What Does It Mean to be a Trauma Informed Social Worker?

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Today's Objectives

By the end of this workshop participants will be able to:

- Apply the Basic Principles of Trauma Informed Care to Their Practice Setting
- Participants will be able to identify specific evidence-based trauma therapies, and the training requirements for each.

What is Trauma Informed Care? (Intellectual Skills)

- **Trauma Informed Care** means that as a practitioner you ***understand*** the prevalence of trauma and the impact that early trauma has on the psychosocial functioning across the lifespan.
- **The Goal** of Trauma Informed Care is to ***view*** the client's presenting problems in the context of a client's traumatic experiences.
- We ***resist*** traumatization
- Trauma Informed Care is based on Trauma Informed Principles.

Levenson, (2017)

Trauma Informed Care is Informed by Practices or Principles (A perspective)

- Safety
- Trust
- Choice
- Collaboration
- Empowerment
- Cultural, Histotifcal, and Gender Issues

Safety: Helps to Create Calm and Serenity

Why? Because original trauma damages our sense of safety (the first wrung of Maslow's Hierarchy).Establishing safety with the client is essential and the FIRST of the principles. WE cannot accomplish much else if the client does not feel safe.

How? Everything from a smiling receptionist, to good lighting, to clear signage, to respectful language, to genuine interactions help to create a safe environment.

Trust: Assured Reliance on the Other

Why? Because when an atmosphere of safety is present, we can begin to establish trust. This is the case from our earliest experiences in life onward. Trust is earned and demonstrated over time.

How? By clearly explaining instructions, directions, avoiding ambiguity, so that clients know what to expect or anticipate. Uncertainty and ambiguity increase anxiety and the likelihood of a trauma reaction, or the retraumatizing of the client.

Choice: Connected to Self Determination

Why? Because when we feel safe, and trust those we work with, the next step is to build confidence in making choices. Choice helps to build a sense of control, something that trauma survivors often have a hard time finding. By building a toolbox of coping mechanisms, they can begin to choose how they will respond. This also helps to build a sense of control in their experience of the services you offer.

How? This can include asking about their preference in service delivery, helping them to identify options and ponder alternatives, guiding them in their own decision making. How do they identify their race? Gender? Ethnicity?

Collaboration: When we Share Power with the Other to Create, Produce or Accomplish Something

Why? Trauma survivors suffer from feeling powerless over their circumstances. The helping relationship can include inherent power imbalances, leaving the client feeling vulnerable and resistant. Trauma experiences also often involve betrayal by those supposed to be caring for them, that can easily be replicated in the helping relationship.

How? By combining the worker's professional knowledge with the client's knowledge of their own life narrative, experiences, cultural background, inviting them to participate int the determination of course of treatment.

Empowerment: The process of becoming more confident and stronger in controlling one's life and claiming one's own rights

Why? Trauma takes our power away. Effective Social Work Practice restores the client's power.

How? Taking a strengths'-based approach, seeing behavior as an adaptation to to terrible experiences rather than as problematic. Asking "What has happened to you?" rather than "What's wrong with you?"

