This chapter provides eight activities and three assessments for training community health workers (CHWs) on the subject of trauma and recovery. Because exposure to traumatic events such as war, child abuse and neglect, natural disasters, gun violence, sexual assault, and domestic violence are so common in our society, CHWs are likely to work closely with clients and communities who are survivors of trauma.

This guide corresponds to, and is meant to be used with, Chapter 18, “Understanding Trauma and Supporting the Recovery of Survivors,” of Foundations for Community Health Workers, Second Edition.
CHAPTER AT A GLANCE

Understanding Trauma and Supporting the Recovery of Survivors

We promote a trauma-informed model of practice (described in Chapter 18) that encourages public health and social services programs and providers to address trauma as they provide direct services to clients and communities. Training activities are designed to promote understanding of trauma responses among individuals and communities and to build skills for working from a strength-based perspective with survivors in different contexts.

We acknowledge that the topic of trauma can be difficult for some trainers and learners to address. Some learners (and trainers) are themselves survivors, and training sessions may restimulate their own experiences and trauma responses. A central part of our task as trainers is to encourage learners to focus on their role and responsibility as CHWs to bear witness and support the recovery of others—the clients and communities they serve. In order to fulfill this role, some learners may need to continue their own healing.

A key concern has to do with the scope of practice of CHWs when working directly with survivors of trauma. We address this concern in Foundations for Community Health Workers, Second Edition. Please note that the scope of practice of CHWs may vary widely among programs and agencies. CHWs working for agencies that focus on issues of trauma, such as domestic violence and rape crisis agencies, may provide client-centered counseling to clients under the supervision of a licensed provider. In other settings, CHWs may address trauma in a much more limited fashion. Please keep scope of practice concerns in mind as you facilitate these trainings and encourage learners to do so as well. Our aim is to guide CHWs in striking a balance regarding scope of practice. We don’t want to encourage CHWs to delve deeply into the trauma stories of clients experiencing distress, possibly causing harm. On the other hand, we believe that all CHWs should be prepared to use client-centered skills to listen compassionately when clients disclose a history of trauma, and to provide culturally relevant linkages to local programs and services.

This guide is meant to be used when teaching/training Chapter 18 of Foundations. We have included step-by-step activities for key sections, not the entire chapter. We recommend reading Chapter 18, as the textbook provides more material about trauma and recovery as well as a deeper explanation of concepts related to activities in this guide.
CHAPTER AT A GLANCE  (continued)

Understanding Trauma and Supporting the Recovery of Survivors

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEARNING OUTCOMES</th>
</tr>
</thead>
</table>
| **ACTIVITY 18.1: DEFINING TRAUMA (80 MINUTES)** | - Share concerns and expectations about addressing the topic of trauma.  
- Define trauma and identify common traumatic events.  
- Discuss health data on the prevalence of exposure to trauma. |
| This introductory activity engages learners in reviewing the definition of trauma and identifying a list of traumatic events.  
Small and large group discussion  
*Includes:*  
- Learner Handout 18.1 A: Trauma Discussion Questions | |
| **ACTIVITY 18.2: TRAUMA RESPONSES (80 MINUTES)** | - Identify and discuss common consequences or responses to trauma.  
- Discuss the role that context and culture play in shaping the experience of survivors. |
| This activity enhances learners’ understanding of the ways that exposure to traumatic events affects survivors and witnesses, using language designed to be accessible to learners and the communities they work with.  
Talking wall, small and large group discussion | |
| **ACTIVITY 18.3: THE PROCESS OF HEALING FROM TRAUMA (120 MINUTES)** | - Discuss concepts related to the process of healing from trauma.  
- Identify different strategies and resources for healing from trauma. |
| This activity provides learners with an opportunity to analyze and discuss the process of healing from trauma.  
Small and large group discussion  
*Includes:*  
- Learner Handout 18.3 A: Small Group Discussion Questions | |
| **ACTIVITY 18.4: TO DO AND NOT TO DO: GUIDELINES FOR WORKING WITH SURVIVORS OF TRAUMA (70 MINUTES)** | - Identify key guidelines for what to do, and what not to do, when working with survivors of trauma.  
- Apply client-centered concepts and skills. |
| This activity engages learners in analyzing guidelines for working with survivors of trauma, drawing upon earlier lessons, and training on client-centered practice.  
Small and large group discussion | |
### CHAPTER AT A GLANCE (continued)

#### Understanding Trauma and Supporting the Recovery of Survivors

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEARNING OUTCOMES</th>
</tr>
</thead>
</table>
| **ACTIVITY 18.5: ROLE PLAYS, WORKING WITH SURVIVORS (90 MINUTES)** | ▶ Demonstrate client-centered skills for supporting a survivor of trauma to promote their health and well-being.  
▶ Analyze and discuss key concepts and skills for working with survivors of trauma. |
| This activity provides learners with the opportunity to participate in and discuss role plays for supporting a survivor of trauma.  
Role plays and large group discussion | Includes:  
- Learner Handout 18.5 A: Counter Role Play Card  
- Learner Handout 18.5 B: Role Play Cards  
- Learner Handout 18.5 C: Role Play Discussion Questions for Small Groups |
| **ACTIVITY 18.6: TRAUMA–RELATED GROUP ACTIVITY (90–110 MINUTES)** | ▶ Distinguish actions that are effective at creating an atmosphere of safety and mutual support in a group.  
▶ Discuss uses of at least one type of trauma–related group (one engaged in artistic expression and mutual support) as an approach to healing. |
| This activity provides learners with the opportunity to participate in a simulation of a group using art to remember and honor a traumatic death.  
Large group activity and discussion | Includes:  
- Learner Handout 18.6 A: Co–Facilitator Role |
| **ACTIVITY 18.7: SELF CARE (90–100 MINUTES)** | ▶ Explain secondary trauma and resilience and their impact on CHWs.  
▶ Discuss the importance of self care.  
▶ Identify specific strategies designed to prevent secondary trauma and promote self care. |
| This activity provides learners with an opportunity to discuss the risks of secondary trauma, and the benefits of secondary resilience, when working directly with survivors of trauma.  
Small and large group discussion and breathing meditation |
### CHAPTER AT A GLANCE (continued)

**Understanding Trauma and Supporting the Recovery of Survivors**

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEARNING OUTCOMES</th>
</tr>
</thead>
</table>
| **ACTIVITY 18.8: CASE STUDY ON COLLECTIVE RESPONSES TO TRAUMA IN A COMMUNITY (60–90 MINUTES)** | ➤ Identify options for a collective response to a collective trauma.  
➤ Compare and contrast the strengths of different options for responding to a collective trauma in a given situation using critical thinking. |

This activity engages learners in examining options for collective responses to trauma, especially those traumatic events that have an impact on an entire community.

Case study in small groups and large group discussion

*Includes:*

- Learner Handout 18.8 A: Case Study on Collective Responses to Trauma in a Community

<table>
<thead>
<tr>
<th>ASSESSMENTS</th>
<th>ANSWER KEY OR RUBRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSESSMENT 18.1: TRAUMA AND RECOVERY QUIZ</strong></td>
<td>➤ Answer key</td>
</tr>
</tbody>
</table>

This is a 12-question quiz on trauma and recovery.

| **ASSESSMENT 18.2: PROFESSIONAL DEVELOPMENT PLAN** | ➤ Rubric |

Learners are asked to create key elements of a professional development plan for enhancing knowledge and skills related to working with survivors of trauma. Learners will review their plans in pairs and provide constructive feedback using a simple rubric.

| **ASSESSMENT 18.3: CASE STUDY EXAM** | ➤ Answer key |

This case study exam is designed to assess knowledge and skills related to trauma and working with trauma survivors.

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<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVITY 18.1:</td>
<td>Defining Trauma</td>
<td>930</td>
</tr>
<tr>
<td>ACTIVITY 18.2:</td>
<td>Trauma Responses</td>
<td>936</td>
</tr>
<tr>
<td>ACTIVITY 18.3:</td>
<td>The Process of Healing from Trauma</td>
<td>940</td>
</tr>
<tr>
<td>ACTIVITY 18.4:</td>
<td>To Do and Not to Do: Guidelines for Working with Survivors of Trauma</td>
<td>944</td>
</tr>
<tr>
<td>ACTIVITY 18.5:</td>
<td>Role Plays, Working with Survivors</td>
<td>947</td>
</tr>
<tr>
<td>ACTIVITY 18.6:</td>
<td>Trauma–Related Group Activity</td>
<td>.955</td>
</tr>
<tr>
<td>ACTIVITY 18.7:</td>
<td>Self Care</td>
<td>964</td>
</tr>
<tr>
<td>ACTIVITY 18.8:</td>
<td>Case Study on Collective Responses to Trauma in a Community</td>
<td>.971</td>
</tr>
</tbody>
</table>
Activity 18.1

80 MINUTES

MATERIALS NEEDED
- Flip-chart paper and markers
- Copies of "Learner Handout 18.1 A: Trauma Discussion Questions" (included at the end of this activity)

TRAINER PREPARATION
- Review Chapter 18 and key information about common trauma responses.
- Research and prepare statistics about exposure to trauma in the city, county, or state where you are training CHWs. Chapter 18 provides some national data you may wish to use.

LEARNING OUTCOMES
After this activity, learners will be able to:
- Share concerns and expectations about addressing the topic of trauma.
- Define trauma and identify common traumatic events.
- Discuss health data on the prevalence of exposure to trauma.

Defining Trauma

This activity introduces the topic of trauma. Learners will review the definition of trauma and identify a list of traumatic events. Health data will be presented and discussed about the prevalence of exposure to trauma, and learners will share their expectations and concerns about addressing the topic as part of their training.

Learners participate in small and large group discussions.

1 Introduction

Frame this activity as an opportunity for learners to review the definition of trauma, identify events that fit this definition, and review data about how commonly people are exposed to trauma. Learners will also have a chance to talk about why it is important for CHWs to learn about trauma, and their expectations and concerns about addressing this topic.

TIP We encourage you to take a few minutes to reinforce ground rules. The topic of trauma may be challenging for some learners. It is likely that there are survivors of trauma in the room, and that other learners know someone close to them who is a survivor. We have a special responsibility to make the training space safe and respectful and we typically reinforce ground rules such as confidentiality, respect for different experiences and opinions, and the right to pass (not to answer a particular question or participate in a particular activity); we also encourage learners to practice self care along the way.

2 Talking in Pairs

Assign learners to work in pairs. Distribute the handout with discussion questions and provide learners with 5 to 10 minutes for their discussion.
Defining Trauma (continued)

3 Large Group Discussion
Ask learners to share the ideas they discussed in pairs, as they wish, by posing questions such as the following:

⦁ What concerns did you identify about addressing the topic of trauma?
⦁ What are your main hopes or expectations? What do you most want to discuss and learn about the topic of trauma?
⦁ What can we do together to create a positive and supportive learning environment for addressing the topic of trauma?
⦁ Why is it important for you and other helping professionals to receive training about trauma?

This is also an opportunity for you to normalize any concerns that learners may have about addressing the topic of trauma. It can be an overwhelming and distressing topic; however, it is also a hopeful one—because the emphasis of this training is on how to support the healing and recovery of survivors of trauma.

We also encourage you to frame the central challenge for learners by saying something like this:

A central challenge for you in your training, and in your work as a CHW, is to build your capacity to remain present and to bear witness to the stories of others. As working CHWs, you will witness both the hope and the despair of clients and communities. You will listen as clients talk about the challenges they face in the present, and the ones that they survived in the past. This will include stories of abuse, neglect, fear, and loss. Training builds skills and confidence for bearing witness to the stories that clients and communities choose to share with us.

4 Defining Trauma
Begin by reviewing definitions about trauma from Foundations or other sources, and ask learners to share their questions, concerns, and ideas. Show the definition by writing it on the board, flip-chart paper, or with a projector.

According to the American Psychological Association

Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. (APA, n.d.)
Defining Trauma (continued)

Trauma is about the ways that we are affected—physically, emotionally, spiritually—when we are exposed to life’s most extreme events. Trauma experiences are characterized by the following:

- Intense fear
- Helplessness
- Loss of control
- Bodily harm or the threat of bodily harm
- Threat or fear of annihilation or death
- Rupture or loss of meaningful social relationships

The word trauma can refer to an event or to the reaction to an event. In general, when we use the word trauma here, we refer to the reactions or responses that may accompany surviving or witnessing a dire or extreme event. That includes witnessing the bodily harm or death of another.

Next, ask learners to brainstorm a partial list of traumatic events that fit the definition provided. Record this information on the board or on flip-chart paper as you wish. By the end of this activity, learners should have identified over a dozen examples of traumatic events. Ideally, these will include accidents (such as car crashes), natural disasters (such as Hurricane Katrina and its aftermath), interpersonal violence (such as child abuse or sexual assault), and state-sponsored violence (such as police brutality or killings). Pose questions or add examples yourself, as necessary, to generate a wide variety of examples. Pause occasionally to ask learners to explain how the events they are naming fit the definitions provided earlier. For example, might this event result in an experience of helplessness or a loss of control?

