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Applying the Neurosequential Model of Education to Address Emotion Regulation in the Social Work Classroom

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Abstract

Social work students who aspire to be skilled clinicians must be capable of teaching emotional regulation to their clients despite not having always mastered the skill themselves. This can be observed as dysregulation during course and field work. It therefore behooves us as social work educators to intentionally teach emotion regulation skills and ensure that it is appropriately scaffolded into the curriculum. Informed by literature on trauma informed pedagogy and the Neurosequential Model of Therapeutics (Perry, 2006), the sequential use of somatic, affective and cognitive skill building can be used in the classroom as a way to help social work students learn and heal.

Keywords: free form: Trauma Informed Pedagogy, Social Work Students

1.0 Introduction

Historically, the generalist social work curriculum has placed minimal emphasis on the pedagogy in assisting students in developing their emotional regulation skills (Grant, Kinman & Alexander, 2014). O'Connor, Cecil, and Boudioni (2009) suggest that social work educators typically assume that students already possess the self-knowledge and maturity to cope with the emotional demands of the job, as evidenced by their acceptance into their graduate programs and desire to take on the role of a social worker. Students receive a conceptual or intellectual understanding of emotional regulation in the context of evidence-based interventions such as

Dialectical Behavior Therapy. However, it is assumed that the students are capable of practicing these skills themselves. Although all students can experience negative emotional and physical reactions as a result of exposure to trauma content, students with a personal history of trauma may additionally have memories of their own experiences triggered, making it more challenging to absorb the material being presented. It is unclear the degree to which students recognize the impact of their own trauma histories on their current reactions, or how many have worked on their own recovery from those experiences prior to coming to social work education (Gilin & Kaufman, 2015).

According to Tarshis & Baird (2018) Figley (1995) originally defined secondary trauma as the behaviors and emotions that result from knowing or hearing about a traumatizing event, and the stress associated with helping or wanting to help those who have been traumatized. Signs of secondary trauma are similar to those of PTSD and include flashbacks, nightmares, intrusive thoughts, dissociation, and numbing (Boscarino, 2010). Left unrecognized or unattended, secondary trauma can eventually lead to burnout, or the decision to leave the field, among other risks (Chouliara et al., 2009). Maslach (1982) described three dimensions of burnout: (1) emotional exhaustion; (2) depersonalization (e.g., negative attitude towards clients, personal detachment, loss of ideals); and (3) reduced sense of personal accomplishment, meaning and commitment to field. Burnout has been conceptualized as a process rather than a condition or state, and some have theorized that it progresses sequentially through each of these dimensions (Bell et al. 2003). Signs manifest gradually, through emotional exhaustion, cynicism, detachment from work, lack of sense of accomplishment and effectiveness at work. This process is more directly affected by work itself, and occurs gradually, where secondary trauma can emerge suddenly. Therefore, "personal life events can influence the work and induce vulnerability for the student who is a survivor of trauma" (Dane, 2000). It is not uncommon for students to experience secondary trauma in reaction to the stressors of coursework and field placement (Butler, Maguin, & Carello, 2018). Secondary trauma may manifest in student behaviors such as missing class, avoiding tests, losing focus, and having inappropriate or extreme reactions to class discussions or activities. These experiences may be misconstrued as defiance, lack of understanding and/or motivation to learn when in fact they may actually be responses to trauma. In order to support students with trauma histories in the classroom, trauma-informed practices need to be intentionally and consistently integrated into classroom structures and teaching methods. A body of work on trauma-informed practices that helps students to self-identify when exhibiting emotional dysregulation through the creation of safe spaces to identify, process, and cope with their emotions (Brunzell, et al., 2016) is needed.

2. Vicarious Trauma in the Counseling Field

To prepare students in clinical training to work with traumatized and other client populations, many are exposed to potentially disturbing material in their course work and field experiences. While learning about trauma should be a key aspect of clinical training for the helping professions (Courtois & Gold, 2009), the effects, if any, of these training experiences have only begun to be explored. Recent scholarship, including anecdotal and exploratory reports, suggests that some students may experience the reactivation of trauma. Considerable research suggests that one risk factor for the development of Secondary Traumatic Stress (STS) or a related condition, vicarious traumatization, among mental health professionals is having a personal trauma history (reviewed in Baird& Kracen, 2006; Bride, 2004; McCann & Pearlman, 1990)) and any in the helping professions appear to carry this heightened risk. In one study on women in mental health professions that included psychologists, licensed clinical social workers, psychiatric nurse practitioners, and psychiatrists (Elliot & Guy, 1993), 66.4% of the sample reported some childhood trauma or adverse event, with 43.3% indicating sexual molestation, 21.9% parental alcoholism, 13.8% physical abuse, 11.4% death of a parent or sibling, and 8.1% hospitalization of a parent for mental illness. Moreover, these rates were significantly higher than those reported by women in other professions (such as accounting, law, chemistry, engineering, and the arts). Although research on student trauma histories is limited at present, one study (Adams & Riggs, 2008) found that 38.7% of clinical psychology trainees reported a personal trauma history, and another (Gilin & Kauffman, 2015) reported that 77.6% of a sample of graduate social work students reported one or more adverse childhood experiences that included potential traumatic stressors and indicators of household dysfunction. (Butler, Maguin & Carello, 2018).

