

Episode 168 - Dr. Lisa Butler and Janice Carello: Potentially Perilous Pedagogies: Teaching Trauma Is Not the Same as Trauma-Informed Teaching

[00:00:08] Welcome to in social work the podcast series of the University of Buffalo School of Social Work at www.insocialwork.org. We're glad you could join us today. The purpose of social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice research. We educate we connect. We care. We are in social work from Buffalo. The brutal winter has given way to an incredible spring lifting spirits and anticipation of another late cold summer in Buffalo. There are a million things to do and the hardest part is choosing which one. I'm Peter Sobota in this episode our guests Janice Carello and Lisa Butler describe a trauma informed framework for education and teaching the prevalence data is pretty clear. A significant number of students have exposure to traumatic experiences. Recognizing the risks this poses to their educational success and anticipating student emotional safety and their learning is described by our guests Dr. Butler and Ms Carello to find trauma informed practice and education as an understanding of the potential vulnerabilities of students and accounting for the use in teaching practices. Our guests review terminology and concepts related to trauma and to trauma informed care and why educators should make the effort they conclude with general principles and practical examples of how to integrate this knowledge into teaching practices. Lisa Butler Ph.D. is associate professor at the School of Social Work. Her recent research involves investigations into anticipatory traumatic stress symptoms trauma stress and self care in NASW clinical training applications of the trauma informed framework and identifying the care needs of veterans and their families.

[00:02:11] Janice Carello M.A. LMSW is a doctoral student at the UB School of Social Work. Her research focuses on developing and applying trauma informed educational practices in higher education settings. Recently she has been studying the risks and benefits of emotional disclosure and trigger warnings in college classrooms. She has also been investigating trauma stress and self care in MSW clinical training. Lisa and Janice were interviewed in January of 2015 by Steven Halady a member of our Podcast team and a recent MSW graduate here at the School of Social Work. Hello my name's Steven Halady and I'm here with Janice Carello and Dr. Lisa Butler to talk a bit about trauma informed educational practices. So let's begin with first of all what is a trauma informed educational practice. This is Lisa so trauma informed practice in education originates from trauma informed care which is a framework developed by Roger Fallot and Maxine Harris to address the needs of clients seeking social services and mental health services who typically often arrive with a severe trauma history that may or may not be relevant whether seeking services for. But Felton Harris argue that it needs to be taken into consideration in every aspect of the way they are interacted with. So from that we develop trauma from educational practice so that to be trauma informed in an educational context is to understand the role that violence and victimization may have played in the lives of students and then apply that understanding to not only curriculum development but also policies and practices in the classroom to help improve student learning outcomes. Let me just add a little bit.

[00:04:01] So Lisa again and one of the issues that's really really central to all this is the potential for trauma survivors to be real traumatized in interactions or vicariously traumatized. And we think that it's particularly relevant to the educational setting where students speak especially in clinical training programs like social work are exposed to all sorts of track material with this tremendous potential for activation of these earlier symptoms or new activation of new symptoms. And this is Janice another thing too that we want to clarify is that in a typical trauma formed approach it's usually at an organization wide approach. So usually it's an approach that helps to change the culture of the entire organization. One of the thing we've been focusing on because in higher

education we're talking about such a large institution and at this point it's hard to know when that type of approach may be feasible within an institution that large or even within entire departments. We've been focusing on changing classroom cultures and places where people can actually start making a difference. Another thing too that we should point out is the difference between trauma informed practice and trauma specific treatments. So we're talking about trauma informed practice and trauma for practices. Again it's recognizing the vulnerabilities of students and applying those to teaching practices. We're not trying to treat symptoms in a trauma specific treatments try to relieve symptoms of PTSD and other things like that. We're not trying to do that in the classroom. That's not what trauma from the educational practice is about or trauma informed care for that matter. Yeah. Yeah.

[00:05:37] So you're looking at the different ways that trauma can occur in an educational setting and how to address that both in the classroom and at the level of the institution and institutional policies. So I was thinking as you were describing trauma informed educational practice there are a lot of terms and concepts that you were using and you mentioned PTSD trauma itself free traumatization perhaps it will be helpful to clarify some of these terms and concepts. LISA Okay so PTSD arises from exposure to what we describe as traumatic events traumatic events or typically events that involve life threat including everything from earthquakes to combat to sexual violence and so on and PTSD post-traumatic stress disorder is one potential outcome of that exposure which in itself involves an array of symptoms that different people have varying degrees including what are called intrusions. So those can be sort of unbidden thoughts memories reactivity to related to the event in some way avoidance behaviors so avoiding sort of internal states to remind you of going through the event or external circumstances people places conversations that might trigger you also in the new conceptualization of PTSD in the new DSM rightfully they're describing changes alterations in cognition and mood that can longstanding that can result from traumatic exposures. So that includes things like being amnesic for not remembering what you've gone through. It can also mean real wholesale alterations in your beliefs about the world and expectations about the world. It can be long standing negative mood states.