When we brainstorm these lists, we want to include any event that learners consider to fit the definition of trauma. Not everyone has to agree. These experiences may include events such as the sudden death of a parent, child, or spouse/partner. It may include incarceration, being a refugee (losing home, culture, identity, language, family, status), or having a terminal illness. This activity is not about naming only events that may meet the strict criteria for diagnosis of post traumatic stress disorder (PTSD) from the fifth edition of the Diagnostic and Statistical Manual (DSM-5) of the American Psychiatric Association (APA); let the learners determine which events they consider to be traumatic.

This is an opportunity to highlight the subjective nature of trauma. Two people may experience the same event (war, or a hurricane), and one may develop traumatic responses or symptoms, and the other may not. Facilitate discussion by posing questions such as these:

- Will everyone who experiences these events agree that they are traumatic?
- Will all survivors be affected in the same way?
Defining Trauma (continued)

5 Review Statistics about Traumatic Events

Start by asking learners if they think that traumatic events are rare or common. Next ask them to guess what percentage of people may be exposed to traumatic events over the course of their lifetime, and write down these ranges on the board.

Review statistics about exposure from trauma. You may draw upon data from Chapter 18, or share more recent data from reputable organizations such as the National Center for PTSD at the US Department of Veterans Affairs (www.ptsd.va.gov/index.asp).

- The National Center for PTSD estimates that approximately 60 percent of men and 50 percent of women experience one or more traumatic events over the course of their lifetime. (US Department of Veterans Affairs, 2014)

The data reveals that trauma is far more common than we often assume. Some communities are exposed to trauma more frequently, or on a chronic basis.

Facilitate discussion among learners by posing questions such as these:

- Are you surprised by the research data on exposure to trauma?
- Based on the information we have reviewed, how likely is it that CHWs will work with clients who have been exposed to trauma?
- What is the experience of trauma in the communities you grew up in?
- Did the communities you belong to talk openly about trauma?

6 Reinforcement

This is an opportunity for trainers to share additional information about trauma as they wish, such as the following:

- CHWs often work with communities with high rates of exposure to trauma, including chronic trauma.
- Even when trauma isn’t the primary concern or diagnosis for a client, it may be a key part of the client’s life experience and may influence their present day health and behaviors.
- Learning more about trauma can help you to be better prepared—both more skilled and more confident—when the people you work with wish to talk about trauma experiences.
- Be aware of your own responses—including physical reactions, thoughts, memories, and feelings—when the topic of trauma comes up and is addressed in detail. Reflect on why these are your reactions. Consider how they may influence your professional work as a CHW.
- Pay attention to information about trauma in the communities you live and work in. The information may include media stories, professional reports, or conversations...
Defining Trauma (continued)

with community members. What types of traumatic events are affecting these communities? How are people reacting? How are they talking (and not talking) about these events?

● With time, you can build your comfort level and ability to listen to and talk about the topic of trauma.

References
Learner Handout 18.1 A: Trauma Discussion Questions

Please share your responses to the following questions:

1. What concerns do you have about addressing the topic of trauma in this training?

2. What are your expectations or hopes for this training about trauma and recovery?
   A. What do you hope will happen?
   B. What do you hope to learn?

3. What do you need in order to feel comfortable talking about this topic as part of your training?

4. Why is it important for CHWs and other helping professionals to receive training on the topic of trauma and recovery?

5. What concerns do you have about addressing trauma with clients and communities?
### Activity 18.2

**Trauma Responses**

**This activity incorporates small and large group discussions to enhance understanding of the ways that exposure to traumatic events affects survivors and witnesses, using language designed to be accessible to learners and the communities they work with.**

#### Introduction and Overview

Explain that this activity is an opportunity to analyze and discuss the way that traumatic events affect the lives of survivors and witnesses. Understanding common trauma responses is essential for working effectively with survivors.

There are many ways of categorizing trauma responses. For example, when licensed medical and mental health professionals diagnose people with PTSD, they use the following categories of clinical criteria from DSM-5 of the APA.

- Intrusion symptoms
- Avoidance
- Negative alterations in cognition or mood
- Alterations in arousal and reactivity

However, exposure to trauma does not always result in responses or symptoms that would fit a diagnosis of PTSD. In addition, CHWs and other front-line providers are not responsible for diagnosing illness (see the information about scope of practice addressed in Chapter 7, “Guiding Principles”), and the language from the DSM is, in general, not readily accessible to most people.

For these reasons, we will use what we hope are more accessible categories and language to talk about common responses among those who survive traumatic events.

Review these categories posted on flip-chart paper around the room with learners:

- **Physical responses:** How trauma affects bodies and physical health.

---

**MATERIALS NEEDED**

- Flip-chart paper and markers

**TRAINER PREPARATION**

- Review Chapter 18 and key information about common trauma responses.
- Research and bring additional examples of trauma response to share during this activity.
- Post seven pieces of flip-chart paper around the room labeled with the different categories of trauma response provided in Step 1.

**LEARNING OUTCOMES**

After this activity, learners will be able to:

- Identify and discuss common consequences or responses to trauma.
- Discuss the role that context and culture play in shaping the experience of survivors.
Trauma Responses (continued)

- **Emotional responses**: Common feelings experienced.
- **Behavioral responses**: Changes in behavior.
- **Cognitive responses**: How trauma may impact the way that minds function and common thoughts arise, including the way that survivors think about themselves and the future.
- **Spiritual/religious or philosophical responses**: The impact on spiritual, religious, or more general values and beliefs. Not everyone is religious or spiritual, yet they may have strong values and ideas that provide them with a sense of meaning for life.
- **Impact on relationships and community**: How trauma may influence relationships with friends and family, participation in education and work, and so on. How trauma affects communities.

Label one piece of flip-chart paper “Other types of trauma responses” and post it on the wall. This will invite learners to share concepts that may not fall into one of the other designated categories.

2 **Small Group Brainstorm Activity**

To introduce the activity, you may wish to ask the large group to name a response from one or two of the categories.

Assign learners to six small groups—one for each of the trauma response categories. Hand out pens or markers to each group, and ask them to stand by the flip-chart paper with their assigned category.

Ask each group to draw upon their own knowledge and reading from the textbook and to brainstorm a list of responses to trauma that fit their assigned category. Provide learners with approximately 10 minutes to brainstorm a list of common responses. Some of the categories may be more challenging for learners to engage with at first. You may want to ask groups to raise their hands if they would like assistance to clarify their understanding of a specific category and to visit any group that is not recording their answers.

3 **Report Back and Large Group Discussion**

Ask each small group to select one member to share their ideas during a report back to the entire class, one group/category at a time. Provide the large group with an opportunity to clarify any of the trauma responses presented by small groups, as necessary. Finally, provide other learners with the opportunity to add examples to the category in question. Keep in mind that there may not be time for all ideas to be added to the list.

Please review the list of common trauma responses by category presented in Chapter 18. These lists include additional explanation and analysis of certain trauma responses. If learners have not already done so, you may wish to highlight information from Chapter 18, from other sources, and from your own professional experience. When discussing common
responses, ask for or provide examples to illustrate concepts that learners may have a harder time grasping. For example, when talking about the impact of trauma on the concept of the future, and the common response that survivors may have, you could cite the example of the Chowchilla kidnapping, where survivors of trauma did not expect to have a long life and expected to die through violence rather than natural causes (Terr, 1990). Invite learners to add responses to the paper labeled “Other Responses” and discuss these as a large group.

Finally, facilitate discussion among learners by posing questions such as the following:

- Was the language that we used to talk about trauma responses something that the communities you work with will understand?
- How long may these trauma symptoms last?
  
  Symptoms may last less than a month or many months. For some survivors, they may last a lifetime.
- What connections do you see across categories or among trauma responses?
- Which of these responses are you most familiar with? Which do you have less knowledge about?
- Do you notice responses that you would consider to be protective or helpful for someone who is exposed to trauma? Do these responses continue to be protective or helpful over time—long after the exposure to trauma has past?
- Can you think of ways that cultural identity or status may influence some of these trauma responses?

4 Reinforcement

This is an opportunity for trainers to share additional information about trauma responses. This might include, for example, adding new examples of trauma responses or providing additional information about specific types or categories of response, such as the following:

- Trauma responses are natural reactions to extreme events.
- It is important for CHWs to be comfortable talking about a range of trauma responses using common language that is understandable to most people.
- Trauma can affect all aspects of a survivor’s life—their body, their mind, their hearts and their spirit, their relationships, and their behaviors.
- Trauma responses are subjective and unique: survivors respond in distinct and personal ways.
- The ways in which trauma has impacted learners, their families, or their community may be similar or very different from how trauma will affect the clients they work...
Trauma Responses (continued)

with. For CHWs, it is important to not impose their own assumptions about how clients should respond or be affected.

- Other key concepts from the CHW training are helpful in understanding trauma responses, including cultural humility, a strength-based approach, and client-centered practice.
- Trauma responses or symptoms may be short-lived or chronic and may last a lifetime.
- Learners may wish to take time to identify and reflect upon any type of trauma responses—such as numbness or loss of memory—that they may have a difficult time understanding or accepting at first. Engaging in additional study or training can give them the opportunity to learn more about this topic.

Reference
Activity 18.3

The Process of Healing from Trauma

This activity provides learners with an opportunity to analyze and discuss the process of healing from trauma. Learners will engage in small and large group discussion.

1 Introduction

Frame this activity as an opportunity to reflect and express ideas about the process of healing from trauma. Learners will participate in several large group discussions and work in small groups to create collages that represent their ideas about healing.

2 Large Group Discussion

Begin by facilitating discussion by posing questions such as these:

- Do you believe that healing or recovery from trauma is possible?
- What words do you use to talk about this topic (healing? recovery? other words? If you speak additional languages, what words and concepts are used to talk about this topic? What words would your clients use?)
- What evidence do you have that healing is possible? Do you know of anyone who you think has made significant progress in healing from trauma?
- What are some of the ways that you have learned that healing from trauma can happen?
- What does it look like—what are the signs—when someone has made significant progress in their recovery or healing? What changes may occur?
- What does the path to healing or recovery look like? If we were to draw it on the board, how would you do it?

Materials Needed

- Copies of “Learner Hand-out 18.3 A: Small Group Discussion Questions” (included at the end of this activity)
- Art supplies for making collages (poster board, magazines, glue, markers, and so on)

Trainer Preparation

- Review Chapter 18.

Learner Preparation

- Ask learners to carefully review Chapter 18 and to come to class ready to discuss the process of healing or recovery from trauma.

Learning Outcomes

After this activity, learners will be able to:

- Discuss concepts related to the process of healing from trauma.
- Identify different strategies and resources for healing from trauma.

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The Process of Healing from Trauma (continued)

Draw a straight line on the board that is gently rising from left to right. Ask learners, “Is this how healing is likely to occur?”

This is an opportunity to discuss the fact that the process of healing or recovery from trauma—like the process of recovery from addiction—is rarely straightforward or linear. It is more likely to be characterized by rises and falls, swirling circles, relapse, challenges, retreats, and meaningful accomplishments and changes. Draw a swirly line on the board.

Small Group Discussion and Collage
Assign learners to no more than four or five small groups (this saves time for small group presentations later on). Provide each group with a large piece of paper and art supplies. Provide each group with 10 to 15 minutes to work together to create a collage that represents their ideas about healing.

Encourage them to draw upon their own life experience and information learned during the training, from their work with clients, and from elsewhere. Circulate among small groups to offer encouragement and guidance as necessary and to observe their work.

Small Group Presentations
Provide each group with no more than 5 minutes to present their collage to the large group and to explain how it illustrates their understanding and beliefs about the process of healing from trauma.

Facilitate discussion among learners by posing questions such as the following:

- What similarities do you notice among the different collages?
- Did this activity help you to consider the process of healing in any new or different ways?
The Process of Healing from Trauma (continued)

- What types of factors influence our ideas about healing?
- How may culture and identity influence a person’s ideas about healing?
- How does your vision and understanding of healing fit with the concepts of client-centered counseling that we have been studying?
- What may be the value of asking clients or communities to share their ideas?
- What outstanding questions do you have about the process of healing or recovery?

As necessary, share additional information and messages about healing based on Chapter 18 and your own professional training and experience. Some of these ideas are highlighted under Step 6.

5 Large Group Discussion

Ask learners to share common resources—programs, services, and treatments—that survivors of trauma may choose to access to support their healing. Facilitate discussion by posing questions like the following:

- What are some of the local resources and services for survivors of trauma in our communities?
  These are summarized in Chapter 18 and include different types of counseling or therapy, medications, and participation in social and support groups.

