



ADVANCED SOCIAL WORK PRACTICE IN TRAUMA



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The 2008 Educational Policy and Accreditation Standards: Competency-Based Education

In 2008 the Council on Social Work Education (CSWE) approved the Educational Policy and Accreditation Standards (EPAS), which moved social work to a competency-based outcomes approach to education. The 2008 EPAS specifies 10 core competencies and the educational context needed to prepare students for professional social work practice. The 10 competencies are common to all social work practice, whereby each competency is comprised of knowledge, skills, and values that define what social workers must know and be able to do to practice effectively with individuals, families, groups, organizations, and communities (CSWE, 2008). For social workers at the advanced practice level the 2008 EPAS further stipulates that “advanced practice incorporates all of the core competencies augmented by knowledge and practice behaviors specific to a concentration” (CSWE, 2008, Educational Policy M2.2, p. 8).

The 2008 EPAS does not mention the notion of “advanced competencies.” Rather, it refers to areas of advanced practice that can be extended and enhanced through specialization. Therefore, the 10 competencies inform a scope of advanced practice as they are elaborated with advanced knowledge and practice behaviors (CSWE, 2008). This brochure has been developed for a trauma concentration and provides the advanced knowledge and practice behaviors needed for those practicing social work with traumatized clients, their families, and their communities.

The following text augments and applies knowledge and practice behaviors for advanced social work practice in trauma for each of the 10 competencies. Taken together, these competencies are intended to frame a concentration in advanced practice in trauma. The brochure does not provide a mandate but rather offers a framework that guides curriculum development. The advanced social work practice in trauma material can be seen at a glance in the table beginning on page 12.

Conceptual Framework for Trauma-informed Social Work Practice

Trauma results from adverse life experiences that overwhelm an individual’s capacity to cope and to adapt positively to whatever threat he or she faces (Van der Kolk, 1996). According to Judith Herman (1992), “Traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition, and memory. Moreover, traumatic events may sever these normally integrated functions from one another” (p. 34). Trauma exposure’s lasting impact represents a combination of the event and the subjective thoughts and feelings it engenders. An event becomes *traumatic* when its adverse effect produces feelings of helplessness and lack of control, and thoughts that one’s survival may possibly be in danger. “Stress becomes trauma when the intensity of frightening events becomes unmanageable to the point of threatening physical and psychological integrity” (Lieberman & Van Horn, 2008, p. 15).

The imperative for graduate social work education to prepare students for competent trauma-informed practice with individuals, families, groups, organizations, and communities stems from social workers' prominence as members of the largest mental health profession treating trauma survivors. Standards for competent practice in response to trauma are an ethical obligation of the profession, as the likelihood of encountering trauma survivors in every practice setting is very high. Economic inequalities in our society contribute to the pervasive impact of trauma across populations and stages of life, and social workers encounter individuals and families in all service settings.

Conceptual Framework

The intersection of race, class, gender, sexual orientation, religion, and national origin add to the inherently complex impact of trauma exposure. These contextual factors contribute to the disproportionate exposure to greater socioeconomic inequalities experienced by the individuals and families that social workers encounter in all the service settings in which they work. The combined impact of disproportionate exposure to current trauma and experiences of historical trauma, marginalization, racism, and oppression shape the perceptions of the children and families, cultural groups, and the broader systems they live in to trauma exposure and intervention efforts. This particularly affects help-seeking and access to effective services.

A reciprocal interaction also exists between traumatized social, political, and legal systems and traumatized individuals and their families. It affects the traumatized systems' capacity to effectively respond to the needs of affected individuals or families and the capacity of the systems themselves to adjust and recover. Inequities embedded in these systems lead to accumulated disadvantages in access to tangible and intangible sources of social support. The resulting inequality contributes to the overrepresentation of traumatized individuals among major social problems, such as homelessness, substance abuse, low educational attainment, joblessness, and chronic poor health.

The rationale for prominent attention to trauma in social work education can be found in the many studies that document the widespread prevalence of trauma exposure and its lasting impact across the life course on all the populations served by social workers (Dong et al., 2004; Felitti et al., 1998). A major community-wide survey of North Carolina children and adolescents found that about one quarter of those studied were exposed to one or more potentially traumatic events. This included maltreatment, assault, disasters, life-threatening accidents, and family and community violence. (Costello, Erkanli, Fairbank, & Angold, 2002, p. 107).