Cultural, Historical and Gender Issues

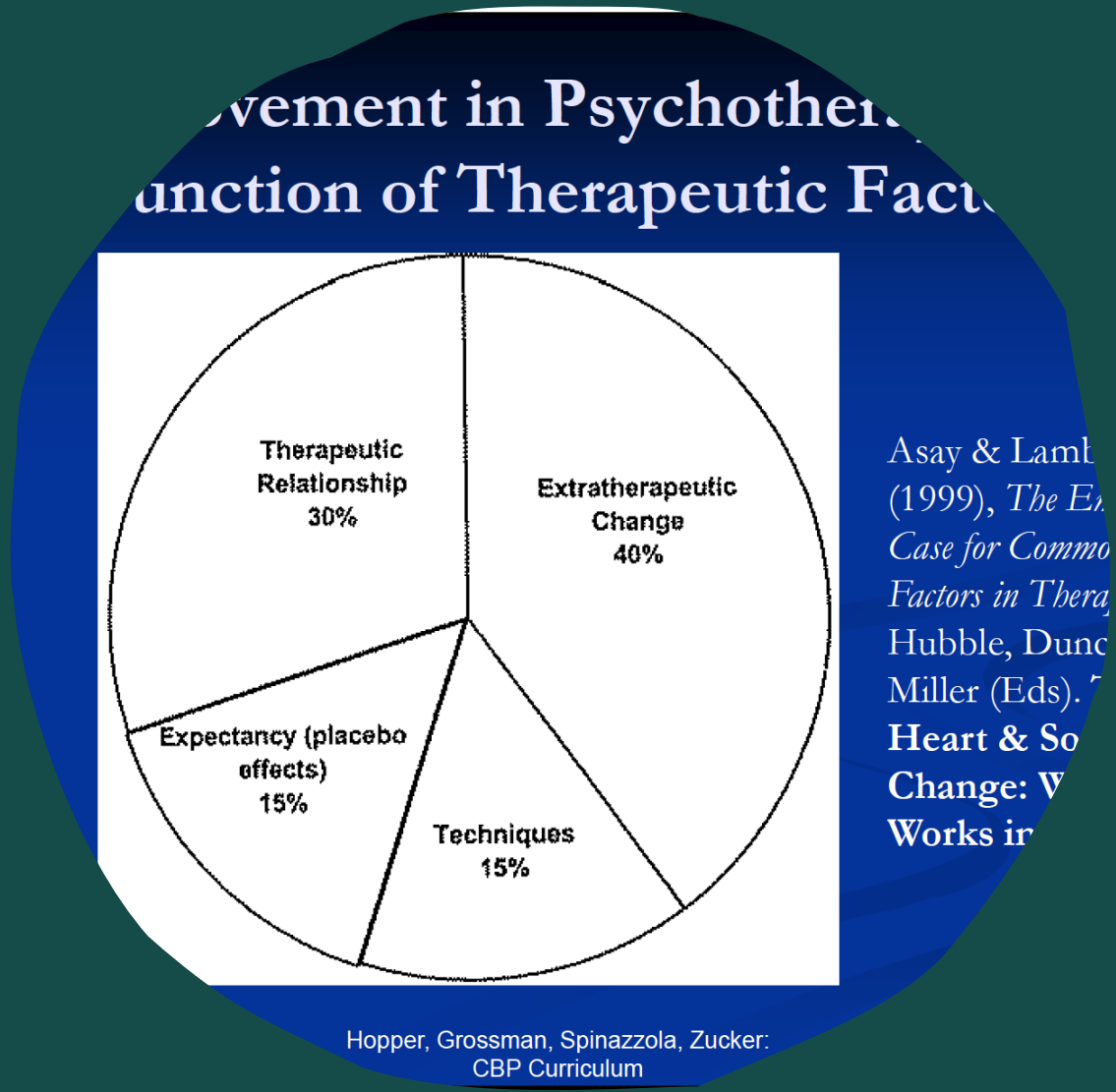
Why? Trauma is often perpetrated around our identities of gender, race, ethnicity, sexuality, religion, and culture. It is ALWAYS centered around power imbalances which often rest in these identities. These identities impact how we experience trauma, meaning we assign to it, etc.

How? By working from the perspective of diversity and avoiding assumptions. By being aware of our own experiences as unique to us, and not representative of others. By being educable ourselves. If the client really IS the expert on themselves, we then must be the student of those experiences and narratives.

Let's put this in perspective.....

What does research tell us about perspectives, approaches, techniques??

The Role of Techniques in Therapeutic Efficacy



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So we have.....