6 Reinforcement

This is an opportunity for trainers to share additional information about trauma responses. This might include, for example, adding new examples of trauma responses, or providing additional information about healing from trauma, such as the following:

- Healing from trauma is possible. The signs are all around us, in our communities and our society. We know or know of people who have survived horrific events and situations and have emerged as strong human beings capable of love and making meaningful contributions to their families and communities.
- Survivors may doubt that healing is possible, especially at first and when trauma responses or symptoms feel overwhelming and are interfering with their present day quality of life.
- A key role of the CHW and other helping professionals is to hold that hope for healing in the moments when clients can’t. We always want to believe that it is possible.
- Although healing or recovery is possible, it is not inevitable. Not everyone will work on their healing, and not everyone who does will reach their key goals.
The Process of Healing from Trauma (continued)

- Healing is hard work and may be the most difficult thing that people ever do in their life. This is why so many people run from their trauma story throughout their life. They hope to outrun it, but they carry the effects or the symptoms with them.
- There are many different definitions of healing and many different paths to healing.
- The role of the CHW is not to direct a client’s path to healing, but to support the client to envision their own path or journey and to come up with a practical and culturally relevant plan for it.
- The process of healing may or may not include accessing services and treatments such as different types of counseling or participation in social or support groups.
- Identifying local resources for survivors of trauma—programs, services, and treatments—will help you to provide options to the clients you work with. CHWs may want to conduct research to understand the types of treatments or support offered and any criteria for participation, including the cost of services.
- Although healing does not always involve accessing services or treatments, it does usually imply engagement with other people. Trauma is inherently isolating, and rebuilding healthy connections with others is often a key element of healing.
Activity 18.4

**To Do and Not to Do: Guidelines for Working with Survivors of Trauma**

This activity engages learners in analyzing guidelines for working with survivors of trauma, drawing upon earlier lessons and training on client-centered practice.

Learners participate in small and large group discussions.

1 **Introduction**

Write two headings on the board or on flip-chart paper: To Do, and Not to Do.

Inform learners that this activity is a chance to talk further about how to apply client-centered concepts to working with survivors of trauma. Learners will generate lists of ideas for what to do and what not to do when a client they are working with discloses or tells them about a trauma experience. Keep in mind that this isn’t meant to be a comprehensive list of everything that want to do (and not do), but rather a beginning list of key concepts for this introductory training.

The *Foundations* chapter on trauma includes this information, but ask learners not to look at their books during this activity. This is an opportunity to share ideas from their own life experience, prior training and professional experience, *Foundations*, and other resources.

2 **Large Group Brainstorm and Discussion: What Not to Do**

Ask learners to consider working with a client who decides to talk with them about some aspect of their trauma story. The client, for example, may have survived war or armed conflict, the shooting of a family member, child abuse or neglect, incarceration, domestic violence, or sexual assault. Keeping client-centered concepts in mind, ask learners what they would not want to do or say in this situation. As learners share their ideas, document them under the Not to Do heading.
To Do and Not to Do: Guidelines for Working with Survivors of Trauma (continued)

You may want to pause from time to time to generate additional discussion about the ideas shared by learners. Ask questions designed to clarify their ideas and to highlight the reasoning behind their ideas, such as the following:

⦁ Can you say more about why you wouldn’t want to do (or say) this when working with a survivor?
⦁ How might such an approach be harmful to a client?
⦁ How does this suggestion fit with the concepts of client-centered practice that we have been studying?

Chapter 18 offers a long list of what not to do. As you wish, add to the list, sharing ideas from Chapter 18, your own professional training and experience, and other resources.

3 Large Group Brainstorm, Guidelines for What to Do

Ask learners to brainstorm and share their ideas for what they would want to do or say when working with a survivor of trauma. Record these ideas under the heading To Do. As in Step 2, pause from time to time to ask learners to clarify their ideas and to explain their reasoning.

Chapter 18 offers a long list of what to do. As you wish, add to the list, sharing ideas from Chapter 18, your own professional training and experience, and other resources.

4 Large Group Discussion

Facilitate additional discussion about the concepts shared, the link to client-centered practice, and learners’ confidence in working with survivors. You might pose questions such as these:

⦁ Do you have outstanding questions or concerns about any of the ideas shared, or how to use them in working with clients?
⦁ What are the most important aspects of client-centered practice to apply when working with survivors of trauma, and why?
⦁ Are the ideas that we brainstormed within the CHW scope of practice?
⦁ How are you feeling, personally, about addressing the topic of trauma in your work as a CHW?
⦁ On a scale from 0–10, with 10 representing highly prepared, how ready do you feel to work with a survivor of trauma, to listen to their story, and to support their healing?
⦁ What can help you to move further along this continuum (to a higher number)?
To Do and Not to Do: Guidelines for Working with Survivors of Trauma (continued)

5 Reinforcement

As you wish, reinforce key messages shared by learners and from other sources such as the following:

- Learning about trauma is an iterative process. In future training sessions we will do some role plays to practice the concepts and skills we have been studying and to help you gain confidence in addressing trauma with clients.

- Key aspects of client-centered practice to apply in your work with survivors of trauma include the following:
  - **Autonomy.** Work in ways that honor and support the client’s autonomy and informed choices. This is particularly important because a central feature of trauma is the loss of control. You don’t want to replicate or repeat this and take control away from clients by telling them what to do or say, think or feel.
  - **Cultural humility.** People’s experiences and responses to trauma are unique and are often influenced by issues of culture, identity, and status. Only the client can define their experience and its meaning. Don’t impose your own assumptions or values. Transfer power and let the clients claim their own experience, story, and process of healing.
  - **Harm Reduction.** Support clients to make decisions and incremental changes that limit risks for harm to themselves and others.
  - **Motivational interviewing.** Apply these skills, including the use of OARS (open-ended questions, affirmations, reflective listening, and summarizing), while staying within your scope of practice. We will address this in greater depth when we practice role plays.

- Less is more! Sometimes what survivors most hope for is for others to simply listen with compassion to their experiences. You don’t have to be an expert in trauma or recovery in order to listen. It is often much more important to be a caring human being.

- When in doubt, let your client-centered practice do the talking for you. You may not need to say much (small mouth). Ask questions and listen reflectively in a way that supports the client to determine what, when, and how they choose to talk about it.

- Remember to consult with your supervisor along the way, and to address questions related to scope of practice and opportunities to refer clients to licensed professionals.
Role Plays, Working with Survivors

This activity provides learners with the opportunity to participate in and discuss role plays for supporting a survivor of trauma. Learners will first do a counter role play in front of the large group to highlight common missteps or mistakes, and then they will work in pairs to practice skills for working with survivors.

We recommend facilitating this activity after completing Activities 18.1–18.4, and after facilitating training on core competency areas including client-centered counseling and care management.

1 Introduction

Frame this activity as an opportunity for learners to practice using client-centered skills for working with survivors of trauma, drawing upon their knowledge about trauma and client-centered practice learned in prior training sessions. Learners will observe and discuss a counter role play, share their ideas for how they want to work with survivors, and then practice these skills by doing role plays in teams of two.

2 Role Play Demonstration

Ask for two volunteers for the first role play demonstration. This is meant to be a counter role play in which the CHW does not do a good job of demonstrating client-centered concepts.

Provide the learner who will play the role of the client with the role play card and a few minutes to read it and prepare. Ask the learner who will play the role of CHW to demonstrate one or more of the common pitfalls or mistakes that we hope to avoid when working with survivors. You may wish to ask the group to quickly name a few of these common mistakes (such as changing the topic, conveying discomfort, controlling the session, being too directive, and exceeding scope of practice).

This quick role play doesn’t need to go on very long. The key elements to highlight are for the client to

Activity 18.5

90 MINUTES

MATERIALS NEEDED

- Copies of “Learner Handout 18.5 A: Counter Role Play Card” (included at the end of this activity)
- Copies of “Learner Handout 18.5 B: Role Play Cards” (included at the end of this activity)
- Copies of “Learner Handout 18.5 C: Role Play Discussion Questions for Small Groups” (included at the end of this activity)

TRAINER PREPARATION

- Review Chapter 18 and key information about the role of CHWs in working with survivors.
- Carefully review the role play cards and determine which may be most appropriate for your learners or develop an alternative. You could also use the Nadia case study presented at the start of Chapter 18.

LEARNING OUTCOMES

After this activity, learners will be able to:

- Analyze and discuss key concepts and skills for working with survivors of trauma.
- Demonstrate client-centered skills for supporting a survivor of trauma to promote their health and well-being.
Role Plays, Working with Survivors (continued)

disclose information about their trauma story, and for the CHW to demonstrate one or more ways not to respond.

When you wish, interrupt the role play and facilitate discussion by posing questions such as these:

⦁ What happened in this role play?
⦁ What did the client want to talk about?
⦁ How did the CHW respond? What did they say and do?
⦁ How might the CHW’s actions impact or affect this client?

Ask the learner who played the client the following questions:

⦁ What was it like to play this client?
⦁ How did you feel during the role play?
⦁ How do you wish that the CHW had responded to you?

3 Large Group Discussion, Goals for Working with Survivors of Trauma

Facilitate a quick conversation with learners to build upon prior trainings and to brainstorm ideas for how they want to work with a client when they disclose a history of trauma. Ask the learners a series of questions such as these:

⦁ What will your primary goals be for working with a survivor of trauma?
⦁ How will you stay within your scope of practice?
⦁ Which client-centered concepts do you wish to keep in mind?
⦁ Which client-centered skills do you want to apply?

4 Role Plays in Teams of Two

This is an opportunity for learners to role play how they would like to respond when a client discloses part of their trauma story. Assign learners to teams of two, and ask them to determine who will play the role of client, and who will play the CHW (if one of the two has less experience playing the role of CHW, ask them to do so in this role play). Provide all learners who take on the role of client with the same role play scenario (or a different scenario of your choice). Please emphasize that all of the clients featured in these role plays are adults, not children or teenagers younger than 18 years of age.

OPTION Providing all small groups with the same role play scenario can be helpful in facilitating a debrief with the large group. The discussion can then focus on the application of concepts and skills to the same client situation.
Role Plays, Working with Survivors  *(continued)*

Provide learners with about 10 minutes for this role play. Circulate among teams offering guidance as necessary, observing their work and noting ideas to share during the large group discussion.

Call time, and pass out the role play debriefing questions to each team (included at the end of this activity). Give them 5 to 10 minutes to discuss the questions.

5 Large Group Discussion

Facilitate discussion among all learners by posing questions such as the following:

- What are some of the challenges that you face in talking with clients about issues of trauma?
- What are you learning about what not to do or say?
- What are you learning about how to apply client-centered skills to this work?
- Where would you go next in working with this client?
- What questions or concerns did you identify that are related to scope of practice?
- How would you consult with your colleagues or clinical team? What would you want to share with them, and what would you want to ask?

6 Second Role Play, Switching Roles and Scenarios

Ask learners to switch roles (the person who played the client will now play the CHW and vice versa). Pass out a new role play card to guide this role play. Repeat the same debriefing questions as in Steps 4 and 5.

**OPTION** Consider doing another large group role play with a different scenario (either the same day or in a subsequent training). You could do the role play as a round robin, a tag team, or as a public/private role play (see the section on role plays in “Training Techniques”). Doing a role play in front of the large group provides all learners with an opportunity to observe and discuss it, gaining confidence in articulating concepts for working with survivors of trauma.

7 Reinforcement

Reinforce key concepts and skills for working with survivors of trauma including information from *Foundations*, ideas articulated by learners, and information from other resources and your own professional experiences. Concepts to reinforce may include the following:

- Let your client-centered skills do the talking for you! The skills you have been learning—including cultural humility, a strength-based approach, and motivational
Role Plays, Working with Survivors (continued)

- interviewing—will demonstrate respect for the client, support their autonomy, and guide you in listening well to whatever they choose to share with you.
- Don’t underestimate the power and benefit of working with a light touch. You may not need to say or do much to convey a sense of a caring. Keep in mind the image of a CHW with Big Eyes, Big Ears, and a small mouth. Listening patiently and without judgment can have enormous power and significance for survivors of trauma, especially those who have not shared their story before, or those who have not been supported in the past when they have tried to share their story.
- Strive to stay aware of scope of practice concerns. Don’t guide the conversation with a survivor into territory that exceeds your knowledge and skills, or which exceeds the guidelines provided by your agency and supervisor. Remember that you can always pause, clarify your scope to the client, provide a referral and encourage them to consider meeting with a licensed colleague, and seek consultation from your supervisor or a more experienced colleague.
- If you are a survivor of trauma, and your own story seems to get in the way of your ability to listen and bear witness to the experiences of others, continue to do your own healing. The stronger you are in your own recovery, the better you will be able to bear witness and support the healing of others.
Learner Handout 18.5 A: Counter Role Play Card

Activity 18.5

This is the card to be used for the quick counter role play introduced at the beginning of this training activity.