The Adverse Childhood Experiences Study (ACES) documented that a nonclinical population of adults presenting for routine annual physical exams grew up in households where they were exposed to extensive adverse early childhood experiences. It found a significant positive correlation between these highly interrelated negative childhood experiences and a range of lifelong serious physical and mental health problems. The cumulative effects of multiple adverse experiences occurring before the age of 18 years increased the risk of developmental delays, and children exposed to four or more cumulative risk factors had four times the number of psychiatric diagnoses compared to children with one risk factor. Depression rates

were more than doubled, and suicide rates showed an eightfold to tenfold increase (Felitti et al., 1998; Putnam, 2006).

Consequently, all social service systems that work with children, youth, and adults deal with the far-reaching and long-term complicated negative adaptations to trauma (Edwards, Holden, Anda, & Felitti, 2003; Felitti et al., 1998; Pynoos, Steinberg, Schreiber, & Brymer, 2006). This includes increased use of mental health and health services, and higher involvement with child welfare, juvenile justice, adult criminal justice system, and substance abuse treatment systems (Abram et al., 2004; Garland, Hough, Landsverk, & Brown, 2001; Ko et al., 2008; Pecora, Jensen, Romanelli, Jackson, & Ortiz, 2009). Adults' increased risk for a variety of psychosocial and physical health problems related to trauma exposure increases health care use (Fogarty, Sharma, Chetty, & Culpepper, 2008) and brings them to the attention of social service agencies and the criminal justice system. Numerous studies indicate that nearly all users of services in the public mental health system have trauma histories (Cooper, Smiley, Morrison, Williamson, & Allan, 2007; Jennings, 2004a, 2004b).

This makes it especially important to include giving prominent attention to knowledge about complex traumatic stress disorders, including comorbid disorders and those that do not meet the full *Diagnostic and Statistical Manual of Mental Disorders* criteria for posttraumatic stress disorder, so that social workers develop competency to assess them, plan for their treatment, and provide evidence-based trauma treatments as well as other promising practices (Frueh et al., 2002; Jennings, 2004a; Ko et al., 2008; Mueser et al., 1998).

To adequately prepare students to engage in trauma-informed practice, the social work curriculum needs to (a) actively recognize the impact of trauma symptoms and disorders, (b) take into account this impact's detrimental effects, and (c) provide students with the trauma-informed and evidence-based skills necessary for effective trauma intervention (Anda, 2008).





Competency for trauma-informed social work practice includes the ability to intervene with individuals, families, groups, organizations, and communities.

The basis for trauma-informed social work education rests on an overarching definition of trauma that

- transcends the particular type of trauma exposure;
- recognizes that resilience to trauma depends on the balance between protective factors and risk and vulnerability factors;
- provides an understanding of the neurobiological underpinnings of the human stress/survival response;
- uses a developmental perspective to understand trauma's varied impact across the life cycle;
- takes into account the manner in which the intersection of culture, race, gender, religion, and national origin shapes the disproportionate exposure to trauma and the meanings attributed to it; and
- prepares students to attend to the impact of trauma work on themselves and their organizations.

Variables that modify or aggravate the impact of potentially traumatic events include

- the type of event and the intensity of exposure to it; potentially traumatizing events can be one-time events or an ongoing series of events, experiences, or interactions that include war, terrorism, natural disasters, interpersonal and community violence, and sudden or violent death of a loved one;
- how it happens, for example, actual exposure, being a witness to it, having learned about it, or being vicariously exposed to it;
- the quality of the subjective response, for example, overwhelming, intense fear or terror, loss of control, powerlessness, surprise;
- the degree to which the trauma survivor used dissociation as a defense during the event;
- access to tangible and intangible sources of resilience enhancing support for affected individuals, families, and communities;