[00:07:20] You know in addition to anxiety things like depression and shame and guilt and so on and also a sort of fourth class of symptoms is called hyper arousal which has to do with sort of activated anxious feelings that can result in difficulties sleeping irritability being very hyper vigilance or scanning the field for threat at all times and so on. So there's a whole array of symptoms different people in different circumstances experience different combinations of those that's PTSD. And there's a lot of people with the way you don't meet criteria for PTSD but actually have what we would call sub syndrome syndromes. So they're very symptomatic they may have nightmares for example but they don't meet all those clusters so there's all sorts of different presentations and this is Janice and places mentioned PTSD but we should probably also mention complex trauma. So when we talk about PTSD we're talking about sometimes it's one more one time events like a rape or a car accident or natural disaster or seat oftentimes with combat. And then also sometimes people are talking about complex trauma which would be more sustained repetitive traumas childhood abuse repeated sexual abuse things like that. And then we often to talk about trauma histories in terms of things like the adverse childhood experiences that we know that people who have had several negative childhood experiences may develop symptoms but they're also more at risk for negative health outcomes as they get older. So trauma and you know any of these kinds of life threatening events can manifest in a whole variety of different ways. And you mentioned that one of the reasons why trauma informed educational practice these are important is because people in an educational environment can you said the word be read traumatized. Sure a little bit more about that. Sure. Well we know certainly the majority of students in most educational settings are going to have some sort of trauma history exposure at least not necessarily that they develop PTSD but they're at risk because of that exposure.

[00:09:18] Traumatization refers to being exposed to new material that may be related to what happened either obviously or symbolically in some way that can activate these earlier traumatized states. So resulting in feelings of anxiety panic nightmares intrusive thoughts memories coming back you haven't thought about for a long time from something you've been through and so on. That's right. Traumatization so it's basically what we call a recrudescence of the PTSD syndrome that they had before. Let me just go on. So vicarious traumatization or Zell's refer to the secondary traumatic stress can happen in anybody you don't have them trauma history and it's related to basically learning about these really traumatic terrible events some people have been through. And you if you're empathic you're at risk for starting to develop sort of an echo of that yourself. You start being troubled you started having all sorts of thoughts about emotional reactions to it. Also nightmares and so on. So there's both pathways to this and this achiness would also want to differentiate to that when we're talking about re traumatization or secondary traumatic stress vicarious traumatization. This is not the same as being upset by what's going on in class or buy materials that you've encountered. We're talking about a recurrence of a reactivation of PTSD symptoms or other types of symptoms that Lisa mentioned. So how did you both become interested in trauma informed educational practice. This is Janice. So like many folks Social Work is my second occupation. I have a master's degree in English and I've been teaching creative writing composition literature and academic skills courses for almost 15 years now.

[00:11:01] Local colleges one of the things during my first couple semesters of teaching that happened was I had a student in one of my writing classes disclosed in an essay that she wrote that she had been sexually abused as a child. And I had not been prepared at all to deal with that in my training. So I was at a loss to know what to do with that. That wasn't the only time a student disclosed in classes the classes that I teach are often small and you meet with students one on one they write things. Anybody who's been in a literature class knows you read about cultural trauma individual trauma historical trauma. So students had opportunities then to an assignments and also in class discussions and in meetings with me to disclose that these things had happened to them and I wanted to learn how to respond more effectively to them and also for the class. Another thing that I noticed too while I was teaching was that even though many of the students and most of the students who were in those classes who disclosed those histories were very resilient. But that I also had students who I would lose they would drop out they stopped coming to class advisees would leave the college. And when that did happen it was a student who had some type of personal crisis or who had some type of trauma background. And so I became very interested in ways that I could be more supportive of my students.