FOR THE CLIENT

You are an adult man or woman. Three years ago, you were sexually assaulted on your way home from the bus station late at night. You have been struggling with trauma ever since, including flashbacks, nightmares, and difficulties with trust and sexual intimacy. Two years ago, your long-term partner left you. They tried to be supportive but didn't know how to help you. You are trying to find a way to heal from the trauma and reclaim your life and the ability to find love.
Activity 18.5 Learner Handout 18.5 B: Role Play Cards

ROLE PLAY #1:
Five years ago, when you were nineteen, you survived a horrible car accident. A drunk driver swerved into your lane, their car hit the car you were riding in head on, and your aunt, who was driving, was killed. You were thrown from the car and survived. The driver of the other car, who caused the accident, also survived. You keep reliving the car accident in your dreams and sometimes when you are awake. In the dream, everything happens in slow motion, and you are trying and failing to do something to avoid the accident, such as warning your aunt or grabbing the wheel. You find it difficult to trust yourself or others. You have been avoiding family members and friends.

ROLE PLAY #2:
Three years ago, your older sister was hit and killed by a stray bullet during a drive-by-shooting. You were twenty-one at the time. One minute she was standing on the curb, talking with a friend, and the next minute she was dead. You feel haunted by her death. Sometimes moving on with your life almost feels like a betrayal of your sister. You have a pattern of sabotaging yourself—not watching your diet or managing your diabetes and undermining key relationships to keep your distance. You are trying to find a way to move forward and to learn how to take care of yourself and your health.

ROLE PLAY #3:
You are in your late twenties. You suffered physical and emotional abuse as a child and were ultimately removed from your parents' home. You ended up in the foster care system and lived in several group homes and with several foster families. For many years afterward, you focused on survival. You completed high school, went to community college, and worked several part-time jobs to maintain your independence. Lately, you have been thinking and dreaming about the neglect and physical abuse you experienced as a child. You believe that several challenges that you are facing in life right now—including problems with key relationships—are influenced by what happened to you then. You are interested in finding support and resources to heal from the past and to continue to build a healthier future.
Learner Handout 18.5 B: Role Play Cards (continued)

ROLE PLAY #4:
You are an adult and have been struggling to manage your depression. You have been working with the CHW for several months, developing a positive connection. You survived an assault many years ago, and you realize now that your trauma experience is the main factor that contributes to your depression today. You haven’t talked much about what happened—your family told you to put it behind you. But you realize that it still affects your life today. You want to tell someone and to consider possibilities for your healing. Your family looks down on psychiatry, but you are open to meeting with a counselor, if they are the right fit.

ROLE PLAY #5:
You came to the United States over a dozen years ago as a young adult, emigrating from a country torn apart by war. Most of your relatives were killed. You witnessed the death of your older brother by bullets that pierced the wall of the apartment where you were hiding. Life as a refugee has been harder than you anticipated. You lost your family and your homeland, your language and culture—everything that was familiar. You have learned English and have found a job, but you don’t feel comfortable in the United States. Every time you hear police or ambulance sirens you jump and start to sweat. No matter how hard you try, you can’t leave the past behind, and when you try to move forward with your life, you feel guilty. You don’t want to forget your family, but you want to build a future. You feel ashamed to be struggling with depression when you were the lucky one, the family member who survived, who made it to America.
Activity 18.5

Learner Handout 18.5 C: Role Play Discussion Questions for Small Groups

Use the following questions to guide your debrief and discussion of your role play practice:

For the learner who played the client:
- What did the CHW do well?
- What were the most significant moments of connection between you and the CHW?
- What could the CHW have done differently to better support this client?

For the learner who played the CHW:
- How did you apply client-centered skills well in working with this client?
- What opportunities did you miss to practice client-centered skills?
- What did you do or say that you wish you had done differently?
- How well did you stay within your scope of practice?
**Trauma-Related Group Activity**

This activity provides learners with the opportunity to participate in a simulation of a group using art to address a traumatic death and build closer ties within the group. The learners will then reflect on the simulation and identify actions that foster a positive group experience, in particular, a sense of safety and mutual support. Continuing the large group discussion, learners can deepen their understanding of working with groups and communities as discussed in Chapter 18.

Prior to this training, you will need to gather supplies to build and decorate an altar and set up the training room for this activity. Supplies may include cardboard boxes of different sizes that can be stacked to form the altar itself, cloth to cover the altar, white paper, construction paper, glue, scissors, stickers, markers, crayons, small frames such as those that hold a photograph, candles, flowers, fruit, or candy. Although the Day of the Dead is a specifically Mexican tradition, the building of altars or memorials is common to many cultures. You may want to provide items or foods that are meaningful in the cultures of your community or those cultures that are represented among the learners.

**OPTION** During a prior training session, you may wish to invite learners to bring items from home to include in the altar building, such as fruit, flowers, pictures, or small items of personal significance.

If possible, arrange the chairs in a circle or a U shape, as most support groups or healing circles arrange their seating in this way. Designate a space where the art project can take place—for example, a table or an open area of the floor—and where learners can choose to either sit or stand, as they prefer.

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**Activity 18.6**

**90–110 MINUTES**

**MATERIALS NEEDED**
- Flip-chart paper or board with markers or chalk
- Supplies to build and decorate an altar
- Copies of “Learner Hand-out 18.6 A: Co-Facilitator Role” (included at the end of this activity)

**TRAINER PREPARATION**
- Review Chapter 18 and key information about working with groups, prevention, and resiliency, as well as the section on do's and don'ts for working with individual clients.
- Review Chapter 21 “Group Facilitation.”

**LEARNING OUTCOMES**

After this activity, learners will be able to:
- Distinguish actions that are effective at creating an atmosphere of safety and mutual support in a group.
- Discuss uses of at least one type of trauma-related group (one engaged in artistic expression and mutual support) as an approach to healing.
Trauma–Related Group Activity (continued)

1 Introduction
Frame this activity as an opportunity to learn more about groups that are established to provide support or healing in relationship to trauma. In particular, learners will explore what it’s like to be in a group, and also how the actions of the facilitators and group members can influence the group in positive ways.

Ask learners to brainstorm a list of the types of groups that may be facilitated for survivors of trauma, drawing upon their reading from Chapter 18. Answers may include healing circles, support groups, workshops for families, or groups to create life books. Ask them if they are familiar with any groups like these in the community, and if so, invite them to name some of them. Make a distinction between groups that are clearly outside of the CHW scope of practice (for example, group therapy) and groups that may be within the CHW scope of practice (for example, a healing circle or mutual support group).

2 Setting Up a Simulation of a Trauma–Related Group
Tell the learners that they are going to participate in a group activity, as if they were members of a trauma–related group. Afterward, they will discuss what happened and what the facilitators of the group or other group members did that fostered a sense of safety, mutual support, or other positive outcomes.

Ask for two volunteers to play the CHWs who will co-facilitate the group. Explain that you will follow up with them in a minute to provide guidelines for their tasks as co-facilitators.

Explain the scenario to all learners.

Assume that this group has been meeting weekly for about three months, so the group members know one another. You should assume that all the members of the group have lost someone in their family to violence and that grief was the theme that brought you together. Some may have lost a loved one within the last year, some a few years ago, and some ten years ago or more. The group is facilitated by two CHWs.

The group has decided to do an art project together, creating an altar to honor their loved ones and all victims of violence. The altar is intended to be both a healing exercise for the group members, and a way of sharing their feelings with the public. The altar will be included in a display at a community center during the celebration of Day of the Dead (November 2—a holiday celebrated in Mexico and other parts of the world). Today, the group is going to make the altar, using the art materials assembled.

Give learners a moment to imagine a loss, different from ones that they may have actually suffered, to help them get into character for the simulation. Encourage them to imagine the loved one’s name, things that person enjoyed in life, an idea of how that person may have lost their life to violence, and how long ago.
**Trauma-Related Group Activity (continued)**

Although learners who have themselves lost a loved one to violence may choose to think of that person during the simulation, that may not be a wise choice if their loss is quite recent or if they know that they sometimes experience symptoms of traumatic stress when talking or thinking about their loved one. Awareness of their emotions and reactions during the simulation is important to the learning process, but it can be hard to remain in a learning mode when emotions become overwhelming. Allow any learners who are especially concerned about the simulation triggering their trauma responses the option of observing the group instead of participating directly.

Show the group the art materials available for the activity.

Provide the instructions to the two learners who will be playing the roles of the co-facilitators (included at the end of this activity). Ask them to read the guidelines through carefully, and explain that you will check back in with them in a few minutes.

Ask the learners who are not playing the part of co-facilitators to act naturally; they should not intend to be disruptive or problematic. This exercise is not about handling difficult group members—that issue may be addressed at another time. Tell the learners that they can talk about their imagined loss while building the altar, and they can respond empathetically to one another, if they are so moved. The co-facilitators are there to guide and help, but it is not the job of the co-facilitators alone to make the support group into a safe and healing environment.

Finally, check back in with the co-facilitators to ensure that they are clear about their role and to brainstorm ideas for how they will begin the group simulation.

### 3 Large Group Simulation

Let the learners know that you have allocated about 30 minutes for the group. Ask the co-facilitators to initiate the activity, using the information on the handout.

While the activity is going on, carefully observe what the learners, especially the co-facilitators, do and how it affects the group. Make note of what they do that has a positive influence or impact—for example, affirming the ideas of a group member, helping group members to coordinate their efforts better, acknowledging the sadness and other feelings that may arise while working on this project, clarifying the plan, using body language in a positive way, making eye contact, inviting all group members to participate (especially those who might be hesitant initially), identifying or affirming strengths in the group members, and so on.

Also note when they use any Do’s from the To Do and Not to Do list from Chapter 18 and when they use ideas related to the topic of prevention and resiliency. Pay particular attention to any actions that learners take that, while welcome in any kind of group, would be particularly supportive of trauma survivors.
Trauma-Related Group Activity (continued)

Allow the co-facilitators to take the lead in shaping how the group simulation flows. If you see group dynamics that are potentially harmful and which the co-facilitators have not been able to redirect (a rare but possible occurrence in this kind of activity), you can intervene either by offering suggestions directly to the group or by pulling one or both co-facilitators aside to offer them coaching.

**TIP** If substantial problems arise during this group simulation, we encourage you to pause the activity and lead learners in a discussion of what is happening. Help them to identify choices and conduct that may be harmful to achieving the goals of this group. Ask them to share ideas for how they could change or redirect their participation in this group in order to create a more positive opportunity and experience. Encourage and support the co-facilitators to demonstrate leadership in addressing any challenges or problems and in creating a more positive group simulation.

Give the learners a 10-minute, 5-minute, and 1-minute warning before the group is to end to allow the co-facilitators to bring the group to a close.

4 **Large Group Debrief**

Celebrate the creation of the altar, even if the learners see it as unfinished, and invite the learners to step back and look at it. Thank them for their willingness to engage in the simulation and to direct their energy simultaneously into an expressive art, a supportive conversation, and their own learning as CHWs. Facilitate discussion by posing questions such as these:

- What stands out to you about the altar?
- What aspects of the altar do you find most meaningful or moving?

Next, facilitate a conversation to better understand the experience of the learners, to identify possible uses of a group like this one, and to identify specific things that the co-facilitators and other participants did or said that contributed to the group’s process. Start by asking learners to talk about their experience of the activity itself by posing questions such as these:

- What did it feel like to join with others in creating the altar?
- How did the combination of an expressive arts activity with the facilitated group conversation work for you?
- What might be some of the advantages for trauma survivors of meeting as a group to honor their dead, as opposed to each person creating an altar or memorial on their own?
- How do you think the group members might feel when other people see the altar during the community center celebration of Day of the Dead?
Trauma–Related Group Activity (continued)

Explain that as CHWs, learners may have the chance to participate in, facilitate, or refer clients to groups like this one. Invite the learners to turn their attention to the actions and role of the co–facilitators. First ask the learners who volunteered as co–facilitators to share what they felt about their experience with questions such as the following:

- As co–facilitators, what did you do or say that you believe contributed to the well–being of the group?
- How did the two of you communicate or support one another as co–facilitators?
- Were there any moments when it felt hard to be a co–facilitator? What did you do in that moment? How did that moment shift (if it did) to a moment of more ease?
- What did you most enjoy about co–facilitating a group like this one?

Ask the whole group of learners questions to elicit more detail about the actions and words that made the group a success (to whatever extent it was a success), such as these:

- At what points in the activity did you notice that you felt safe and comfortable? What were the co–facilitators or other group members doing or saying in those moments that contributed to a sense of safety?
- At what points in the activity did you feel most supported? What were the co–facilitators or other group members doing or saying in those moments that contributed to a sense of mutual support?
- What things were said or done in the group that seemed especially helpful for a person who may be experiencing symptoms of trauma?
- What did the co–facilitators do or say to help the group stay on track?
- What did you especially appreciate about the actions of the co–facilitators?

Throughout the discussion, it is helpful for you as the trainer to also share your observations of what was said and done in the simulation that seemed especially useful. You may want to make explicit reference back to the Do’s and Don’ts exercise in Chapter 18, noting the similarities between positive actions taken in the group and the recommendations for action when working with a single client. Note the similarities to client–centered counseling overall—for example, the use of OARS in the group discussion.