- frequency of exposure to events ranging from a single time to multiple episodes of the same event or multiple exposures to different events; the direct relationship between the number of adverse events that children experience and the number of psychiatric problems they suffer demonstrates the cumulative effect of exposure to multiple risk factors (Harris, Putnam, Fairbank, 2006);
- the interaction of trauma exposure and the timing of its occurrence during the life cycle; children exposed to violence are most likely to be very young; children ages 0–3 have the highest prevalence of first-time exposure, followed by children ages 4–7 (U.S. Department of Health and Human Services, 2011). This early life exposure disrupts ongoing developmental processes, such as attachment, affect regulation, and language development;
- the interaction of traumatic exposure with other stressors and previous exposure to multiple adversities, whose accumulation over time intensifies their harm and can overwhelm existing protective factors; and
- the positive or negative responses of the people and systems around the individual who experienced trauma, including family members and the legal and judicial systems.

Trauma-informed practitioners recognize the following:

- ***The nature of trauma and traumatic experiences are inherently complex.*** Trauma occurs within a broad context that includes individuals' personal characteristics, life experiences, and current circumstances. Intrinsic and extrinsic factors influence individuals' experience and appraisal of traumatic events; expectations regarding danger, protection, and safety; and the course of post trauma adjustment. Practitioners incorporate their understanding of developmental neurobiology underlying children's reactions to traumatic experiences and draw on their understanding that culture is closely interwoven with traumatic experiences, reminders, and recovery.
- ***Trauma affects children, adults, and families in specific ways.*** Social work practitioners' interventions incorporate an understanding of the effects of trauma on children, caretakers, and adults together with the impact on the traumatized child of the family and other systems interacting with the child. They recognize that individuals can exhibit a wide range of reactions to trauma and loss, and that danger and safety are core concerns in the lives of traumatized children and adults. Because traumatic events often generate secondary adversities and life changes, intervention is geared to identify and address them. Traumatic events also generate distressing reminders in clients' daily lives, and practitioners recognize how protective and promotive factors can reduce the adverse impact of trauma, not only for the client, but when the client is a child or adolescent, for the family and broader care-giving systems as well.
- ***Trauma recovery is possible but presents specific challenges.*** Traumatic experiences often constitute a major violation of the expectations of the child, family, community, and society regarding the primary social roles and responsibilities of influential figures in the client's life. These life figures may include family members, teachers, peers, adult mentors, and agents of social institutions such as judges, police officers, and child welfare workers. Practitioners are aware of the need to contend with issues involving justice, obtaining legal redress, and seeking protection against further harm. In addition, working with trauma-exposed individuals can evoke distress in providers that makes it more difficult for them to provide good care. Proper self-care is an important part of providing quality care and of sustaining personal and professional resources and capacities over time (National Child Traumatic Stress Network, 2012).

Trauma-informed organizational practice

Whether or not it is recognized, trauma shapes the organizational culture of all service-providing systems. Competent social work organizational practice reflects the U.S. Substance Abuse and Mental Health Services Administration's (n.d.) statement that "trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization." Trauma-informed systems also take into account the profound impact that working with and caring for traumatized clients can have on workers and caregivers, and provides support to mitigate these effects.

Trauma-informed organizations attend to several common factors, which include

- ***Incorporation of trauma awareness.*** A trauma lens is incorporated into all aspects of the service system. This is a philosophical shift that creates an overall system that accounts for symptoms and behaviors as adaptive responses to trauma. Social work leadership promotes trauma-informed staff training, consultation, and supervision as important aspects of ways to incorporate an awareness of trauma's impact on helpers in all aspects of the program's activities.
- ***Emphasis on safety.*** A trauma-informed service system takes into account the importance of building physical and emotional safety for clients and providers into all aspects of its work. This emphasis on safety is based on an awareness of the client's persistent danger orientation and the impact of potential trauma triggers for clients, and thus strives to avoid re-traumatization for clients and staff. Respect for diversity also guides the safety emphasis in trauma-informed settings. Therefore, the system promotes knowledge about the wide disparity in vulnerability of certain groups to traumatic experiences.
- ***Opportunities to rebuild control and empowerment.*** Because traumatic situations often involve a client's loss of control, and disempowerment, trauma-informed service systems emphasize the importance of choice and empowerment. Practices within the agency might include involving clients in the design and evaluation of services and having clients take on leadership roles in the program, as well as giving them the opportunity to provide input into social work curricula.
- ***Emphasis on strengths-based approaches rather than deficit-oriented ones.*** Trauma-informed, strengths-based service systems help clients identify their own strengths and support development of new coping skills. Practices in the agency might include a decreased emphasis on rules and an increased emphasis on clients' making choices and the use of collaborative problem solving (Hopper, Frewen, van der Kolk, & Lanius, 2007).