- Trauma Informed Principles - >
  - Trauma informed Care ->
    - Trauma Therapies ->

What are recognized evidence-based trauma focused therapies? (Techniques)

SAMHSA's Definition of a Trauma-Focused Therapy

- "A program, organization, or system that is trauma-informed:

1. ***Realizes*** the widespread impact of trauma and understands potential paths for recovery
2. ***Recognizes*** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. ***Responds*** by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist ***re-traumatization***."

Specific Trauma Therapies

(The Center for PTSD)

- National and international clinical practice guidelines have identified trauma-focused psychotherapy as the most effective approach for treating PTSD.

- Trauma-focused psychotherapy (TF) uses different techniques to help people process traumatic experiences. Some involve visualizing, talking or thinking about the traumatic memory. Others focus on changing unhelpful beliefs about the trauma. TF therapies usually last about 8-16 sessions.

Two Types of Specific Therapies

(Watkins, Et. Al. (2018)

- Trauma focused therapies for PTSD
  - directly address memories of the traumatic event or thoughts and feeling related to the traumatic event, for example Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) are trauma-focused treatments.
- Non trauma focused therapies for PTSD
  - aim to reduce PTSD symptoms, but not by directly targeting thoughts, memories and feelings related to the traumatic event. Examples of non-trauma-focused treatments include relaxation, stress inoculation training (SIT) and interpersonal therapy.

Practice Guidelines Developed in the Last Two Decades

Watkins, Et. Al., (2018)

American Psychological Association (APA) specifically for treatment of PTSD among adults.

Conducted by the Research Triangle Institute -- University of North Carolina Evidence-Based Practice Center and fully follow the Institute of Medicine (IOM; now the National Academy of Medicine) standards for developing high quality, independent and reliable practice guidelines

The APA panel considered four factors in their recommendations: (1) overall strength of the evidence for the treatment; (2) the balance of benefits vs. harms or burdens; (3) patient values and preferences for treatment; and (4) the applicability of evidence to various populations.

The VA/DoD - VA/DoD Evidence-Based Practice Working Group

Watkins, Et. Al., (2018)

The Veterans Health Administration and Department of Defense . (VA/DoD) which focuses on recommendations for general clinical management, diagnosis and assessment and treatment for providers working within the VA or DoD.

Work group members had specialties and clinical areas of interest in ambulatory care, behavioral health, clinical pharmacy, clinical neuropsychology, family medicine, nursing, pharmacology, pharmacy, psychiatry and psychology. A focus group of patients was held prior to finalizing the key questions for the evidence review.

The VA/DoD guideline used the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system to assess the quality of the evidence base and assign a grade for the strength of each recommendation. This system uses four domains to assess strength of each recommendation: (1) balance of desirable and undesirable outcomes; (2) confidence in the quality of the evidence; (3) patient or provider values and preferences; and (4) other implications as appropriate (e.g., resource use, equity, acceptability, feasibility, subgroup considerations).

A Word About Medications

Watkins, Et. Al., (2018)

- The guidelines from both the APA and the VA/DoD recommended several medications for treatment of PTSD, such as Sertraline (Zoloft), Paroxetine (Paxil), Fluoxetine (Prozac), Venlafaxine (Effexor).

Clinical practice guideline	Methodology	Strongly recommended therapies	Recommended therapies
American Psychological Association (2017)	Independent systematic review; RCTs published from 5/25/12-6/1/16; Expert Review	CBT, CPT, PE, CT	BEP, EMDR, NET
VA/DoD Clinical Practice Guideline Working Group (2017) (revision of 2010 guidelines)	Independent systematic Review; RCTs published 1/1/09-March 2016; Expert Review	PE, CPT, EMDR, specific CBT for PTSD, BEP, NET and written narrative exposure	SIT, PCT, IPT

Note. CBT, Cognitive Behavioral Therapy; CPT, Cognitive Processing Therapy; PE, Prolonged Exposure; CT, Cognitive Therapy; EMDR, Eye Movement Desensitization Therapy; BET, Brief Eclectic Psychotherapy; NET, Narrative Exposure Therapy; SIT, Stress Inoculation Training; PCT, Present-Centered Therapy; IPT, Interpersonal Psychotherapy. (Watkins, et. al., 2018)

Details…..
Strongly Recommended

Watkins, Et. Al., (2018)

Prolonged Exposure

Strongly recommended by both the APA and VA/DoD.