Keep in mind that this is a strengths–based exercise, focused primarily on encouraging the actions that contribute to safety, mutual support, and expression in a group. If you or other learners give corrective or constructive feedback on the actions of the co–facilitators or the group members, make sure that the main thrust of the discussion is focused on what went well.
Large Group Discussion, Optional

Depending upon how this training activity has gone, and the energy and interest of learners, you may wish to expand the discussion. For example, you may wish to ask learners to discuss questions such as these:

⦁ How does this experience (in the simulation) relate to other types of groups that might be offered for survivors of trauma? What skills did you learn or observe in this exercise that could be used in group work with trauma survivors in general?

⦁ If you had the opportunity to participate in a trauma-related group, what kind of group do you think you would prefer? Why?

⦁ If you were asked to co-facilitate a group like the one in the simulation, what additional training, support, or supervision would you want to receive in order to be successful?

⦁ What skills, attitudes, or qualities do you value most in a group facilitator, especially a facilitator of groups that touch on such difficult topics as trauma?

⦁ How does a group contribute to community-building? What are the linkages you can see or imagine between fostering community within a group, and building community in an affected population more broadly? (In the simulation, the altar being shared with the community at a Day of the Dead event is one small example of a linkage.)

⦁ Trauma work at the community level often focuses on resiliency, expression (through the arts or otherwise), accountability, advocacy, and strengthening the social fabric. What skills did you see used in the simulation activity that might be useful in work at the community level?

Reinforcement

Reinforce key concepts and skills for working with groups, including information from Foundations, ideas articulated by learners, and information from other resources and your own professional experiences. You may wish to reinforce the following concepts:

⦁ Groups provide an invaluable way for trauma survivors to break their isolation, to develop a new perspective on their experience and the experience of others, and to develop their capacity for self-expression and empathy.

⦁ Working with a group is in many ways more complex than working with a single client, simply because there are many more people to tune in to, and the dynamics of the group can take on a life of their own.

⦁ If you are interested in facilitating groups, it is important that you get further training, both in group facilitation in general and in the specific methodology or topic of that
Trauma–Related Group Activity  (continued)

group. It is also important, if you facilitate groups, that you receive regular supervision from a senior colleague.

⦁ Any group that is focused on trauma is likely to have challenging moments, as the vulnerabilities of each survivor may come to the fore in different ways. At the same time, many groups related to trauma are likely to include lighter moments such as sharing food or music, building something together (like the altar), and even laughing together.

⦁ Any group, workshop, or activity that a CHW facilitates may well include trauma survivors—even if the group was not designed around that subject. For this reason, understanding common responses to trauma and developing skills to foster safety and support for trauma survivors are useful in nearly all aspects of CHW work.
Activity 18.6  Learner Handout 18.6 A: Co-Facilitator Role

Thank you for volunteering to co-facilitate this group activity with a colleague! You will work together to facilitate a positive group experience for all participants. This is also an opportunity to model a collaborative, collegial relationship between the two facilitators.

Your job as a co-facilitators is to do the following:

- Help the group work together.
- Pay attention to all the members of the group.
- Foster a sense of safety and support.

You can use your skills in client-centered practice, as well as any experience you have of participating in or facilitating groups as you do this job.

As co-facilitators, you may wish to take part in the building and decorating of the altar, but you should not use the group as a time to share your own grief or stories of loss. Your primary focus at all times should be the well-being of the group. It is not that important that the altar be completed by the end of the activity. It is more important that all the group members have an experience of making something together and of talking with one another as they do so.

Here are some suggestions for facilitating the group:

- Introduce the project of building the altar, and maybe help to create the basic shape of it. You do not need to explain the idea of the altar in detail, as presumably this same group decided to do this project together at a previous meeting.
- If any of the group members are hanging back, encourage them to join in. However, do not pressure them to do so.
- Ask the group questions focused on their feelings and thoughts in this moment—which may include their memories of the loved one. For example, you might ask the following questions:
  - Who are you honoring today?
  - What would you like to draw or make to add to the altar?
  - What does that (drawing or item) mean to you?
- Encourage the group members to talk with one another in one large conversation or in side conversations or a combination of the two. If you see that they seem to be each working independently, ask them questions that invite interaction, such as these:
  - What do you two think should go on this part of the altar?
  - Did you see what (name) is making? Isn't that lovely?
  - Would you be willing to work with (name) on this part?
Learner Handout 18.6 A: Co-Facilitator Role (continued)

- Invite the group members to think about the public display of this altar at the community center. Ask questions such as these:
  - What do you want the people who come to see the altar to think about or feel?
  - How do you think you will feel when people come to see our altar?
Activity 18.7

Self Care

This activity provides learners with an opportunity to discuss the risks of secondary trauma, and the benefits of secondary resilience, when working directly with survivors of trauma. Learners will also work in small groups and engage in large group discussion to identify strategies for self care.

This activity builds upon Chapters 12, “Stress Management and Self Care,” and 18.

1 Introduction

Frame this activity as an opportunity for CHWs to talk in greater detail about the way that working closely with survivors of trauma may affect their own health and wellness. It is also an opportunity to support each other to enhance their ability to practice self care. Ask learners to draw upon their own experience and their reading from Foundations during the training activity.

2 Large Group Discussion

Ask learners to consider the situation of CHWs who work closely with clients who are survivors of trauma. These CHWs are asked to bear witness to the stories that clients share with them, including experiences of child abuse and neglect, war, incarceration, domestic violence, and sexual assault.

Facilitate discussion among the large group by posing questions such as these:

- What is secondary trauma?
- What are some of the signs or symptoms of secondary trauma that may affect CHWs?
- What is secondary resilience?
- How may CHWs be affected by secondary resilience?
- What is your own experience? In what ways have you been affected by secondary trauma or resilience?
- What significance do these concepts have for your work as a CHW?
- How do you define self care, and what value does it have for CHWs?
Self Care (continued)

As necessary, provide additional information and examples to clarify the learners’ understanding of core concepts, drawing from Foundations and other resources. Secondary trauma and secondary resilience are defined in Chapter 18, and self care is defined in Chapter 12.

3 Small Group Discussion

Explain that learners will be asked to work in small groups to brainstorm ideas of how CHWs can best practice self care. Each will be asked to consider ideas for self care that are relevant for one of the following circumstances. Write each category on the board or on flip-chart paper as you continue.

1. Before a working CHW begins to develop signs of secondary trauma
2. During a session with a client, when the CHW is overwhelmed, affected by secondary trauma, restimulated (personal issues or memories come up), or uncertain about how to respond or what to do
3. After a challenging session with a client in which the CHW struggles with their own responses and how best to stay present and support the client

Assign learners to one of these three groups. Give each group some markers and a piece of flip-chart paper titled either Before, During, or After. Provide learners with approximately 10 minutes to brainstorm a list of ideas for what a CHW can do to practice self care and prevent burnout. Each group will be asked to present their ideas to their colleagues in a large group discussion to follow.

Circulate among small groups as they work, providing further guidance as necessary and listening for ideas to highlight during the large group discussion to follow.

4 Small Group Presentations

Provide each group with no more than 5 minutes to present their ideas for self care to the large group. Start with the Before group and follow this up with the After group (the ideas of the During group will be discussed in Step 5). As small groups present the ideas they recorded on flip-chart paper, encourage learners from the large group to ask questions, seek clarification, and to add some of their own ideas to the brainstorm.

As necessary, you may wish to add examples of self-care strategies, such as these:

**Before experiencing signs of secondary trauma,** CHWs may do the following:

- Learn as much as possible about trauma, including specific trauma experiences, responses, and paths for healing and recovery.
- Develop a trauma-informed practice and incorporate knowledge and skills related to trauma across the range of professional services that you provide.
- Continue to build and enhance their client-centered skills.
Self Care (continued)

- Develop a regular practice of self care. These will be discussed in greater detail momentarily but include any activity that CHWs practice regularly to reduce stress and prevent burnout such as exercise, deep breathing, medication, prayer, listening to music, gardening, caring for pets, and so on.
- Engage in regular supervision to address the way that their work with clients affects them, and to strengthen and build their resilience.
- As necessary, continue to do their own healing or recovery.
- Seek out consultation from experienced colleagues about how they stay healthy doing this type of work, and how they build their resilience.

After a difficult session with a client, CHWs may do the following:
- Take time to reflect on what made the session challenging for them and about the thoughts and feelings it generated.
- Consider any signs of secondary trauma or burnout.
- Reflect on how well they applied client-centered concepts and skills during the session.
- Address the challenges during supervision to better understand how they were affected and to refine strategies for responding differently next time they are faced with a similar challenge.
- Practice self care and, as necessary, reach out for additional support from colleagues, friends, families, or professionals.
- If relevant, continue to do their own healing or recovery work.

5 Presentation and Large Group Discussion, What to Do During a Session

We recommend taking additional time to talk about what CHWs can do when they experience challenges during the time they are listening to or focusing on the concerns of a client. For example, this may occur when CHWs experience secondary trauma responses, such as intrusive thoughts about the experiences of other clients, their own experiences, or those of their family.

Guide learners through a discussion of this topic by posing questions such as these:
- What are some of the reasons why a CHW (or other service provider) may have a difficult time staying present and focusing on the story of a survivor of trauma?
  These reasons may include, for example, disbelief, numbness or horror, anger, sadness, or other strong emotions linked to the trauma story that the client is sharing. The CHW may be demonstrating a learned pattern of responding to stressful or emotional information. Something may have restimulated memories or thoughts or
Self Care (continued)

trauma responses linked to other stories from other clients, the experience of family or friends, or their own experiences.

- How may this affect the client?

  The inability to stay present and to really listen to a client can damage the sense of connection or rapport between the client and the provider. The client may feel less likely to continue to share this information with the CHW or with other providers. It may reinforce messages that the client shouldn’t talk about such challenging issues, or that they should have a different response to their own trauma experiences. It could harm, change, or delay the client's path to healing or recovery.

- How can CHWs manage these challenges?

  - There are various strategies for managing this type of challenge. Anything that helps a CHW to refocus on the client and their story is a good strategy. It will involve turning away from whatever is causing the distraction and leaving these thoughts or feelings for the moment.

  - If necessary, CHWs can always ask for a quick break and, if possible, go to the restroom or to another office for a few minutes to try and gather themselves before returning ready to focus on the client’s concerns. Taking a break should always be accompanied by an apology and should not become a regular practice.

  - After the session is over, and as soon as you can, make time to try to identify what got in the way of your ability to focus on the client. What was the issue? Why did it occur in the moment when it did? Find the best place and time to reengage with this issue or memory, perhaps with a friend, family member, colleague, or counselor. Finding a way to address the issue that distracted you from the client is essential, or you may find that it interrupts or distracts your work again in the future.

6 Presentation of the Bracketing Technique

Explain that you will share a strategy that some professionals use in the moment when they are distracted and lose their focus, which is to make a visual or written note of the distraction. Present the following example, as you wish.

One strategy, sometimes called a bracketing technique, is to write down a word or two that signify or represent the thought or feeling that is causing the distraction. Some service providers may visualize an imaginary place or symbol, such as bright green box or border off to the side of their vision, and imagine placing the memory or question or word into that box.

One you have written down your words, or created an imaginary container for the distraction, refocus on the client. Ask an open-ended question or share a reflective listening statement that regrounds you and the client in their story.

After the appointment is over and you have completed taking case notes (documenting what happened during the session), return to the issues that you put aside. These notes or
words or images are not to be discarded, but put aside for the moment to be reclaimed when there is sufficient time and space to consider them. These are key resources for promoting your health and the clients you work with.

Read over the words that you wrote down, or consider the image or memory that you placed in the visual box. What is it that caused you to lose your focus? Why may it have surfaced when it did? Did anything prompt this distraction in the moment?

Finally, make a plan to tend to the matter that caused the distraction at a time and place that will permit you to best focus on it. This may be during a walk or at home. It may be on your own or in the company of another. But please make time to return to what is your response or issue on your own time and to investigate it as necessary, or you may find that it will continue to distract you and pull your attention away from clients in the future.

If you share this technique with learners, ask them to share their responses by posing questions such as these:

- What do you think about the technique of visualizing or writing down the issue that is distracting you when working with clients?
- What questions or comments do you have about this strategy?
- Have you ever tried this before?
- Might you try this in the future?
- How would you use it? Would you take notes or visualize a space or container to place your issues or concerns in? If so, what would this space or container look like?

Inc Breathing Activity

Create an opportunity for learners to participate in a self-care strategy. For example, you could facilitate the 5-minute deep breathing activity presented momentarily or an alternate activity.

Invite learners to participate in a breathing activity with you (as always, they have the right to pass or not participate). Ask them to make themselves comfortable in their chairs or by standing or lying down if they want to. They may close their eyes during the activity if they wish. If you have done this activity before with success, you may ask learners to breathe in, hold their breath, and exhale for longer counts. But, if they haven’t done this much before, we advise starting with a less ambitious count to make the activity more accessible to all.

Provide learners with the following type of guidance. You may wish to demonstrate the breathing in a slightly exaggerated and loud manner to encourage learners!

Place the tip of your tongue against the roof of your mouth just behind your front teeth, and keep it there throughout this activity.

