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# Virtual Academic Challenges To Real-Time Trauma

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Helping graduate level social work students address and process recent mass casualty violence is a challenge to any classroom. We feel it is especially challenging when the classroom is virtual. While the virtual format allows for video and audio contact, students and instructors may be thousands of miles apart and see each other, like the old Hollywood Squares television program, from only the shoulders to the top of the head. Our Virtual Academic Center (VAC), while in most ways a marvel of technology, does present special challenges when faculty is confronted with such sensitive issues as the killings in Orlando, the deaths of Alton Sterling and Philando Castile and the shooting of police officers in Dallas and Baton Rouge.

Classroom conversations dealing with emotionally charged topics are always challenging. However, in our virtual atmosphere, the subtle nuances of discussion may be more difficult to interpret. According to the Substance Abuse Mental Health and Service Administration (SAMHSA, 2014), the guiding principles of trauma-informed care are: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment; voice and choice; and cultural, historical and gender issues. These guided principles were presented in the discussions with faculty with encouragement to be integrated with students in their classrooms in order to avoid re-traumatization.

Shortly after the events in Orlando, Florida, we met with other VAC instructors for a regularly scheduled faculty consultation group, which we co-facilitate. During that meeting we presented the question of how best to approach this tragedy in our virtual classrooms integrating the principles of collaboration and peer support. What we immediately discovered was that before facilitating any type of effective student discussion, faculty needed an opportunity to address their own thoughts and feelings. We provided some of that needed time before moving on to classroom and student issues.

We expected the student conversations to be intense. What we did not anticipate was the intensity of our faculty discussion. Such intensity, however, deserves opportunities to both problem-solve and process. We believed that to be effective these opportunities for dialogue would need to avoid personalization and politicization while including safety as a guiding principal to facilitate a trauma-informed dialogue. The challenges were to invite students to explore their own experiences with stigma and to facilitate the creation mechanisms for personal and professional stigma reduction.

We provided students opportunities to engage in critical thinking and discussion on micro, mezzo and macro levels.

We suggest the following whether your classroom be in person or virtual:

1. Often we begin our classes with a “check in” designed to help students enhance their clinical intervention skills by inviting them to facilitate and to share recent challenges or experiences. We encourage faculty to adopt the “check in” as a way to begin each class. Aligning with the Trauma-Informed Care principles of empowerment, voice and choice, students can “check out” if they do not feel comfortable discussing the tragedies.
2. It can be challenging for even the most seasoned clinician to differentiate between the personal and the professional. We suggest faculty encourage students to check their own responses to determine whether the response is personal or professional. Our personal voices may be emotional or opinionated informed by our own bias and potential dysregulation. However, our professional voices must stay calm. We need to let our personal voices go at the appropriate time in the appropriate manner. We discourage using social media as a forum for our personal voices. We also remind students and faculty that our own experiences shape our unconscious bias.
3. It is critical to address the effects of listening and watching traumatic events on a daily basis and to implement strategies of wellness in order to prevent burnout, vicarious trauma and secondary trauma (Schott & Weiss, 2016). Students and faculty are encouraged to identify daily wellness strategies.
4. We stress the value of creating an educational frame of bias, self-awareness and self-regulation in the classroom. One way to do this is to offer questions around informing the students’ identities and how they can be challenged by those who are different from themselves. This approach incorporates the guiding principles of trauma-informed care by integrating cultural, historical, and gender issues (SAMHSA, 2014). Another strategy would be to incorporate mindfulness of emotions leading to taking a breath prior to engaging.
5. Regardless of the venue, faculty can set a framework to focus the discussion on feelings, reflections, and counter-transferences instead of politics.
6. Regardless of the venue, faculty can set a framework to focus the discussion on feelings, reflections, and counter-transferences instead of politics.

Some faculty attending the consultation meeting later shared their classroom experiences, which we now present for additional consideration.

“I showed the video *Imagine a World Without Hate* (<https://youtu.be/3KyvIMJefR4>) and asked the students to be fully present when they watched it and to think about the circumstances and the shooting in Orlando. After the video we came back together for a very thought provoking dialog about what it means to have a social work response to this tragedy. Later I showed *Dear Young Men of Color* (<https://youtu.be/TtH-BUaLsXmQ>) and invited students to discuss this through a macro, micro and mezzo lens.”

“I gave my students the following activity. I told them that they were the management team of a community based social work agency. A mass casualty shooting had just taken place in their area. Their task was to triage needs based on the capacity of their agency and formulate responses appropriate to social workers.”