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EPAS Competencies

Educational Policy 2.1.1—Identify as a professional social worker and conduct oneself accordingly.

Social workers serve as representatives of the profession, its mission, and its core values. They know the profession's history. Social workers commit themselves to the profession's enhancement and to their own professional conduct and growth.

ADVANCED SOCIAL WORK PRACTICE IN TRAUMA

Advanced social work practitioners are knowledgeable about the impact of direct and vicarious exposure to trauma on the practitioners. Working in the area of direct practice with trauma survivors requires the professional to develop and maintain adequate self-care and recognize his or her strengths and challenges. The advanced social work practitioner is also knowledgeable about the impact of traumatic events and provision of services to traumatized populations on organizations and communities. The advanced practitioner works to improve the understanding of trauma on organizational culture and communities.

Educational Policy 2.1.2—Apply social work ethical principles to guide professional practice.

Social workers have an obligation to conduct themselves ethically and to engage in ethical decision-making. Social workers are knowledgeable about the value base of the profession, its ethical standards, and relevant law.

ADVANCED SOCIAL WORK PRACTICE IN TRAUMA

According to the National Association of Social Workers' *Code of Ethics*, advanced practitioners adhere to the ethical responsibility to represent themselves as competent only within the boundaries of their education, training, supervised experience, or other relevant professional experience. As such, they stay abreast of current evidence-informed approaches for working with individuals who have suffered trauma. Advanced practitioners also demonstrate knowledge and skill in identifying and setting appropriate interpersonal boundaries in order to promote or enhance physical and emotional safety for clients and client systems. They engage in decision-making that recognizes the fundamental breach to the social contract implicit in client or client systems traumatized by interpersonal violence or human-made disaster. Advanced practitioners know how workers' own trauma-related history, clients' experience of trauma, and organizations' history can influence clinical decision-making.

Educational Policy 2.1.3—Apply critical thinking to inform and communicate professional judgments.

Social workers are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment. They use critical thinking augmented by creativity and curiosity. Critical thinking also requires the synthesis and communication of relevant information.

ADVANCED SOCIAL WORK PRACTICE IN TRAUMA

Advanced practitioners know how to synthesize relevant theories of trauma and relate them to social work practice. They know how to differentiate and communicate about trauma depending on the target audience, understanding that different audiences will need different information in order to appropriately respond to trauma.

Educational Policy 2.1.4—Engage diversity and difference in practice.

Social workers understand how diversity characterizes and shapes the human experience and is critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation. Social workers appreciate that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim.

ADVANCED SOCIAL WORK PRACTICE IN TRAUMA

Advanced practitioners know that the intersection of race, class, gender, sexual orientation, religion, and national origin results in disproportionate trauma exposure, access to services, and social support resources. Consequently, they approach traumatized clients in a manner that avoids blaming the victim so they do not contribute to stereotypes and stigmatization. They also understand that the disparities produced by such disproportionate exposure evoke client shame and self-blame and that interventions that emphasize strengths, promotive factors, and wellness help to reduce these trauma-induced consequences.

Educational Policy 2.1.5—Advance human rights and social and economic justice.

Each person, regardless of position in society, has basic human rights, such as freedom, safety, privacy, an adequate standard of living, health care, and education. Social workers recognize the global interconnections of oppression and are knowledgeable about theories of justice and strategies to promote human and civil rights. Social work incorporates social justice practices in organizations, institutions, and society to ensure that these basic human rights are distributed equitably and without prejudice.