[00:12:18] So I decided to enroll in the social program here at the University of Buffalo and I always say it's like hitting the lotto because I enrolled in the school just at the time that they were implementing a new trauma form human rights curriculum. And so I started learning about trauma and trauma informed care and a whole bunch of light bulbs went off and my head and I started thinking about OK great now how can I apply this to educational practice. And so then I after a couple of assignments and trying to do that in classes what I decided that was I not only wanted to apply this to my own practice but I wanted to learn how to do that on a larger scale. And in order to do that I was gonna need some research skills so that I applied to the Ph.D. program here at the School of Social Work and that was how I met Lisa. So Janice brought this wonderful idea to me to apply this my interest generally. I've been a trauma researcher for over 20 years now and I've had some experiences along the way this really led me to this also. One was many years ago I noticed that colleagues were sometimes presenting material in presentations that were public or at conferences where it seemed a little insensitive to the possibility that there might be survivors of whatever given trauma and they were describing in the audience the slides would be very active and started to make me uncomfortable but I wasn't really thinking about at that point but I remember thinking oh I better be more conscious of this myself. Because when you work in trauma you get a little inured to all this and a little insensitive.

[00:13:48] Then I had an experience after 9/11 I was giving a presentation to a group of family physicians who were very interested in the impact of 9/11 on their own clients and so they wanted to know more about PTSD. So I was doing a presentation on that and it was just a few months after 9/11. So right before my talk this fellow came up to me a physician I knew just by looking at him. He was traumatized. He had a look in his eye and energy around his body that he just felt like he'd been through something terrible. And he described to me which I won't describe here but that he had been at 9/11 at Ground Zero when it happened and he'd seen unspeakable things and he said I'd come up to talk to you because I'm concerned that I won't be able to handle this talk. And I said you know you're right to think about that. There are some slides in this talk that are related to 9/11 pictures although I did go through them with that in mind but perhaps this is not the time for you to see this talk. He decided to sit it out or sit up part of it. He came back later. So again that got me thinking. But another interesting piece of that was and I've had this experience in other things too was what he had told me. Actually I was vicariously traumatized by what he had seen. I saw for months thereafter and reacted to it also and which was so interesting because it was this tiny little you know meem of information that he passed along in one minute. And but it was so evocative and so traumatizing and he didn't mean to do that.

[00:15:22] But of course but that I realized the power of these tiny pieces of information to just really activate people. So all those thoughts together over the years I think I became more and more conscious of being sensitive around audiences in terms of what it presented. And then Janice arrives in my office and says I want to a look basically trauma informed educational practice and I've been working on the accreditation project for a school and been very intimately involved in thinking about trauma informed care and trying to apply it to things. And so it was a perfect meeting. It was wonderful. So you both describe kinds of experiences and events that any educator in any kind of educational setting might encounter. So can you say a little bit more about why it's important for educators in general to become more trauma informed. This is Janice so one of the things she mentioned earlier Steve that it's important to know that most of our students have these trauma histories rightly so much that the research shows us that anywhere from 66 to 94 percent of students have reported at least one if not more traumatic incidents in their background. At any given time 9 to 12 percent of college students have PTSD. And as Lisa mentioned many many more of them may be substance drawable they might not meet the criteria for it but they're having symptoms. And we also list that I've been doing some research on MSW stress that most of students and training and we have been finding that in fact students are being activated during coursework and fieldwork. And while we haven't figured it all sorted it all out yet to know how much is from the coursework and how much is from that.

[00:17:01] We know that this is happening. Know it's both coursework exposure and field exposure. So yeah it's common. Let me just I'm sorry to interrupt but it's just you know this is the nature of this business. There's no way to avoid trauma. So it's not like we've said oh dear they're being traumatized. Let's not teach them that they have to work with that. And so it's figuring out how to teach it most effectively. Because if you activate students you shut down their learning and you may actually drive them out of the classroom. So there's a lot to figure out about how to make this how to make it in a way that keeps them safe which is one of our primary objectives that we've explored and allows them to remain in the classroom and become clinicians because it actually does get easier and easier with more Mansaray no S.N.. And then to students who are at risk and that we have more and more students war veterans returning to school who may be at risk. They come in vulnerable. There's a lot of violence and substance use on campus. We've been seeing a lot about the sexual harassment and rape on campus issues. We know that there's problems with alcohol abuse and so there's a lot of potentially negative outcomes. Lisa mentioned impacts on learning. We know that trauma affects memory cognition emotions regulation to make it difficult for students to attend to the tests in class if they're activated they may leave class and do something to self soothe

that may not be positive it may inform some form of substance use or abuse self harm. Right.