It is not uncommon that graduate social work students have experienced past history of traumatic events and extreme challenges. Individual level traumas such as psychological or physical abuse, rape, war, forced relocation, diagnosis of an illness, job loss, death or suicide or a loved one, divorce, robbery, natural disasters, terrorism or systemic traumas from poverty, homelessness and hate crimes (Kerka, 2002) are common. Many

individuals come to the field of social work explicitly motivated by their past trauma and Adverse Childhood Experiences (ACES) (Thomas, 2016; Baird 2016). In a survey of 79 North American students in pursuit of a Master of Social Work (MSW) students, 79% had at least 1 ACE and nearly 25% had 6 or more ACES (Thomas, 2016). In another study of Bachelor of Social Work (BSW) and MSW students indicated they had at least one traumatic incident including verbal harassment, verbal threatening, sexual harassment, threats of physical harm, racial harassment, death of parents and staling. Only 1/4 of these students had sought counseling (Didham et., al., 2011). Among those who experienced vicarious trauma symptoms they were significantly associated with defense style, which appeared to moderate personal trauma history and experience level. Notably, over half the sample reported a self-sacrificing defense style, which was a risk factor for vicarious trauma (Adams & Riggs, 2008).

The challenge for practice faculty is to prepare students with specific knowledge and awareness of both the rewards and possible consequences of trauma work. To practice effectively, students must have a solid understanding of their affective responses. This facilitates early detection of any negative reactions as they struggle with the contradiction between a sense of competence and a sense of bewilderment with trauma clients. Students who are not prepared to assess such contradictory feelings run the risk of burnout and inappropriate countertransference behaviors. Lack of education about the effects of working with traumatized clients can lead student interns to blame clients for the various kinds of psychological distress students absorb (Dane, 2002).

3.0 Identifying Emotionally Dysregulated Social Work Students

Emotion Dysregulation, defined as the impaired ability to regulate and /or tolerate negative emotional states refer to difficulties in controlling the influence of emotional arousal on the organization and quality of thoughts, actions, and interactions. Also associated with interpersonal trauma and post-traumatic stress. (Dvir, et. al., 2015), individuals who are emotionally dysregulated exhibit patterns of responding in which there is a mismatch between their goals, responses, and/or modes of expression, and the demands of the social environment. It is not always easy to detect when students are activated by course content (Napoli & Bonifas, 2011; Butler, Maguin & Carello, 2018). Social work students who are unexpectedly activated or who have unprocessed trauma may not voice how they are feeling, and their discomfort may or may not be visible, which creates additional challenges for social work educators. “Acting out” in the form of verbal or non-verbal outbursts or inattention or arguing with other students can be disruptive to the delivery of course content. Others over- disclose life challenges such as recovery from mood, eating and substance disorders. This often results in student’s feeling ill prepared to discuss the way in which the class content impacted them, which leads to difficulty in coping (Napoli & Bonifas, 2011).

While some social work educators are mindful of the potential impact of emotionally activating course content, they may feel pressure to cover required material and address classroom behavior using discipline. Still others may be uncertain how to recognize and/or address the emotional distress in the classroom resulting in missed opportunities to model and practice emotional regulation and self-care.

4.0 Trauma-Informed Pedagogy

In order to support trauma-affected students in the classroom, trauma informed practices need to be intentionally and consistently integrated into curriculum and classroom structures and teaching methods. Trauma informed educators realize the impact of trauma, recognize symptoms of trauma, and respond by integrating trauma knowledge into policies, procedures, and practices. This trauma informed lens benefits both the social work student and the instructor by considering how to tailor course content to create a school of social work and classroom environment that appropriately recognizes and addresses trauma-related issues rather than exacerbate them.