ADVANCED SOCIAL WORK PRACTICE IN TRAUMA

Advanced practitioners understand that societal exposure to oppression, social and economic injustice, and denial of fundamental human rights represents a traumatic abuse of power that ruptures expectations of trust and security. They know that such profound violations of the social contract exacerbate a traumatized client's sense of helplessness and lack of control. They also understand that the consequences of marginalization affect help-seeking and access to effective services.

Educational Policy 2.1.6—Engage in research-informed practice and practice-informed research.

Social workers use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings

to improve practice, policy, and social service delivery. Social workers comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge.

ADVANCED SOCIAL WORK PRACTICE IN TRAUMA

Advanced practitioners engage in research-informed practice. They know the range of empirically supported trauma treatments and know the differential selection and application of evidence-informed research across populations. Advanced practitioners know how to collect and include trauma-informed data on how the client is progressing in order to make clinical decisions. Advanced practitioners engage in practice-informed research. The advanced practitioner knows models for developing research questions based on community input and partnership with their own clients.

Educational Policy 2.1.7—Apply knowledge of human behavior and the social environment.

Social workers are knowledgeable about human behavior across the life course; the range of social systems in which people live; and the ways social systems promote or deter people in maintaining or achieving health and well-being. Social workers apply theories and knowledge from the liberal arts to understand biological, social, cultural, psychological, and spiritual development.

ADVANCED SOCIAL WORK PRACTICE IN TRAUMA

The advanced social work practitioner brings knowledge of the impact of trauma on the biopsychosocial development of the individual, including specific knowledge of the neurological impact of trauma. The impact of trauma exposure is inherently complex and is mediated by class, gender, race, ethnicity, and culture. Advanced practitioners understand that trauma has an impact on individuals, families, organizations, and communities in specific ways, and are able to use knowledge about resiliency to develop promotive factors facilitating recovery from trauma.

Educational Policy 2.1.8—Engage in policy practice to advance social and economic well-being and to deliver effective social work services.

Social work practitioners understand that policy affects service delivery, and they actively engage in policy practice. Social workers know the history and current structures of social policies and services; the role of policy in service delivery; and the role of practice in policy development.

ADVANCED SOCIAL WORK PRACTICE IN TRAUMA

Advanced practitioners understand that social and economic injustice increases exposure to trauma. They know that traumatized individuals are over-represented in populations that suffer homelessness, substance abuse, low educational attainment, joblessness, and chronic poor health. They understand that the use of a trauma-informed perspective toward policy advocacy emphasizes safety, support, and nonpunitive access to resources. They also understand the need for policy practice in organizations to reflect an appreciation of the role of secondary trauma in the workplace.

Educational Policy 2.1.9—Respond to contexts that shape practice.

Social workers are informed, resourceful, and proactive in responding to evolving organizational, community, and societal contexts at all levels of practice. Social workers recognize that the context of practice is dynamic, and use knowledge and skill to respond proactively.

ADVANCED SOCIAL WORK PRACTICE IN TRAUMA

Advanced practitioners understand that a reciprocal interaction exists between traumatized systems and traumatized individuals that affects a traumatized system's capacity to effectively respond to the needs of traumatized individuals. They know that contextual factors shape perceptions of and responses to trauma exposure and intervention efforts. Consequently, they understand that the use of a trauma-informed practice lens extends the scope of intervention to the social, political, legal, educational, workplace, and family systems contexts in which traumatized individuals operate.

Educational Policy 2.1.10(a)–(d)—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.

Professional practice involves the dynamic and interactive processes of engagement, assessment, intervention, and evaluation at multiple levels. Social workers have the knowledge and skills to practice with individuals, families, groups, organizations, and communities. Practice knowledge includes identifying, analyzing, and implementing evidence-based interventions designed to achieve client goals; using research and technological advances; evaluating program outcomes and practice effectiveness; developing, analyzing, advocating, and providing leadership for policies and services; and promoting social and economic justice.

ADVANCED SOCIAL WORK PRACTICE IN TRAUMA

Advanced practitioners integrate knowledge as well as skills specific to client systems in the midst or aftermath of a traumatic event. Intervention requires the creation of optimal psychological and physical safety for client and worker systems during all treatment phases and in varying contexts. Assessment and diagnosis take into account the specific types of trauma that were experienced, their impact, trauma-specific coping behaviors, risk and protective factors, and emerging neuroscience developments. Trauma-informed assessment also includes the practitioner's familiarity with the strengths and limitations of standardized trauma assessment tools for individuals, families, and communities.