[00:18:28] They may engage in risky behaviors that put them at rest. We know that long term consequences there are health risks associated with this. And we know that students often have lower GPA who have a trauma history they're more at risk of leaving the college. Right. So they don't succeed at impacts not only their learning but their ability for a successful educational outcomes in general. The other thing too for me is especially that this is a social justice issue. We're talking about people who through no fault of their own were made vulnerable. And then if we don't do something in the classroom then to help create this culture and help them achieve this then we are in my mind we need to reduce the barriers for them in order for them to be successful at college. So if I understand you correctly that trauma informed educational practice is not about treating trauma on a classroom and it's not about avoiding trauma and issues of trauma it's about creating a safe space and a organizational culture where trauma is recognized as a fact of life and the support structures are there to allow students and faculty and staff and administrators to thrive despite the fact of trauma. This is Lisa Yeah specifically in fact of life in clinic between these the population's going to be working. And so you know it's particularly poignant in them and also for the instructors because of its structures may also have trauma histories also and certainly they're going to be exposed to the material and it can be difficult for them.

[00:19:57] I've heard instructors at conferences telling me stories about being activated by stuff that happened to their students or in writing colleagues reading through papers and crying because they've got so many that had these stories in them. So it's helpful for us as instructors also. Lisa Yeah. And there really seems to be a real demand once instructions are sort of sensitive to this issue. They really want to know what to do. What can help. They need guns and so and I have really tried it in the last year at least two more than actually developed to try to think through what's necessary to make classrooms safe in particular safe. And this is so I wanted to do is maybe cover some general principles and then get into some more specific examples so some of the general principles that we've been talking about. First of all I'd say be aware that there's no cookie cutter recipe for this and this is going to be individualized for your classroom and there's not just one thing that's going to work. One important thing would be for instructors is to become familiar with the signs and symptoms of trauma and secondary traumatization as well as the impact of trauma on learning. Another thing would be to stop asking what's wrong with students like this we're doing trauma informed care. We stop asking what's wrong with you and ask what's happened to you. This case may be what's wrong with students and then acknowledge the resilience of the students who have trauma histories just by the very fact that they're in your classroom. Creating a classroom culture that makes it safe.

[00:21:23] We talked about that being aware of your position of authority in the classroom can also be helpful when we're talking about a culture shift with trauma informed care. It also involves a shift in authority that positions students as experts of their own lives and their own learning. And so we want to emphasize that also re-examining course practices and policies and then revising any that may potentially though inadvertently traumatize students or make it more difficult for them to learn instead of promoting learning. And those are the more general principles so some more specific things that people are often interested in actual practices what that may look like in the classroom. Some things in terms of course content. Lisa was describing reviewing slides right. So if you review the content that you're going to be showing in class is that appropriate. You might want to consider eliminating any material that the sole purpose for it is to shock or disturb students that that may not actually be the best way to achieve that learning outcome for that class for difficult material that you do want to retain. I would consider having some type of a warning. I know there's been a lot in the social media around trigger warnings. You certainly can't warn students for everything. But research does tell us that certain types of traumatic events like child abuse and sexual assault that can be very triggering for many people. And so certainly things like that you

would want to warn students about the content. Let me just say I mean warnings not just the content but the length and the severity.

[00:22:49] I mean students really think it innocuous a little bit saying this one's going to be tough but it's going to last this long and it doesn't get any worse than when you know something that you describe that helps them understand it gives them some boundaries around it and they can live with it. It's when you sort of thrust the survivor into a circumstance where they don't know what's coming they don't know how it's going to get they don't know how long they're going to endure. That's very helpless making and that's sort of the worst that you can do. But if you warn them then they can use fuel comfort. Right. And it's a warning it's not a you don't have to engage with this material. Here's what's coming up so that way you could find the best way to care for yourself while you're dealing with it. Lisa I'll give you an example. In a class I teach on trauma and writes one of the modules is on veterans and we're actually teaching trauma informed perspectives on this. And so they watch a YouTube video that was actually created by a veteran about his experience of going through a day as a returning combat veteran and now student veterans too. So mainly what you're seeing is him sort of recapitulating what it was like to be in the military and being triggered by various things in the environment what he's interspersed in this video are shots of bodies and body parts and blood. They're very brief. They are real they're very graphic but they are tolerable if you know the limits. And so that's what I tell students. That's what's coming. And I think it really really helps them watch this and not feel sort of lost in the middle of it and restores a sense of control. That's our aim.

[00:24:20] Another way that to help restore a sense of control. Think about the kinds of assignments that you have in some classes you might want to rethink if you're requiring any type of personal disclosure of students of some type of trauma history. Certainly students will or not disclose things at times and then they have control over whether they do that or not and how they do that. But you might want to seriously consider eliminating any required assignment that requires them to do that. Check ins can be really helpful. Regular check ins and there's lots of ways you can do that. And they said no you do frequent verbal check ins with students. I've incorporated also check in cards at the beginning and ends of classes so students can let me know how things are going I'm following up in person if a student does give you an indication either during class or in a like a checkout card after class making sure that you do follow up because having somebody write out a card that that was a really tough class for me and then having it go into the ether and no response. Right. Because for a lot of people part of the what was traumatic is that it's not just the event itself that the lack of empathic connection with another afterwards is the response that you got. So for them to say that they were activated and not get a response would be difficult in terms of classroom policies and process.