Exhale through your mouth. Feel free to make noise when you do this!
**Self Care (continued)**

*Close your mouth and breathe in through your nose, letting your belly expand, for a count of 1-2-3.*

*Hold your breath for a count of 1-2-3.*

*Exhale and push all your breath out through your mouth to a count of 1-2-3-4.*

Repeat this breathing rhythm 3 to 5 times as you wish. When you are done, ask learners the following questions:

- What was this activity like for you?
- What changes, if any, do you notice to your body, your thoughts or feelings, your level of stress?

**OPTION** In subsequent training sessions, invite learners to facilitate their own short self-care activities, as they wish. This is a great way for learners to expand their knowledge of self-care strategies and to practice how to share their knowledge with others.

**8 Large Group Share**

Ask learners to stand in a circle and, if you wish, to hold hands or link arms. Ask each of them to briefly describe, in one short sentence (or else this step may take 20 to 30 minutes or more!) one self-care practice that they plan to practice that day or within the next week. For example, this is an opportunity to say something like: meditate, bake a loaf of bread, garden, walk my dog, go to temple, write in my journal, go to choir practice, listen to jazz, play basketball, go to counseling, and so on.

Start the brainstorm yourself by sharing one brief self-care practice (and modeling doing so in one brief sentence!). Ask the learner to your left or right to go next, and proceed in this manner until the circle is complete and each learner has identified one resource for self care.

**9 Reinforcement**

This is an opportunity for trainers to reinforce information about secondary trauma and resilience and self care. You may wish to reinforce information such as the following:

- Because of the challenges that clients face, the work of CHWs is inherently stressful. CHWs are at high risk for burnout.
- Working directly with survivors of trauma poses the risk of secondary trauma.
- It also provides the opportunity for secondary resilience, or the way in which we are inspired and gain strength from the stories that clients share with us.
- All helping professionals have an ethical duty to stay healthy in order to be present, to focus on the concerns of the clients they work with, and to provide services of the highest quality.
Self Care (continued)

- Developing a regular and ongoing self-care practice is essential for staying physically and mentally healthy. Encourage learners to do any or all of the following:
  - Identify at least one skill or practice that they already have for self care.
  - Commit to practicing the skills that they have and to learning at least one new skill by the end of their CHW training.
  - Do something later today, after this training, to practice self-care. If they’re pressed for time, consider something that they can do in 5 minutes or less.
  - Enhance their ability to reach out and ask for support if they notice signs of burnout or secondary trauma. It is a measure of your strength to acknowledge your vulnerabilities.
Case Study on Collective Responses to Trauma in a Community

This activity examines options for collective responses to trauma, especially those traumatic events that have a collective impact, for example, on an entire community. It engages learners in reviewing a case study of gun violence (also known as street violence), identifying options for a response, and selecting one option to elaborate into a rough action plan. Actions that promote resiliency and other strategies for working with groups and communities, as discussed in Chapter 18, are reviewed with the learners, and learners will talk about their expectations and concerns about addressing the topic as part of their training.

Introduction

Frame this activity by explaining that it is designed to help learners to understand and integrate some of the options that CHWs have when responding to a collective trauma. Note that there are many different types of collective trauma, and ask learners to quickly brainstorm some examples of collective trauma events or situations. Answers may include war, displacement of refugees, human rights abuses, natural disasters, and persistently high levels of street violence. The key characteristic of collective trauma is that the events or dynamics affect not just an individual or family, but a community or population.

Explain to learners that they will begin by reviewing some of the approaches for responding to a collective trauma. You may want to refer to those sections of Chapter 18 yourself or you may ask learners to refer to these sections during this activity. Ask learners to brainstorm some of the options for responding to collective trauma as you write them on a board or flip chart.

TIP: You may find it useful to alternate colors of chalk, dry-erase, or marking pens in making the list, as it increases readability for learners.

60–90 MINUTES

MATERIALS NEEDED

- Board or flip-chart paper, and markers, dry-erase pens, or chalk
- Copies of “Learner Hand-out 18.8 A: Case Study on Collective Responses to Trauma in a Community” (included at the end of this activity)

TRAINER PREPARATION

- Review the sections of Chapter 18 that addresses collective trauma, including the sections on trauma response, resiliency, and group facilitation.
- Review the case study.

LEARNING OUTCOMES

After this activity, learners will be able to:

- Identify options for a collective response to a collective trauma.
- Compare and contrast the strengths of different options for responding to a collective trauma in a given situation using critical thinking.
Case Study on Collective Responses to Trauma in a Community (continued)

Learners may provide examples from their own experience or imagination, in addition to ones from the textbook. The list should include, at a minimum, the following items:

⦁ Community building and strengthening connections
⦁ Advocacy, organizing, or some other form of social action
⦁ Public events
⦁ Honoring the dead
⦁ Client-centered practice in responding to the affected population
⦁ Reestablishing safety
⦁ Making meaning
⦁ Seeking truth and justice—through the courts or otherwise

Let learners know that they may want to refer to this list during the case study exercise as a source of ideas or strategies.

2 Case Study Activity in Small Groups

Assign learners to work in small groups of three to six people. Pass out a copy of the case study and questions to each small group. Provide them with 15 to 20 minutes to carefully read through the case study and answer the questions provided.

Remind the learners that they can draw upon their knowledge of community impacts of trauma, of prevention and resiliency, and of community level responses to trauma—including the list of possible responses posted. Encourage them to use their listening skills with one another, to welcome everyone’s participation, and to capture everyone’s ideas in their small group.

Circulate among small groups to provide guidance as necessary and to observe their discussions, noting ideas to share during the large group discussion.

3 Large Group Discussion

Ask learners to share the ideas they discussed in their small groups, starting with their responses to the questions attached to the case study. It may be helpful to ask a different question to each group, so that each group has the opportunity to respond to a question that has not already been answered by another group.

Note that the second question in the case study asks the learners to do a brainstorm—you may find it most efficient to not ask for a report of that question’s responses until after the other questions have been answered. At that time, you could ask if there were other options listed in the second question that have not been mentioned in the discussion so far.

After the first group has responded to the first question, you can elicit additional viewpoints on that question by asking the other groups to raise their hand if they had a
similar answer, and then asking a question such as, “What additional ideas did you have in response to the first question?”

Share the relevant observations, ideas, or questions that you noticed as the small groups were working. These observations can be shared as small groups report their responses to specific case study questions or at the end of the small group reports. Observations may include, for example, a contrast between two proposed responses to gun violence that illustrates a more global choice in strategies, such as top down vs. bottom up responses, confrontational vs. collaborative responses, or individual actions vs. public policy. Making connections between the small groups’ responses to the case study and prior lessons that this group of learners have completed can also be helpful.

The following questions may be helpful for expanding the group’s thinking about collective responses to community violence from the perspective of a CHW and from their own experience:

⦁ As you considered different options to respond to the situation of increased gun violence against children and youth, at what point did you feel most hopeful or most empowered? At what point did you feel most frustrated or most confused?

⦁ What responses have you seen in your community to widespread violence or other sources of trauma? What effect do you think they had?

⦁ Have you participated in any of these responses? What was this like for you?

⦁ What did the organizers or advocates do, concretely, in these efforts that increased community participation? How did those actions relate to the roles or competencies of CHWs? Were there important similarities, or differences?

⦁ What role would you like to have in responding to gun violence or other collective traumas in the community?

In this discussion, there is really no right or wrong answer. The large group discussion can explore the possibilities for collective responses to collective traumas, the criteria or considerations that inform a collective response, and the learners’ own orientation to collective responses, which may vary greatly (for example, an eagerness to engage with them, a pessimism about their efficacy, a reluctance to get involved publicly, or a sense of empowerment to make a change).

If it has not already been discussed, this is an opportunity to elicit from learners their own perspective on collective responses to trauma that they have witnessed, participated in, or wished for. As CHWs they will frequently work with clients and communities impacted by collective trauma—whether that’s street violence, as in this case study, or the trauma experienced by refugees and immigrants, or the effects of a natural disaster. Just as most CHWs who work at the community level also engage with clients one-on-one at times, many CHWs who primarily work with clients individually may join a collective
Case Study on Collective Responses to Trauma in a Community (continued)

response during a major disaster or other collective trauma. You may ask the following questions:

⦁ Have you ever been a part of a collective response to a trauma in your community (or any other)? What was that like for you?

⦁ If you are now working as a CHW, does your organization engage in community-level responses to collective trauma? What do you appreciate about that work? How would you like to see it change or grow?

⦁ What might be satisfying to you about participating in a response to a collective trauma? What might be challenging about it?

⦁ What more do you want to learn in order to prepare yourself for responding to collective trauma that may occur in your community?

4 Reinforcement

In summing up and concluding this activity, it can be helpful to note the strengths of the learners that were evident during the activity, such as these:

⦁ Specific uses of listening skills

⦁ Clarity about the goals and audiences for the collective response the group planned

⦁ Critical thinking skills in selecting a collective response likely to have the desired effects

⦁ Action planning skills that helped the group make a plan for a collective response that was both specific and flexible

⦁ Political awareness and analysis of community needs

⦁ Application of CHW roles, competencies, and attributes in response to a new situation

This is also an opportunity for you as a trainer to share an experience you have had in responding to collective trauma and link that experience explicitly to the work of CHWs and the ideas generated in the large group discussion.
A group of CHWs work at a nonprofit community organization called Family Forward that helps youth and families access healthcare, practice preventive health measures, and obtain education. The community has been rocked by the fatal shootings of three children in separate incidents over the last several weeks. The dead include a 16-year-old boy, a 15-year-old girl, and a 9-year-old boy. The 16-year-old boy was a client of Family Forward and had participated in their educational programs on and off over the past year. The grandmother of the 9-year-old boy is a former client of Family Forward, as well.

At a staff meeting of Family Forward, the CHWs learn that the mayor has arranged for a press conference to be held in the neighborhood, and that she (the mayor) plans to announce tough new measures to stop the killings, including a youth curfew. If implemented, the youth curfew would mean that any child 16 years old or younger could be cited or arrested if they were on the street after 9 pm.

The staff and leadership of Family Forward are troubled by the violence, but they are also concerned about the idea of a youth curfew, as it could rope some young people into the criminal justice system. They also think that both the violence and the curfew could decrease participation in community events in the evenings. The CHWs offer to make a proposal for an alternative response to the crisis—something that Family Forward, other nonprofits, and community residents could take on.

The staff agrees that something should be done quickly, and it should involve the community and possibly other organizations or government services in the neighborhood. The CHWs know that many people in the community are upset about the shootings. Although the community has suffered from high levels of street violence for some time, the rapid death of three children in a row is unusual. The personal connection that Family Forward has to two of the victims makes it even more important to respond to the killings.

**Discussion Questions:**

1. What impacts of collective trauma (gun violence, and in particular the recent child deaths) would you anticipate seeing in the community?
2. How might Family Forward and the community take action to respond to this violence? Brainstorm a list of options that Family Forward might consider.
3. What is your goal in designing a collective response to the trauma? What do you hope will happen?
4. Who are the audiences you want to reach? Who do you hope to influence?
Learner Handout 18.8 A: Case Study on Collective
Responses to Trauma in a Community (continued)

5. Who, besides the Family Forward staff, might join in on an action in response to the killings and the new youth curfew?

6. How does your knowledge of trauma affect your decision about what to do? How might your actions best contribute to healing?

7. Now look again at the list you brainstormed in question 2. Based on your answers to questions 3–6, which action or actions would you choose?
We have included a selection of assessments that cover important skills for this chapter. There is not an assessment for every activity or for every learning outcome in this chapter. We encourage you to adapt these or add any other assessments from your own resources.

**ASSESSMENT 18.1: Trauma and Recovery Quiz.**

- This is a 12-question quiz on trauma and recovery.

**ASSESSMENT 18.2: Professional Development Plan**

- Note this is a peer-based assessment. Each learner will develop a professional development plan to enhance knowledge and skills related to the topic of trauma. Learners will work in pairs, will review each other’s plans, and will provide support and constructive feedback using a simple rubric.

**ASSESSMENT 18.3: Case Study Exam**

- This case study exam is designed to assess knowledge and skills related to trauma and working with trauma survivors. This can be assigned as an in-class or take-home exam, or you can give learners the case study ahead of time and answer questions in class.
Assessment 18.1  Trauma and Recovery Quiz

Your name: _____________________________________________

Date: ________________________________

1. From the following events, please select those that are likely to produce traumatic stress reactions that are different from normal stress or grief. (Please choose all that apply.)
   A. Divorce
   B. Violent death of a loved one
   C. Rape
   D. Witnessing another person being severely injured
   E. Infertility (not being able to have children biologically)

2. Post traumatic stress disorder (PTSD) is the only type of psychological disorder that can result from traumatic experiences.
   A. True
   B. False

3. Which of the following is true regarding the importance of social support for a survivor of trauma? (Please choose one answer.)
   A. Social support is helpful but not really necessary in healing from trauma.
   B. Since trauma is a psychological response to an extreme event, what others say or do doesn't have much impact on whether a person will develop traumatic stress or not.
   C. How others respond to a victim of trauma is of great importance—a supportive response can mitigate or lessen the trauma, whereas a hostile response can make it worse.
   D. Social support, like group therapy, is recommended only after a person has first received individual therapy and medications.
   E. Social support is best provided in large group settings.