4.1 Cultivating Safety

The body of literature on trauma informed pedagogy focuses on techniques for cultivating and enhancing safety. Safety considerations can be adapted for student characteristics, content presentation and processing, assignment requirements and policies, instructor behavior, student behavior, classroom characteristics and self-care. (Carello & Butler, 2015). For example, safety can be established by helping students to appraise the course content in the beginning of a semester or week to anticipate what may be triggering and how to utilize coping. It can be helpful for instructors to provide disclaimers both in the syllabi and in the course that state the possibility of being triggered, strategies to cope with potential triggers, and space to process content rather than simply delivering content (Zosky, 2013). Safety in classes can come in the form of establishing ground rules for class discussion

such as demonstrating respect for others' opinions; demonstrating that they are comfortable with conflict; encouraging or requiring student participation in class such as being friendly and personable in their interactions with students; and behaving in a nonjudgmental way toward students. Other factors that have been found to create safety include when instructors demonstrate that they are knowledgeable about the course subject matter; share about themselves; challenge students; are laid-back, flexible, or calm in the classroom; and arrange their classrooms so that students can see each other. Perhaps most important is the development of guidelines for class discussion. As a class develops these guidelines, students learn what behaviors and attitudes their peers and the instructor desire of them. It is likely that student-developed guidelines might include those characteristics identified by students in this study: being respectful; listening; and sharing their thoughts, ideas, opinions, and knowledge (Holly & Steiner, 2005).

Additional strategies to support emotional regulation must be built into course content to provide meaningful classroom opportunities to prepare for what social work students may face in the field (Grant & Kinman, 2012). Instructor modeling includes opportunities for students to focus on their developing professional identity and give greater attention to personal strengths that can support adaptive coping while also examining stress and/or trauma triggers that could create practice challenges for the emerging social worker (Beddoe, Davys, & Adamson, 2013). It is recommended that students be prepped prior to field work to anticipate exposure to trauma when assessing organizational stressors or reflecting on their personal histories (Didham et al, 2011). Additionally, consistent opportunities for debriefing and processing of field experiences is necessary to support students.

4.2 Teaching self-care

The development of self-care practices for mediating the stress of trauma education, include activities such as journaling and mindfulness-based stress reduction. Although students reported struggling with developing effective self-care practices, they demonstrated an ability to integrate self-care into their professional practice behaviors (Shannon, et al., 2014).

Miller (2001) has also contributed significantly to the body of work on trauma informed pedagogy. She recommends begining each course with discussion of the material's emotional impact and conceptual challenges; normalizing a range of powerful reactions to the study of trauma, specifically childhood sexual abuse trauma; acknowledging that trauma study may unsettle students' vulnerabilities, earlier losses or disruptions, related issues, or their trauma histories; contextualizing a range of dissociative reactions to trauma study, regardless of abuse history; maintaining an ongoing assessment of class members as the material progresses, and continually checking in with class; setting clear boundaries of safety for the class in tone, pacing, and balancing of interaction; having students submit weekly journal entries, for student assessment of reactions to trauma material; anticipating students' difficulty as the material deepens; identifying the classroom as a learning environment, with necessary attention to one's own reactions, and clearly distinct from a therapeutic context; and addressing the class using language that acknowledges and assumes that both male and female students may be survivors of childhood sexual abuse.

Further, Miller (2001) reports that faculty's own response to the material, and their own self- awareness around the course content and their ability to engage in self-care is essential for teaching. Successful trauma informed learning environments begin with instructors' self-awareness, exploring the human experience, and an atmosphere of authentic dialogue. These intentional and thoughtful considerations can minimize retraumatization within the classroom.\

5.0 Neurobiologically Informed Teaching

While the trauma informed pedagogical techniques focused on safety and self-care are essential, they could be enhanced by integrating emerging theoretical models regarding the neurobiology of trauma and the importance of the sequencing of educational and therapeutic approaches. MacLean's triune Brain (1990) Theory posits that the triune brain structure consists of three parts:1) The reptilian brain, at the core, is responsible for arousal, homeostasis, and reproduction; 2) The paleomammalian ("old-mammal") brain surrounding it is involved with learning, memory, and emotion, and 3) The neo-mammalian ("new-mammal") brain, required for conscious thought and self- awareness, sits atop the other two. These triune brain parts roughly conform to the common distinction of brainstem, limbic system, and cortex. Students with trauma histories are more vulnerable to being

activated by their prior implicit memories. When applying the model of McLean's Trine Brain, the Reptilian or primal brain is activated into flight, fright or freeze. Should the student's trauma have occurred in the limbic region of the brain, the affective response may be impacted rendering a constriction or over-expression of affect and emotion, Finally, the developmental trauma can impact the neocortex, which is responsible for rational or objective thought. This emotion regulation challenge can interfere with learning and performance both in the classroom and in the field. These challenges can also influence longevity in the social work profession (Dykes, 2012).