Advanced social work practitioners understand common trauma-based therapeutic obstacles as well as the specific methods used to overcome them, particularly those that are evidence-based, evidence-informed, or evidence-supported. Knowledge about the impact of working with trauma survivors on the worker and on the systems that serve them is critical to trauma-informed practice. During all phases of working with trauma survivors, the advanced practitioner appreciates how survivors' identities have been shaped by biopsychosocial, cultural, spiritual, and organizational factors.

Advanced practitioners know evidence-informed indicators of trauma recovery and evidence-informed indicators of a trauma-informed system, and can assess organizational readiness to integrate evidence-based trauma treatment. Client and program evaluation are undertaken collaboratively with clients to maximize client empowerment and minimize the impact of the breach of the social contract experienced by trauma survivors.

2.1.1 Identify as a professional social worker and conduct oneself accordingly	
Advanced practitioners	
<ul style="list-style-type: none"> • recognize the importance of practitioner and organizational self-care and resilience in trauma-informed social work practice; • know how to identify and model what constitutes safety for the client, the organization, and self; 	<ul style="list-style-type: none"> • identify and differentiate the signs and symptoms of secondary traumatic stress/vicarious trauma, compassion fatigue, and burnout; • use self-reflection and self-care practice to prevent and address secondary traumatic stress/vicarious trauma in self and organization; and • implement concepts of trauma-informed social work practice into organizational culture.
2.1.2 Apply social work ethical principles to guide professional practice	
Advanced practitioners	
<ul style="list-style-type: none"> • know the social work values, ethics, roles, and interpersonal boundaries necessary for trauma-informed practice; • recognize the key characteristics of a trauma-informed organization; • adhere to the ethical responsibility to represent themselves as competent only within the boundaries of their education, training, and supervised experience in trauma; 	<ul style="list-style-type: none"> • attend to physical and psychological boundaries to promote physical and emotional safety in therapeutic relationships, organizations, and systems of care; and • use decision-making practices that take into account trauma's fundamental breach of the social contract for clients and client systems.
2.1.3 Apply critical thinking to inform and communicate professional judgments	
Advanced practitioners	
<ul style="list-style-type: none"> • know the relevant theories of trauma and recovery; • know the interplay of culture, spirituality, and ethnicity as they relate to the experience of trauma; • know the hierarchies of evidence in trauma-informed practice; 	<ul style="list-style-type: none"> • identify levels of evidence in trauma-informed practice; and • synthesize and apply relevant theories of trauma and recovery in therapeutic relationships, organizational culture, and systems of care.
2.1.4 Engage diversity and difference in practice	
Advanced practitioners	
<ul style="list-style-type: none"> • know that not all individuals and communities experience, interpret, or handle trauma events in the same way; • know the reasons that are underneath diversity of responses to trauma; • know that the intersection of race, class, gender, sexual orientation, religion, and national origin results in disproportionate trauma exposure, access to services, and social support resources 	<ul style="list-style-type: none"> • recognize the differential impact of trauma on vulnerable, marginalized people and their communities; and • identify the differential help-seeking behaviors of traumatized people and adjust interventions accordingly. • use knowledge about differences to modify assessment and intervention strategies with individuals and communities.

2.1.5 Advance human rights and social and economic justice

Advanced practitioners

- understand historical and structural oppression and the interconnections of local, national, and global factors, and their role in creating traumatic conditions;
- comprehend the dynamics and interconnections of oppression, trauma, violence, and victimization, even when found in helping contexts such as shelters and support systems;
- are aware that clients and client systems are entitled to the best available practice;
- understand that societal exposure to oppression, social injustice, and denial of fundamental human rights represent a traumatic abuse of power that ruptures expectations of trust and security;
- work at the local, national, and global levels to reduce the impact of historical and structural oppression;
- promote the application of trauma-informed practice in advocating for justice for victims and perpetrators; and
- advocate for the inclusion, participation, and voice of diverse people, communities, and organizations affected by trauma.

