing pathways including somatic trauma healing, trauma stewardship, pet therapy with veterans, and traditional Native American ceremonies and healing. Each of these healing therapies is encompassed in Trauma Informed Practice. I posted an introductory video for the cohesiveness of the group and for their understanding of course expectations. I posted visual images of the types of trauma discussed in that week, as well as posting several links to videos about these types of traumas to further facilitate learning for visual learners. These images and videos were emotionally charged and sometimes difficult to watch. The purpose of including these learning tools was to initiate learning and conversation about trauma with real life examples, so as to put a human face to trauma, rather than just studying trauma in theory. I also posted links to articles written about the types of traumas covered, to further support this learning style of students. I posted a forum post that asked students to choose one type of trauma discussed for that week and discuss how they would work with a client experiencing this trauma. I asked what framework of practice they would use, and what forms of therapy or healing tools they would use.
• Week 3 included discussion of our own healing and wellness as social work practitioners, and tools to remain sustainable in life and in work. These included creating positive networks of support, continuously monitoring our own level of trauma related stress, mindfulness practice, and achieving a balance between life and work. I again posted an introductory video for the cohesiveness of the group and their understanding of course expectations. I posted visual images that described the needs for balancing health and wellness as professionals working in trauma work. I composed a page of information about techniques to remain health and well, and included links to Laura Van Dernoot Lipsky’s Trauma Institute and a video by Thich Nhat Hahn on mindfulness and wellness. The forum post for this week asked students to discuss ways they’d found to be successful in supporting their own wellbeing. If they weren’t currently working in the field, I asked them to consider how they might create a supportive environment for themselves. I stated that it’s important to be mindful of creating a healthy and supportive environment before it’s needed. Finally, I asked that if students felt they were not where they wanted to be in regard to health and wellbeing, that they discuss ways to make changes in their lives to support their wellbeing.
I offered an optional resources page with many links to articles and videos on topics covered in the course, for students interested in further study. I also offered a list of many books on trauma and healing, including the books I used in this project.

**Project Outcomes**

The outcomes of research and knowledge gained through professionals in the field were very valuable both in my own learning process as well as in the creation of this curriculum. Through reading published works by professionals in the field of social work, trauma work, mindfulness practice, and spiritual practices, I gathered a tremendous amount of practical knowledge and evidence about effective therapies and healing tools in trauma work. I incorporated these effective therapies and healing tools into my curriculum. By attending and participating in the trauma training, *Healing Trauma Through the Body-Mind Connection*, presented by Wendy Elliott, MA, LPCC, SEP, BC-DMT, I gained further practical knowledge about how professionals are using effective therapies in trauma work.

The outcomes of the interviews were integral components of knowledge and experience that I implemented in the curriculum. I had the great privilege of working
alongside three social work professionals in my practicum work in a hospital setting as a MSW Medical Social Work intern. Their compassion for people, clinical expertise, and practical experience in trauma work provided me a rich and full, hands-on learning experience. These three professionals work daily with children, families, and adults around trauma. I was able to work alongside them as they responded to children in critical care, infant and pediatric death, adults diagnosed with cancer, and trauma emergencies in the hospital emergency room. They embodied grace and remained present with patients and families, offering hope, and a space to be and process their traumatic experiences. These professionals acted as containers for the pain and suffering patients and families processed because of their trauma. They also embodied joy and the act of celebration, as they were also present for families as they experienced healing and relief from trauma.
Discussion

In the process of creating this curriculum for Master of Social Work distance-learning students, I learned a great deal about Trauma Informed Practice and how many forms of healing therapies are enveloped within this framework. I expanded my understanding of different ways that people experience trauma, culturally responsive approaches for working with people, and a variety of tools and pathways to healing that support wellness and sustainability for social work practitioners. Furthermore, I learned that there are no hard-and-fast rules for working with people around trauma, nor are we as practitioners limited to current evidence-based practices. These western methodologies have value and merit, but many people who have not been able to benefit from them have had effective treatment and healing through alternative pathways. This expansion of possibilities in therapies and healing pathways is in precise alignment with social work’s ethical value of a client’s right to self-determination. As social work practitioners, we do not tell people how to heal or in what manner they will heal; rather we remain present with them as they process their pain and trauma, encourage their engagement in healing therapies and tools, and support their right to determine what healing therapies they resonate with, and their individual path to healing (Starhawk, 2011).
Lessons Learned

I found there are many different ways to work with clients around trauma and many pathways to healing, both for our clients and for practitioners. I also learned that these varied healing therapies are all a part of Trauma Informed Practice. Further, if carried forward and expanded, this class could very well become a semester-long course, something that seems to me an essential part of a master’s program. As every student will either have already experienced trauma in social work practice, or will do so in internships or places of employment, knowledge and insight about its effects are key tools to being successful and sustainable (Didham, Dromgole, Csiernik, Karley & Hurley, 2011). I could have presented many other tools and therapies, but they would exceed the scope of this project. The vast amount of knowledge and literature on the topic of trauma will lend itself to future projects.

One piece of the curriculum I would have done differently in gathering information would have been to read and research more about how trauma and trauma curriculum directly relate to social work students. With the Council On Social Work Education expressing the need to incorporate a framework of trauma informed learning into each of the ten core competencies in social work, social work students’ training in trauma is of utmost importance (Council On Social Work Education, 2012).

There is also an area of ethical concern, which I would have liked to address by incorporating an extensive component into the curriculum regarding how to support
students as they look at trauma in their own lives and discuss difficult realities of traumatic experiences of people and communities. I began the conversation of how to create supportive networks and why they are needed in Week 3 of the curriculum; however, this work was only an initial step in the comprehensive work needed to ensure the safety and wellness of students as they study trauma work as a framework of practice.

**Recommendations For Future Work**

This researcher’s hope is that this curriculum will be adopted to expand the master’s social work program at Humboldt State University. Further, this researcher hopes to do further work to expand this curriculum to provide a semester-long course in trauma for social work students. Understanding of trauma and secondary trauma, and one’s own development of tools in working with clients, culturally responsive frameworks of practice, and wellness for sustainability in practice are valuable and necessary tools for social work students. Working oftentimes with people when they are experiencing their most fragile and desperate states and circumstances, we must know how to respond to them in an effectively therapeutic manner, and how to care for ourselves as we witness or hear the stories of their trauma. To do this work for any length of time, it is essential to be well prepared from the start. Creating and implementing a full course in trauma in social work seems like a beneficial way to achieve this goal.
Referece


Doble, Y., personal communication, March 24, 2015.


Krause, L., personal communication, October 17, 2014.