4. If a CHW has doubts about whether they are overstepping their scope of practice, which of the following actions is most highly recommended? (Please choose one answer.)
   A. Don't do anything now; likely you will know what to do in the future.
   B. Refer the client to a different agency.
   C. Ask the client not to talk about what you did to help them, as you may not be able to do it again in the future.
**Trauma and Recovery Quiz (continued)**

D. Seek guidance from a supervisor.
E. Document only those actions within the CHW scope of practice.

5. Please mark the following items according to whether this is a recommended practice (To Do) or not a recommended practice (Not To Do) when working with a client with a history of trauma.

<table>
<thead>
<tr>
<th>Action</th>
<th>TO DO</th>
<th>NOT TO DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give the client a warm hug.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make sure that the client does what you think is best for them.</td>
<td></td>
<td></td>
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<tr>
<td>Listen attentively.</td>
<td></td>
<td></td>
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<tr>
<td>Let the client set the pace for the interview.</td>
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<td></td>
</tr>
<tr>
<td>Say “I know just how you feel.”</td>
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<td></td>
</tr>
<tr>
<td>If the client is open to considering therapy, encourage the client to work with a provider who has experience in trauma.</td>
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<td></td>
</tr>
<tr>
<td>Fill the silence quickly if there is a gap in the conversation, to put the client at ease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be aware of yourself—your level of burnout or stress, as well as any tendencies you have toward denial.</td>
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<td></td>
</tr>
<tr>
<td>Ask direct questions about specific aspects of the client’s trauma experience.</td>
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</tbody>
</table>

6. If a client says, “Sometimes I just wish I were dead,” which of the following would be important next steps? (Please choose all that apply.)

A. Call 911 immediately to report a suicide risk.
B. Ask the client if they are considering killing themselves.
C. Don’t ask the client about suicide so you don’t put that thought in their head.
D. Follow the protocol of your agency regarding the risk of suicide.
E. Tell the client about your own experiences of suicide attempts.
7. The only kind of group that can help survivors of trauma is group therapy, led by a licensed clinician.
   A. True
   B. False

8. Which of the following is not a common practice when facilitating groups for trauma survivors? (Please choose one answer.)
   A. Discuss and make meaning of the clients’ experiences of trauma.
   B. Foster connections among the group members.
   C. Recommend the path for healing that worked for you.
   D. Help trauma survivors to feel safe in the group.
   E. Use a variety of techniques to support healing.

9. Which of the following are common characteristics of a collective trauma? (Please choose all that apply.)
   A. It affects a large number of people at once.
   B. It alters the level of trust within a community.
   C. It only results from natural disasters.
   D. It may force people to displace (move) from their homes, either temporarily or permanently.
   E. Although it affects many people, those people usually don’t know one another.

10. CHWs sometimes work at the community level to support recovery from trauma. Match the type of community action to a likely result.

<table>
<thead>
<tr>
<th>COMMUNITY ACTION</th>
<th>LIKELY RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Holding public events and celebrations</td>
<td>A. Tapping into the community's wisdom</td>
</tr>
<tr>
<td>___ Investigating and prosecuting human rights abuses</td>
<td>B. Sharing the trauma narrative with others</td>
</tr>
<tr>
<td>___ Making theater and art about the trauma</td>
<td>C. Honoring the dead</td>
</tr>
<tr>
<td>___ Building altars and monuments for those killed</td>
<td>D. Creating connection</td>
</tr>
<tr>
<td>___ Using traditional healing ceremonies or techniques</td>
<td>E. Seeking accountability</td>
</tr>
</tbody>
</table>
Trauma and Recovery Quiz (continued)

11. Which of the following is true about secondary trauma? (Please choose one answer.)

A. It is unusual and rare among CHWs.
B. It cannot be completely avoided or eliminated, but its effects can be modified or reduced.
C. It generally does not cause any problems or distress to the CHW or counselor working with survivors of trauma.
D. It is only a concern if you are working with veterans.
E. If you are a survivor of trauma already, then you are protected against secondary trauma.

12. Which of the following is not a characteristic symptom of secondary trauma? (Please choose one answer.)

A. Optimism and lighthearted attitude
B. Fatigue, loss of energy, taking greater amounts of time to complete the same amount of work, loss of efficiency
C. Sadness, depression, withdrawal from others or from activities
D. Apathy, indifference, emotional numbness, inability to have strong feelings, “tuning out” while listening to traumatic stories
E. Forgetfulness, confusion, difficulty making decisions, difficulty concentrating
Trauma and Recovery Quiz (continued)

ANSWER KEY TO TRAUMA AND RECOVERY QUIZ

1. From the following events, please select those that are likely to produce traumatic stress reactions that are different from normal stress or grief. (Please choose all that apply.)
   A. Divorce
   B. Violent death of a loved one
   C. Rape
   D. Witnessing another person being severely injured
   E. Infertility (not being able to have children biologically)

   B, C, and D are the correct answers. Although it may be possible for someone to develop traumatic stress in reaction to a divorce or infertility, it is not likely. Normal stress, grief, and other emotions are more likely in these cases.

2. Post traumatic stress disorder (PTSD) is the only type of psychological disorder that can result from traumatic experiences.
   A. True
   B. False

   The correct answer is False. Although PTSD is explicitly tied to traumatic experiences, other disorders can arise—depression, anxiety, borderline personality disorder, eating disorders, and so on.

3. Which of the following is true regarding the importance of social support for a survivor of trauma? (Please choose one answer.)
   A. Social support is helpful but not really necessary in healing from trauma.
   B. Since trauma is a psychological response to an extreme event, what others say or do doesn’t have much impact on whether a person will develop traumatic stress or not.
   C. How others respond to a victim of trauma is of great importance—a supportive response can mitigate (lessen) the trauma, whereas a hostile response can make it worse.
   D. Social support, like group therapy, is recommended only after a person has first received individual therapy and medications.
   E. Social support is best provided in large group settings.

   C is the correct answer. Social support is an essential part of healing from trauma. Social support is useful all along the healing journey—not only after another strategy (like individual therapy) has been tried. Answer E is not correct; although social support may be provided in large group settings, for some survivors it is more effective to provide social support through more personal means, such as one-on-one conversations or small groups.
Trauma and Recovery Quiz (continued)

4. If a CHW has doubts about whether they are overstepping their scope of practice, which of the following actions is most highly recommended? (Please choose one.)
   A. Don’t do anything now; likely you will know what to do in the future.
   B. Refer the client to a different agency.
   C. Ask the client not to talk about what you did to help them, as you may not be able to do it again in the future.
   D. Seek guidance from a supervisor.
   E. Document only those actions within the CHW scope of practice.

The correct answer is D. The responsible thing to do is to seek supervision and assistance if there is any question of the limits of the CHW’s scope of practice. The other answers imply covering up the CHW’s doubtful action, being overly passive (wait and see), or involving the client inappropriately.

5. Please mark the following items according to whether this is a recommended practice (To Do) or not a recommended practice (Not To Do) when working with a client with a history of trauma.

<table>
<thead>
<tr>
<th>Item</th>
<th>TO DO</th>
<th>NOT TO DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give the client a warm hug.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Make sure that the client does what you think is best for them.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Listen attentively.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Let the client set the pace for the interview.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Say &quot;I know just how you feel.&quot;</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If the client is open to considering therapy, encourage the client to work with a provider who has experience in trauma.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fill the silence quickly if there is a gap in the conversation, to put the client at ease.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Be aware of yourself—your level of burnout or stress, as well as any tendencies you have toward denial.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Ask direct questions about specific aspects of the client's trauma experience.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Refer to Chapter 18 for more explanation.
6. If a client says, “Sometimes I just wish I were dead,” which of the following would be important next steps? (Please choose all that apply.)

A. Call 911 immediately to report a suicide risk.
B. Ask the client if they are considering killing themselves.
C. Don’t ask the client about suicide so you don’t put that thought in their head.
D. Follow the protocol of your agency regarding the risk of suicide.
E. Tell the client about your own experiences of suicide attempts.

Both B and D are correct. If there is a concern about suicidality, then asking directly about suicide or the client’s thoughts of killing themselves is recommended. In addition, CHWs should know and follow their agency’s protocols regarding the risk of suicide. Answer A is not correct, because calling 911 is not the first thing a CHW should do if a client mentions they feel like dying. Calling 911 may be the appropriate response after the client’s suicidality has been assessed by a qualified person. Answers C and E are not helpful and may be harmful actions.

7. The only kind of group that can help survivors of trauma is group therapy, led by a licensed clinician.

A. True
B. False

The correct answer is False. Group therapy is one type of support for trauma survivors, but it is not the only kind of group that is possible. See Chapter 18 for examples.

8. Which of the following is not a common practice when facilitating groups for trauma survivors? (Please choose one.)

A. Discuss and make meaning of the clients’ experiences of trauma.
B. Foster connections among the group members.
C. Recommend the path for healing that worked for you.
D. Help trauma survivors to feel safe in the group.
E. Use a variety of techniques to support healing.

The correct answer is C. Because having choice is such an important part of any trauma survivor’s healing, we do not recommend or direct survivors about how they should best heal or recover from trauma. In addition, recommending treatment is beyond the scope of practice of a CHW. See Chapter 21 for more information on group facilitation.
Trauma and Recovery Quiz (continued)

9. Which of the following are common characteristics of a collective trauma? (Please choose all that apply.)
   A. It affects a large number of people at once.
   B. It alters the level of trust within a community.
   C. It only results from natural disasters.
   D. It may force people to displace (move) from their homes, either temporarily or permanently.
   E. Although it affects many people, those people usually don’t know one another.

The correct answers are A, B, and D. Collective traumas, by their nature, affect a large number of people. They are likely to change the level of trust in the community—usually disrupting or decreasing trust. Sometimes when communities rally to respond to a collective trauma, trust can actually be increased—but it is increased by the response to the trauma, not the trauma itself. Many kinds of collective trauma force people to move, at least temporarily—to flee a flood, or to escape ongoing violence or war. Answer C is not correct because collective trauma may result from a wide range of events, not only natural disasters. Answer E is not correct; collective trauma generally affects a “collective,” such as a community, where relationships already exist. Child abuse, intimate partner violence, and elder abuse are examples of traumas that are widespread, yet not generally considered collective, as the victims in one household are isolated from the victims in another household.

10. CHWs sometimes work at the community level to support recovery from trauma. Match the type of community action to a likely result.

<table>
<thead>
<tr>
<th>COMMUNITY ACTION</th>
<th>LIKELY RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>D_Holding public events and celebrations</td>
<td>A. Tapping into the community's wisdom</td>
</tr>
<tr>
<td>E_Investigating and prosecuting human rights abuses</td>
<td>B. Sharing the trauma narrative with others</td>
</tr>
<tr>
<td>B_Making theater and art about the trauma</td>
<td>C. Honoring the dead</td>
</tr>
<tr>
<td>C_Building altars and monuments for those killed</td>
<td>D. Creating connection</td>
</tr>
<tr>
<td>A_Using traditional healing ceremonies or techniques</td>
<td>E. Seeking accountability</td>
</tr>
</tbody>
</table>

For this question, there may be more than one right answer, as some of the actions could lead to multiple results.
Trauma and Recovery Quiz (continued)

11. Which of the following is true about secondary trauma? (Please choose one answer.)

A. It is unusual and rare among CHWs.
B. It cannot be completely avoided or eliminated, but its effects can be modified or reduced.
C. It generally does not cause any problems or distress to the CHW or counselor working with survivors of trauma.
D. It is only a concern if you are working with veterans.
E. If you are a survivor of trauma already, then you are protected against secondary trauma.

The correct answer is B. Secondary trauma is common among CHWs, counselors, and others who work with trauma survivors. Its symptoms can vary in intensity, from mildly annoying to severely distressing.

12. Which of the following is not a characteristic symptom of secondary trauma? (Please choose one answer.)

A. Optimism and lighthearted attitude
B. Fatigue, loss of energy, taking greater amounts of time to complete the same amount of work, loss of efficiency
C. Sadness, depression, withdrawal from others or from activities
D. Apathy, indifference, emotional numbness, inability to have strong feelings, “tuning out” while listening to traumatic stories
E. Forgetfulness, confusion, difficulty making decisions, difficulty concentrating

The correct answer is A. Secondary trauma does not increase optimism or happiness (although secondary resilience can). Recognizing the symptoms is a first step to being able to address them.
Professional Development Plan

Assessment 17.2

Your assignment is to create a professional development plan to enhance your self-awareness, knowledge, and skills for working with survivors of trauma. Please do your best to provide clear and detailed responses to each question.

This is a peer assessment. During a future training session, you will share your plan with another learner and provide feedback and suggestions to one another using the rubric provided.