6 Neurosequential Model of Education (NME) in Social Work Classrooms

The Neurosequential Model in Education (NME) draws upon the Neurosequential Model of Therapeutics (a neurodevelopmentally-informed, biologically respectful perspective on human development and functioning) to help educators understand student behavior and performance. "The goals of NME are to educate faculty and students in basic concepts of neurosequential development and then teach them how to apply this knowledge to the teaching and learning process" (Perry, 2018). NME is not a specific "intervention"; it is a way to educate school staff about brain development and developmental trauma and then to further teach them how to apply that knowledge to their work with students in and outside the classroom, particularly those students with adverse childhood experiences. These lessons can be applied and adapted to graduate social work students. NME starts with a core self- assessment, which includes an analysis of the developmental trauma history, an assessment of functioning and specific recommendations to develop a "map" of a unique sequence of developmentally appropriate interventions that can help the student return to a more normal brain development tract. This approach often involves patterned, repetitive somatosensory activities that help develop the capacity for self-regulation soothing before moving on to therapies that might help with more relational related problems and then developmentally further into more cognitive-behavioral based approaches. When applied to social work students, the model could be integrated within curriculum and applied structurally to social work programs. When teaching assessment techniques, for example, students could be provided the opportunity to self-assess and reflect on the timing and impact of their own developmental trauma. It is important to note that the self- assessment should not be made public because the risk of public disclosure could affect their professional stature (Watson, et al., 2017), or their sense of professionalism. These learners will benefit from opportunities to learn in psychologically safe learning environment. Students could be encouraged to develop a learning plan which identifies triggers, behavioral indications such as shutting down, becoming argumentative, or avoiding class, that would help them become aware of their maladaptive responses and incorporate safety to enhance their own learning. The distress thermometer – Subjective Units of Distress Scale (SUDS) could be introduced as a tool for self-monitoring.

6.1 Somatic activities

Grounding techniques may include deep breathing, guided imagery, and meditation practices. One method that helps to activate the parasympathetic, or "braking," branch of the nervous system is a method of deep breathing where the exhalation is twice as long as the inhalation (Jennings, 2015). Further, conscious breathing (Chopra, 2020), grounding techniques such as containment (Chu, 2011), pendulum practices (Levine, 2018) could be introduced to create a relevant or developmentally matched environment (Levine, 2006; Schupp, 2015).

6.2 Relational activities

Should the developmental trauma have impacted the student's limbic brain and been relational in nature, strengthening of interpersonal relationships and distress tolerance (Linehan, 2015) are indicated to enhance the student's ability to secure attachment and form emotional connections. Instructors should emotionally attune themselves to students, create secure teaching–learning relationships, and foster a sense of safety (Ikebuchi & Rasmussen, 2014). Ensuring that the instructor makes eye contact with all students, is attuned to students' demeanor and provides opportunities to develop rapport with each student is essential. Further, establishing clear expectations and consequences around communication, behavior and assessments provide safety. For example, the syllabus provides contact information for the instructor as well as preferred method for contact and indicates how long students should wait for a response from an instructor. The syllabus encourages students to provide feedback to the instructor. If we are going to optimize interaction among our learners, which can have tremendous effects on learning, all learners must feel that they can safely take those risks that are part of exploration and constructivism. While many articles center on safe learning environments that are physically safe, and certainly

this is extremely important, this article explores the idea of a safe learning environment from the psychological safety perspective and ways to establish one.

6.3 Sequenced cognitive activities

Counsel on Social Work Education recognizes that teaching social work students how to access, analyze, interpret, and appropriately employ evidence is critical to effective social work practice (CSWE, 2020). More common than not, cognitively based interventions such as Cognitive Behavior Therapy (CBT) and manualized derivatives of CBT are stressed in the curriculum. Somatic experiencing and relational interventions are less commonly identified. However, the sequencing of these interventions could be more intentionally mapped to reflect the model as well. Clinical interventions could begin with somatic interventions such as grounding techniques, EMDR, biofeedback, yoga and Mindfulness Based Therapy. Interventions that utilize the relational brain such the "holding environment" (i.e., Winnicott/Object Relational Theory) such as Mentalization Based Therapy, Interpersonal Therapy or Dialectical Behavioral Therapy could be taught next followed by interventions that respond to the cortical brain such as Cognitive Behavioral Therapy. The sequencing of the interventions needs to be thoughtfully placed so that students are capable of both learning and modeling them.

By engaging students in a self-appraisal while simultaneously enhancing their toolbox for coping students might gain an in-depth understanding of assessment of developmental trauma, the impact of trauma on the brain, specific behavioral interventions and enhance their own ability to manage their own symptoms and take charge of their learning.

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