2.1.6 Engage in research-informed practice and practice-informed research

Advanced practitioners

- know the range of empirically supported trauma treatments and know the differential selection and application of evidence-informed research across populations;
- are aware of risk profiles and manifestations of trauma, and understand the application of this knowledge;
- possess knowledge about the prevalence of trauma's base rates in populations they serve and know how the research guides interpretation of screening instruments;
- know and appreciate the importance of using trauma practice learning to inform research agendas;
- know models for developing research questions based on community input and lessons learned from clients;
- demonstrate how trauma-informed and evidence-based research, that is, neurobiology and resilience, informs trauma practice;
- translate knowledge gained through trauma practice to develop research questions and inform research agendas; and
- demonstrate an ability to collect trauma-informed data to guide practice.



2.1.7 Apply knowledge of human behavior and the social environment

Advanced practitioners

- understand the impact of trauma on brain structures and biological processes, including impairments in memory, cognition, attachment, affect regulation, and long-term somatic responses;
- understand that ongoing neurobiological maturation and neural plasticity create continuing opportunities for recovery and adaptive developmental progress;
- understand that developmental theories, including attachment theory, integrate concepts such as the cumulative effects of trauma and that the effects of trauma may manifest themselves differently with each subsequent developmental stage;
- know the manner in which unresolved trauma exposure has a cumulative impact over time on individual, family, organizational, and community functioning;
- know the impact of social structures and social processes that exacerbate or ameliorate the impact of trauma, the difference of the incidence and prevalence of trauma, and the individual manifestation of symptoms as adaptation or dysfunction;
- understand that interpersonal trauma characterized by human malice (for example, torture or rape) may be more traumatogenic than other types of trauma (such as a natural disaster), leading to more potent and persistent responses within the individual, family or other systems;
- demonstrate the ability to use knowledge of neurobiological impacts of trauma on interpersonal relationships and the capacity for recovery;
- demonstrate the ability to differentially apply conceptual models of trauma and trauma concepts in accordance with developmental stages; and
- demonstrate the ability to identify how social, cultural, and spiritual contexts facilitate or inhibit recovery from trauma for individuals, families, organizations, and communities.

2.1.8 Engage in policy practice to advance social and economic well-being and to deliver effective social work services

Advanced practitioners

- recognize that the deleterious effects of trauma across populations and stages of life are sufficiently pervasive to constitute a public health crisis that requires significant local, state, national, and international policy responses;
 - familiarize themselves with the pertinent local, state, federal, and international policies that affect the occurrence of and response to traumatic events;
 - understand that economic inequities adversely affect experiences of trauma and access to resources that facilitate resilience and recovery;
 - assess and evaluate organizational policies for their potential to increase worker and client safety, to decrease trauma exposure, and to decrease vicarious traumatization;
 - appreciate the historical perspective on the evolution of and impact on current trauma policy;
 - use policy analysis skills to evaluate trauma-informed policies and their impact on trauma-informed practices;
 - collaborate with colleagues and clients (individuals and communities) in the development and implementation of trauma-informed policies and prevention strategies; and
 - engage institutional leaders in the development of trauma-informed workplace policies and practices that benefit practitioners, clients, and communities.*
- * Applies to students in macro concentrations in the advanced year of the MSW program*