Please write your name and the date at the top of the paper. Your plan should be no more than two typed pages and should address each of the following four questions:

1. What skills, experience, or accomplishments in regard to working with trauma survivors (individuals, groups, or communities) would you like to develop and be able to list on your resume five years from now?

Reflect on what you know about trauma and what you would like to learn more about. This may include key concepts and skills, such as the experience of a particular community, a specific type of trauma experience, certain types of trauma responses and symptoms, certain types of treatments or approaches to healing or recovery, the work of specific agencies or programs, and so on. Please list specific examples, such as the following:

- I will enhance my knowledge about...
- I will enhance my skills and abilities for...
- I will gain certification in...

2. What specific actions will you take to implement your professional development plan?

Provide a detailed description of the actions you will take to enhance your knowledge and skills. This may include participating in specific trainings, classes, or certifications; volunteer work; independent research and writing; or taking action to enhance your own healing. We encourage you to consider including specific actions for self care and for getting support (professional or personal) in your plan.

Be as specific as you can about the what, where, and when of your plan. For example, if you plan to attend classes or earn a new certification, please state where and when you hope to attend these classes or trainings and provide the name of the training and the sponsoring organization.
Professional Development Plan (continued)

3. How will this professional development plan benefit you?
   How might this professional development plan benefit you as a CHW and in your private life? For example, how will enhancing specific knowledge and skills help you to advance in your career? How will it benefit your health and wellness? If you are a trauma survivor yourself, how does this plan for professional development intersect with your own process of healing?

4. How will your plan benefit the clients and communities you work with?
   How will your professional development enhance your ability to provide key services to the clients and communities you work with and/or will work with? Be as specific as possible.

RUBRIC FOR ASSESSING OR GRADING WRITING ASSIGNMENTS

Please use this rubric when you meet with peers to review and discuss their professional development plans. Use a separate rubric for each person. At the top of the rubric, write the name of the person whose plan you are assessing and your own name.

Read through the criteria for each category and decide whether the answer to each question should fall into the Emerging, Satisfactory, or Proficient category. Most importantly, provide clear and constructive feedback to your peer that is designed to support them with their professional development plan.

When discussing the plans, we encourage you to do the following:

- Help one another clarify the actions you plan to take to meet your goals.
- Encourage one another.
- Share information on opportunities for professional development that you are aware of such as classes, volunteer opportunities, and good videos or books on the subject.
Professional Development Plan  *(continued)*

This plan is for (name of peer): ____________________________

Your name: ____________________________________________

Date: ____________________________

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CRITERIA</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Response to Question #1 (skills or accomplishments to list on a resume in five years)</td>
<td>The plan was incomplete or unclear.</td>
<td>The plan was clear and relevant to the challenge of enhancing knowledge and skills for working with survivors of trauma.</td>
</tr>
<tr>
<td>2 Response to Question #2 (specific actions for professional development)</td>
<td>The actions were missing, incomplete, or unclear.</td>
<td>The actions were provided, but additional detail was not included in guiding implementation of the plan.</td>
</tr>
<tr>
<td>3. Response to Question #3 (How will the plan benefit the CHW?)</td>
<td>The benefit to the CHW was not presented or was unclear.</td>
<td>The CHW clearly explained how they will benefit from their professional development plan.</td>
</tr>
<tr>
<td>Response to Question #4 (How will the plan benefit the community?)</td>
<td>The benefit to clients and communities was not explained or was unclear.</td>
<td>The plan is well designed to benefit the clients and communities that the CHW will work with in the future.</td>
</tr>
<tr>
<td>Suggestions for how to improve the professional development plan:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assessment 18.3 Case Study Exam

Your name: ____________________________________________________________

Date: ____________________________

Please carefully review the following case study about Hiram Gonzalez and then answer the questions that follow. You will have _______ minutes to complete this closed-book exam. Do your best to answer each question, in your own words, applying client-centered concepts and skills from the CHW training and Foundations.

CASE STUDY: HIRAM GONZALEZ

Hiram Gonzalez is 20 years old. You have worked with Hiram and his father in the past, helping to manage Hiram’s asthma. Because his asthma has been well-controlled for some time, you haven’t seen Hiram in several years. Hiram calls the clinic and asks for an appointment with you.

Hiram tells you that two months ago his friend Leroy was shot and killed. They were standing on the street, a few houses down from Hiram’s dad’s house. Hiram says “One minute we were hanging out, then I went to my dad’s house to take a piss, and then I heard the pop pop sound of guns, ’cause if you live where I live, you know that sound. When I came out, Leroy was dying and people were screaming and there was all this blood.”

Hiram tells you he isn’t sure what to do. His father is so busy working that they hardly see each other and “My dad, he told me to just put it behind me and like, stand strong and get on with my studies. He is so focused on me being the first one in the family to graduate college. But I can’t stop thinking about what happened to Leroy, and I just...I just need to figure this out. It’s like this war is happening around me and I don’t know what to do.”

Hiram has been too scared to stay at home or in his own neighborhood. He has been staying at an ex-girlfriend’s family’s home across town. “They’re cool and everything, but I can’t stay there forever.”

Hiram hasn’t been sleeping much and keeps having bad dreams. “I went to the funeral, but I just didn’t know what to say to Leroy’s mom, to his family. What was I supposed to say? I couldn’t look them in the face because I just kept thinking about Leroy dying and that maybe if I hadn’t gone in the house, I could of said something and he would still be alive. I can’t stop replaying it over and over in my mind and thinking that I should of done something, you know?”
Case Study Exam (continued)

Hiram is taking classes at a local university. He is continuing to do well in his psychology class because, “The professor, he's really cool. He grew up in our same neighborhood, and the stuff he teaches is like...it’s just more real life than my other subjects. But I haven't gone to my other classes; I don't know what to do because if I drop out they will cancel my financial aid and my dad will freak. And I don't want to fail, but on the other hand, I don't care about any of it anymore because this is the third person killed in my neighborhood this year, and my second friend who died from bullets.”

Please do your best to answer each of the following questions based on the information provided in the case study:

1. Please identify three or more signs of trauma response that Hiram is experiencing.

2. What is the concept of reestablishing safety, and why is it so important in working with a survivor of trauma? What is one thing you would do to support Hiram with reestablishing safety?

3. What strengths and resources does Hiram have that may be helpful for his healing or recovery?

4. Why is it particularly important, when working with a survivor of trauma, not to take control away, but to use client-centered skills that support their autonomy?

5. Considering your scope of practice as a CHW, please identify at least two types of issues that would prompt you to seek consultation from a colleague or supervisor when working with Hiram or another trauma survivor.

6. How would you conduct a lethality assessment or talk with Hiram about his risk for suicide? Briefly describe what you would say and do.

7. Identify at least two types of referrals you might offer to Hiram, and describe how you would share these resources with him.

8. Describe two different ways that you would apply client-centered concepts and skills to your work with Hiram. (Please be as specific as possible: what would you do or say, precisely?)
Case Study Exam (continued)

CASE STUDY EXAM ANSWER KEY

This case study exam is designed to assess knowledge and skills related to trauma and working with trauma survivors. There are several options for how you might assign this: for example, you could give it as an in-class exam, providing learners with at least 40 minutes to complete it; or as a take-home exam. You could also give it as an in-class exam, but provide learners with the case study only (not the questions) in advance, and give them several days to read it over and consider how they might apply knowledge and skills for working with the client.

A guideline for an answer key and grading scale is provided after the answers to the questions are discussed. Please note that, for some of the questions posed, there are several correct responses. Successful answers will refer accurately to specific information provided in the case study, will not impose assumptions about the client, and will draw upon the concepts and skills presented in Foundations. We offer a guide here for the type of responses that we would like to see from learners.

1. Please identify three or more signs of trauma response that Hiram is experiencing.

   Possible signs of trauma response include, for example, 1) difficulty sleeping; 2) fear (being scared); 3) survivor’s guilt or blaming himself for not being able to prevent Leroy’s death; 4) the inability to concentrate on his studies; 5) “Not caring about any of it anymore”; 6) “Can’t stop thinking about it” (intrusive thoughts); 7) Taking safety measures such as moving across town may be a positive response to the trauma and the ongoing risks of violence.

2. What is the concept of reestablishing safety, and why is it so important in working with a survivor of trauma? What is one thing you would do to support Hiram with reestablishing safety?

   Reestablishing safety is about helping a client to establish a greater sense of both physical and emotional safety before they begin to address their trauma experience in detail. We don’t want a client to talk about distressing issues before they are ready to do so in a safe and productive way.

   With Hiram, a CHW might focus first on helping to stabilize his housing situation, figuring out possible solutions for finishing the school term without academic or financial penalties, and helping Hiram to talk first about the type of support he may wish for in terms of addressing his trauma. It is also often beneficial to ask clients to consider which aspects of the trauma story they want to talk about, when, where, with whom and how, before they begin to do so. The fact that Hiram sought you out is a sign of trust, and you may wish to acknowledge this as both a strength and a step toward reestablishing safety.

   Another consideration with Hiram, however, is that he lives in an area that is experiencing ongoing violence. In other words, his exposure to traumatic events may not be over, he and his
community may continue to be exposed to and affected by violence and death. You may want to explore with Hiram what steps he thinks could increase his physical safety near his father’s house or wherever else he may spend time.

3. What strengths and resources does Hiram have that may be helpful for his healing or recovery?

Some of Hiram’s strengths include, for example, his ability to reach out for support to the CHW and to his ex-girlfriend’s family; his willingness to talk about Leroy’s death and what is happening in his neighborhood; attending university and continuing to do well in his Psychology class in spite of his very recent trauma exposure(s); having a stable relationship and home with his father; being aware of and concerned about the implications of various choices and decisions that he may make.

4. Why is it particularly important, when working with a survivor of trauma, not to take control away, but to use client-centered skills that support their autonomy?

Because trauma experiences are characterized by the loss of control, we don’t want to echo such a dynamic by taking control away from a client. The job of the CHW is to support the survivor to reclaim control and autonomy in their life.

5. Considering your scope of practice as a CHW, please identify at least two types of issues that would prompt you to seek consultation from a colleague or supervisor when working with Hiram or another trauma survivor.

As a CHW, you want to seek consultation any time that you are working with a client and are uncertain about how to support them and stay within your scope of practice, and any time when a client’s health may be at risk. In working with Hiram, and any survivor of trauma, the CHW should consult with a licensed colleague about how best to proceed in supporting the client and any need to make timely referrals. Certainly if Hiram experienced immediate health risks, such as suicidal thoughts, the CHW should immediately consult with their supervisor.

6. How would you conduct a lethality assessment or talk with Hiram about his risk for suicide? Briefly describe what you would say and do.

Conducting a lethality assessment involves asking Hiram if he has had any thoughts or plans of killing himself. If Hiram indicates that he has thought about suicide but hasn’t attempted to kill himself and does not have a plan, the CHW would not have an obligation to report this, but should provide a referral to a licensed provider, and consult with their supervisor. If Hiram indicates that he has thoughts of killing himself and has a plan, the CHW would wish to report this immediately to a supervisor, a licensed colleague, or by calling 911, according to their employer’s protocols.
Case Study Exam (continued)

7. Identify at least two types of referrals you might offer to Hiram, and describe how you would share these resources with him.

Learners may identify a number of possible referrals for Hiram, including, for example, affordable and culturally relevant counseling or therapy. Because of the level of violence in Hiram’s community, there may well be qualified mental health providers who specialize in supporting the survivors, friends, and family members of gun violence. Hiram may also consider meeting with a mental health and/or academic counselor at his university and seeking help for completing the semester without financial or academic penalties.

Ideally, learners will also discuss the manner in which they would provide a referral to Hiram as a suggestion or option for Hiram to consider, and not as a direction or as something that Hiram should do. It may also be important to assure Hiram that the CHW can continue to meet with him and support him at the same time that he works with someone who has specialized training and skills.

8. Describe two different ways that you would apply client-centered concepts and skills to your work with Hiram. (Please be as specific as possible: what would you do or say, precisely?)

There are many different ways for a CHW to use client-centered concepts and skills in working with Hiram. For example, learners may highlight concepts or skills such as cultural humility, a strength-based approach, harm reduction, or the use of motivational interviewing and OARS to support Hiram in reflecting upon his situation, his thoughts and feelings, and to support him in determining a course of action designed to promote his health and welfare. Answers may include any example of a client-centered skill (such as an affirmation or open-ended question) that supports Hiram’s autonomy and provides him with an opportunity to further reflect on a specific aspect of his current situation (his relationship with his father, his guilt at not having been able to prevent Leroy’s death, his experience of living in a war zone, his experience at the university, and so on).

GUIDANCE FOR MARKING OR GRADING

This exam has eight questions. If you are assigning letter grades, you may assign each question 10 points for a total of 80 points. A passing score would be 56 points or more.

Letter grades are as follows: A = 72–80 points; B = 64–71 points; C = 56–63 points; D = 48–55 points; F = below 48 points.
PART 5
WORKING WITH GROUPS AND COMMUNITIES