Rooted in Emotional Processing Theory – suggests that the emotions of trauma are not processed at the time of the trauma itself. F The evidence-based manual describing PE indicates that this therapy is typically completed in 8–15 sessions PE includes psychoeducation about PTSD and common reactions to trauma, breathing retraining, and two types of exposure: *in vivo* exposure and imaginal exposure.

I It has been shown to be helpful across survivors, in different cultures and countries, regardless of the length of time since traumatization or the number of previous traumatic event.

Strongly Recommended

Watkins, Et. Al., (2018)

- **Cognitive Processing**
  - Strongly recommended by both the APA and VA/DoD.
  - Draws on social cognitive theory and informed emotional processing theory
  - 12 weekly sessions which can be individual or group.
  - Was developed in the treatment of sexual assault survivors.
  - It has been researched and implemented successfully across trauma types and populations: Veterans from numerous war theaters, adult males with comorbid TBI's and PTSD.

Suggested Requirements for Practicing Prolonged Exposure Therapy

- Exposure therapy – Multi day workshop and subsequent case consultation – the cost varies.
- Cognitive Processing Therapy Requirements
- Provider Status: There are two levels of provider status available for clinicians:
  - CPT Provider
  - Quality-Rated CPT Provider
- Both require an official CPT workshop and case consultation

ISTSS.Org

Strongly Recommended

Watkins, Et. Al., (2018)

- **Cognitive Behavioral Therapy**
  - Strongly recommended by both the APA and VA/DoD.
    - For the VA/DoD – this includes only trauma focused CBT
    - For the APA - included both trauma-focused and non-trauma-focused CBT, as well as cognitive therapy
    - Brief therapies using trauma-focused behavioral and/or cognitive techniques as these are included in both sets of guidelines as strongly recommended

Suggested Requirements for Practicing Cognitive Behavioral Therapy

- A Master's degree in an accredited program, in either psychology, social work, behavior science, or counseling. (The cost of a degree program.)
- Ongoing continuing education post degree.

Psychologyschoolguide.net

Specifically EMDR

- EMDR Is strongly recommended by the VA/DoD and Recommended by the APA.
  - During EMDR therapy the client attends to emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus. Therapist directed lateral eye movements are the most commonly used external stimulus but a variety of other stimuli including hand-tapping and audio stimulation are often used hypothesizes that EMDR therapy facilitates the accessing of the traumatic memory network, so that information processing is enhanced, with new associations forged between the traumatic memory and more adaptive memories or information.

Requirements for Practicing EMDR

- Two years of licensed practice in your field
- A five-day intensive training ($1500.00 - $1700.00)
- 20 hours of case consultation by an EMDR consultant.
- Allowed 10 individual and 10 group ($100.00 for individual, $50.00 an hour for group)
- Practice of at least 50 hours of EMDR therapy with at least 25 clients

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Resources

- Centers for Disease Control
- Levinson, Jill, (2017). Trauma Informed Social Work Practice. The National Association of Social Workers. DOI: 10.1093/sw/swx001.
- http://www.mayoclinic.org
- https://istss.org/clinical-resources/treating-trauma/treatment-materials/cognitive-processing-therapy-(cpt)
- https://www.psychologyschoolguide.net/guides/how-to-become-a-cognitive-behavioral-therapist/
- SAMSHA
- South Carolina Children's' Trust
- Watkins LE, Sprang KR, Rothbaum BO. Treating PTSD: A Review of Evidence-Based Psychotherapy Interventions. Front Behav Neurosci. 2018 Nov 2;12:258. doi: 10.3389/fnbeh.2018.00258. PMID: 30450043; PMCID: PMC6224348.