Students attending our Virtual Academic Center are from all over the nation and part of the conversation, according to faculty response, was about why we all need to care about this.

Faculty shared that some expressed ideas about engagement on LGBTQ issues in their communities. Other students discussed violence used by police through a historical context while others sought to understand historical trauma, generational trauma and systemic trauma.

“We talked about healing and how social work promotes healing.”

The activity sparked engagement in some students and raised their consciousness about thinking like a social worker. For minority students in the class it was a forum to be heard and supported.

“Overall it was very moving to see the up and coming social work professionals address this tragedy from a new perspective.”

As social workers and as teachers we understand the implications of vicarious trauma. We also appreciate the challenge of creating opportunities to process feelings while avoiding personalization and politicization. The frequency and magnitude of recent mass casualty events challenge our objectivity and our capacity to absorb. The degree to which we reel from it all surely must mirror the degree to which our students reel. We all need a forum in which to absorb and process and learn so we can move forward to create viable solutions based in our core social work principles. We believe the best venue for such innovative healing is the social work classroom.

Since the social work classroom extends to field placements, our student learners may encounter the parallel processes of managing their own trauma reactions while providing places of clinical refuge for those seeking assistance. Students may also feel buffeted by the employees of their placements as they process their own trauma related thoughts and feelings.

We believe that wellness plays an essential role in social work education and must receive attention as students new to this very demanding profession begin their field education. Those students intent on academic accomplishment may resist the very notion of taking care of themselves and become at risk, even before graduation, of professional burnout. We believe that social work faculty can prepare students with readings, videos, and discussions of secondary traumatic stress, vicarious trauma, compassion fatigue, and professional burnout. We also encourage faculty to integrate mindfulness practice in each class. We further believe in the value of frequent student contact from faculty to reinforce wellness for students in their field placements. While field faculty cannot function as student therapist, we can identify possibilities and suggest school-approved resources for students needing additional emotional support.

In order to assess student burnout potential, we suggest that field faculty become comfortable discussing topics such as emotional exhaustion, depersonalization, and reduced sense of personal accomplishment (Newell & MacNeil, 2010). In order for students to successfully provide their own wellness, the field instructors in the placements must also embrace this educational and personal necessity. We acknowledge that this may be a significant barrier to the prevention of student burnout since encouraging wellbeing might very well fly in the face of the culture and practice of the placement agency.

Regular attention to wellness has the potential, we believe, to minimize the toll of vicarious trauma. In the classroom as well as in the field we suggest frequent discussions of the realities and the emotional, mental, physical and spiritual symptoms of vicarious trauma (Gerding, 2012). Gerding (2012) further suggests that supervision can be a coping mechanism for clinicians if the supervisee feels safe to express fears, concerns, and perceived inadequacies. Once again, such supervision should not stray into the realm of therapy.

Realizing that students may have already experienced trauma, it is critical that Field Instructors provide trauma-informed discussions to prevent additional trauma. Field faculty may need to facilitate such discussions during field visits. During field placement, it is important to discuss populations that may trigger students and how field placement may feel like a scary environment.

While we often think of families, youth, individuals and communities experiencing trauma, it is important to recognize that the trauma experiences of our students may have led them to the field of social work. SAMHSA can be used during individual supervision when exploring countertransference. Students who present with fight, flight or freeze responses, for example, may be experiencing re-traumatization and it is important to know how to support them in field placement. An effective response to such a student might be to offer a break before discussing a client experiencing trauma. Providing choice and safety can support the intention of doing no additional harm while providing students with trauma-informed supervision.

With or without the involvement of the placement agency field supervisor, faculty can facilitate student wellness by encouraging student activities to help minimize the effects of vicarious trauma. Pearlman and McKay (2008) suggest activities to help escape, rest, and play. We have suggested that students escape by

watching videos of cats riding robotic vacuum cleaners or listening to music. Rest for graduate students may seem an anomaly. However, students schooled in the value of wellness may schedule times to stand up and stretch or meditate. Play can come in many forms. We might participate in sports, write poetry, go to the gym, or read an absorbing mystery. If wellness is included as an essential part of professional development, we believe students will become more aware of their own physical and emotional needs and this increased awareness will move students toward successful completion of their field placement experience.

We regularly remind our students that the world needs social workers and thus the world needs them. An essential task of faculty is to prepare our students to enter and remain in this essential profession. Such preparation, we believe, must include not only familiarity with trauma-informed care but increased awareness of the urgent need for our own wellbeing.

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