2.1.9 Respond to contexts that shape practice	
Advanced practitioners	
<ul style="list-style-type: none"> recognize the interconnectedness of social justice, human rights, and trauma; translate and appreciate how global trauma issues influence local problems; recognize the impact that trauma has had across all human experience and history; know that trauma experiences have implications for how communities, organizations, and individuals function; 	<ul style="list-style-type: none"> assess organizational readiness to incorporate trauma-informed and evidence-based programs and practices; and participate in modernization of service delivery appropriate for trauma-exposed individuals and communities.
2.1.10(a)–(d)—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities	
2.1.10(a)—Engagement	
Advanced practitioners	
<ul style="list-style-type: none"> know how the internal processes of the worker have an impact on engagement with populations affected by trauma; know how the worker's prior history and social and cultural background influences the development of the helping relationship in the process of engagement; know how the client's prior history and social and cultural background influence the development of the helping relationship in the process of engagement; know how trauma, culture, and spirituality influence the development of the helping relationship and the process of engagement; 	<ul style="list-style-type: none"> know how the organization or community's history of trauma exposure affects response to engagement efforts; use strategies to establish a sense of safety for a collaborative therapeutic relationship; demonstrate responsiveness to the differential impact of trauma on the client system and awareness of the consequences for the therapeutic relationship; and use a trauma-informed perspective to safely engage an organization or community affected by trauma.
2.1.10(b)—Assessment	
Advanced practitioners	
<ul style="list-style-type: none"> know the impact of trauma on coping behaviors and risk and protective factors in conducting assessment and diagnosis; possess familiarity with standardized trauma assessment tools that have acceptable reliability and validity; develop knowledge of trauma symptoms (behavioral, cognitive, affective, spiritual, physical) directly related to the traumatic experience; incorporate an understanding of the influence of historical trauma on various cultures into assessment activities; 	<ul style="list-style-type: none"> conduct trauma-informed assessments, which include risk and protective and promotive factors in a developmental context; and critically assess reactions to trauma across various cultures incorporating the influences of historical trauma and the current social context.

2.1.10(c)—Intervention	
Advanced practitioners	
<ul style="list-style-type: none"> • understand theoretical and empirical foundations of evidence-based practice with populations affected by trauma; • understand the variety of trauma interventions available across systems; • understand the common therapeutic challenges that arise in trauma interventions; • understand the concept of posttraumatic growth; 	<ul style="list-style-type: none"> • critically evaluate and apply trauma-informed, evidence-based interventions with populations affected by trauma; • identify and attend to the common obstacles to change that arise in trauma interventions; and • mobilize the strength of clients and systems to enhance individual, family, and community resilience.
2.1.10(d)—Evaluation	
Advanced practitioners	
<ul style="list-style-type: none"> • know evidence-informed indicators of trauma recovery and evidence-informed indicators of a trauma-informed system, • know available measures to assess organizational readiness to integrate evidence-based trauma treatment, • know how to use the disaster response literature related to evaluation of micro and macro intervention, • use evidence-informed indicators of trauma recovery in evaluation of client and implementation outcomes; 	<ul style="list-style-type: none"> • assess organizational readiness to integrate evidence-based trauma treatment; • evaluate how trauma informed the organization/community is (e.g., with an emphasis on trauma awareness, safety, rebuilding control and empowerment, and strengths-based approaches)*, and • use evidence-based indicators of disaster response in evaluation of needs and outcomes for larger systems following disasters.* <p><i>* Applies to students in macro concentrations in the advanced year of the MSW program.</i></p>

Developmental Process for Advanced Social Work Practice in Trauma

In response to a recognized need for an emphasis on trauma in the social work curriculum, Virginia Strand and Robert Abramovitz, co-directors of the National Center for Social Work Trauma Education and Workforce Development, approached CSWE Executive Director Julia Watkins and asked for CSWE support to advance a trauma concentration. CSWE agreed, and with the national center organized a national working group (Task Force on Advanced Social Work Practice in Trauma) in 2011 to formulate curriculum guidelines for advanced social work practice in trauma. A steering committee was established in the spring of 2011, and the group met via teleconference to develop a conceptual framework and to plan an all-day meeting of the task force. The first meeting of the task force took place at CSWE headquarters in Alexandria, VA, in June 2011. The 25 participants at this two-day meeting included deans, faculty members, and four invited leaders in the trauma field.

At this meeting, participants drafted advanced knowledge and practice behaviors related to each of the 10 competencies. At the end of the meeting, Steering Committee members agreed to meet to further develop and edit the document. The Steering Committee conducted its work by e-mail and conference calls. After revising the work over a 4-month period, a second meeting of the task force was convened during the CSWE Annual Program Meeting in November 2011. Twenty-one members met, reviewed the document, made revisions, and established a strategic plan for dissemination and for the ongoing work of the task force.

In November 2011 the final draft was distributed to all deans and directors of MSW programs for review and comment. Their feedback was incorporated into the document, and a webinar for the task force was conducted in February 2012 for final review of the document before publication.



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