[00:25:33] It's ok to let students leave the room and go attend to their emotional needs for a few minutes and come back we don't question them when they need to leave to go get a drink of water. Take a quick phone call or use the bathroom so sometimes if that's what a student needs a few minutes to go gather themselves and come back let them know that that's okay. Yeah it's part of the way you teach them to be responsible for their own self care and also express respect for that. Jennings twins. Yeah and allowing them to what they get to make that decision. You're not in control of that process. Acknowledging normalizing and discussing the difficult feelings that can and will arise when you have these conversations right. It may not just be some type of horror or it may be things like disgust or despair or anger or vengefulness or right or a desire for revenge or they need to fix it right. They'll have all of those. And so having a discussion and processing that and by processing that I don't mean having a therapy session in class but talking about that these are all very normal ways that people respond and that if you don't respond that way that's OK too. So that can be helpful in terms of instructor behavior. There may be things that you do that you don't mean to do that will activate students that don't have anything to do with the content. It may be that

your tone of voice he wants to try to avoid minimizing or diminishing any of the things that they say. Making sure that you're listening to students using a strength based approach sometimes expressing even sometimes very frequently expressing anger towards a student can be very triggering or even irritation. Yeah disappointment. Yeah.

[00:27:10] And then know that you yourself may get activated it helps to know a little bit about transference countertransference the ways in which you know you may or may not have a trauma history yourself you may or may not because you're involved in this work. These secondary narratives that they may be harmful to use of being aware of that to supervision can help with that. Colleagues can help with that. Implementing policies and practices that help avoid and minimize disappointment and avoid shaming. So thinking about the way that you grade and the way that you get feedback. People talk a lot about red pants. But if we're only looking for errors and we're only marking what they did wrong that's not a very strength based approach. So it's helping them to also what they did right. Things like assigning drafts so that students have a chance to get their thoughts out ahead of time and they have some practice before turning in a paper that they might end up failing on. Right. So there's different things that you can do. No one size fits all but there's different practices you can use the c you mentioned self care that's important both for students and for instructors. And we have a wonderful self care website here that Eubie School of Social Work. I don't know that I have the correct you are that. I'm sure if you google self care and school of social work you will get the site you'll get it. Yes. It's called A Soldier's Story. And there's some wonderful resources at that site.

[00:28:28] Lisa I know lately too you've been paying a lot of attention to the actual physical classroom itself. The features of the classroom the ways in which that can be triggering particularly like for veteran students Yeah. Well there's some aspects of the classroom in this and the instructors behavior in the classroom. So sudden changes in things like sound or lighting can be triggering can be frightening. Some instructors tend to pace around classrooms and if you do there's a potential if you leave behind a student with an assault history that could be activating for them. Veteran students sometimes need accommodation and in particular they may not ask for it but they'll want to sit with you back to the wall you know so they can observe everything and everything come up behind them. I mean there's just all sorts of things to have in mind. I think what we're describing here aren't necessarily specific things everybody has to do in every setting. It's really an awareness that you know assuming you have students in the room we have a trauma history. And what does that mean about how you're conducting class how your son is framed. You know what the way you are interacting with them and just having that awareness is really just a backdrop framework to use to inform everything you would normally do. It is so much changing everything you do. Right. It's not about walking on eggshells and it's not about avoiding upset. It's about enhancing the learning process. You've covered a lot of really great things that educators and principals and deans can incorporate into a variety of different educational settings.

[00:29:57] But if there is anyone out there who wants to learn more or to get more information on trauma informed practices or trauma informed care in general is there any place that they can go for more information. They can contact me. Janice Yes this is Janice. Probably the best way to do that right now is via e-mail and that would be jc427@buffalo.edu. We also have a couple of publications that we'd be happy to send them. Absolutely. Well thank you so much for taking the time to share your work and your research and all of these great practices and perspectives on trauma. Are there any final thoughts that you would like to close with. I'd like to say because of one thing we didn't mention is talk to your students solicit feedback from them about your practices what's working what's not what would be helpful to them because they're going to be your best resource. So yeah I'd want want to end with that. Thanks for your interest. Thank you. You have been listening to Lisa Butler and Janice Carello discuss trauma informed teaching practices on social work. Hi I'm Nancy Smyth professor at the University of Buffalo School of Social Work. Thanks for listening to our

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