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Social Work: PTSD and Trauma

June 21, 2017 | By Monique Gaudet | Online Graduate School | Social Work | Master Of Social Work | MSW

Trauma can occur anywhere, for anyone—and sometimes in unexpected places. Almost anyone can suffer—and almost all can be helped.

We hear a lot today about trauma and post-traumatic stress disorder, or PTSD. A National Association of Social Workers newsletter article recently made the case for trauma as "the new public health crisis." Some believe PTSD is a problem only for those who have experienced war or violence. Others say they're seeing references to it everywhere, and wondering: Can it really be that prevalent?

The truth rests somewhere in between. We're learning more about trauma and PTSD every day, and social workers are responsible for some of the cutting-edge research and breakthrough treatments.

But trauma and PTSD have always been with us, even though they may have been known by other names, such as shell shock. And they can occur to anyone, anywhere—young or old, of different genders and identities, rich or poor. People suffering may express PTSD and trauma by being silent and detached, or by raging, or by panicking.

Today, we can be both more precise in identifying these conditions and more hopeful in treating them. As a social worker, you'll likely encounter trauma and PTSD in some of these settings and circumstances.

Returning from war

Today, we recognize that PTSD is experienced not only by the "boots on the ground" but also by technicians and those in service professions. With the advent of remote drone warfare, many thought PTSD would be reduced...only to discover that instances are just as common if not more so. In addition, sexual assault and harassment, an acknowledged problem in military environments, can contribute to PTSD.

Trauma and PTSD can contribute to other problems such as domestic or partner violence and the high rate of homelessness among veterans. Social workers are uniquely qualified to see how these issues interrelate.

A hopeful and growing area in social work incorporates methods that help not only the individual with PTSD, but military families as well. Assisting in getting integrated back into working life is another important area where social workers can assist veterans with PTSD.

Post-partum or pregnancy-related

More and more, it's being recognized that women who lose a child or go through a difficult birth experience can experience PTSD. The American Pregnancy Association says about a quarter of pregnancies end in miscarriage. The sense of loss of integrity of the physical body and the threat to the life of the baby can have the same effect as a violent incident. The physical and often emotional ones, but post-partum PTSD is neither all physical nor all emotional.

Social workers can help in hospitals or in private practice settings to lead women and their families back to a sense of wholeness and possibility, watch for danger signs, and assist a woman through grief and into resuming daily life tasks.

Childhood sexual abuse

PTSD related to childhood sexual abuse may surface years after the abuse occurred and mask itself as other problems, from risk-taking to substance abuse. Social workers understand the interrelationship of abuse, neglect, and family dysfunction and have the training to see what may lie beneath.

Today, much greater attention and resources are being directed toward stopping human trafficking. Social workers are instrumental in helping restore health and wholeness to children who have been trafficked. On a macro level, social worker research can help direct the right resources in the right ways, develop effective policy, and implement solutions that involve schools and communities.

Abuse during incarceration

The increased use of solitary confinement, gender- and identity-related violence in prisons, detention, often long-term, for immigrants, young people in adult prison populations, traumatic brain injury from violence either before or during incarceration.

These issues in our prisons are being widely documented and are impossible to ignore. They're also a formula for PTSD—which Shreya Mandal, JD, LCSW, says is reaching epidemic levels. This epidemic long went underdiagnosed and untreated—because of barriers Mandal and others identify as relating to culture, language, resources, and trust.

With the current awakening comes opportunity. Social workers can reduce the incidence of violence and suffering within incarceration settings and help those who experience PTSD navigate the already tough re-entry to "life on the outside."

Refugees and immigrants

Being torn away from one's home is hard enough. But many refugees and immigrants are also separated from their families. And many are being victims of violence, rape, torture, and enslavement. Any one of these factors alone could result in PTSD.

For refugees, "the social fabric has been ripped," says Beth Farmer, LCSW, who directs a trauma and torture treatment center. PTSD behavior such as panic attacks or "numbness" can be misinterpreted by those around them as anything from peculiar to dangerous, adding to the precariousness of their position.

Unfortunately, today the polling atmosphere can compound the danger of developing or worsening PTSD. Associations and journals say social workers are urgently needed in this area—and those who are bilingual or multilingual can make a world of a difference.

If you are interested in pursuing your Master's in Social Work, or even if you're simply interested in discussing the program, please reach out to an Enrollment Counselor at (207) 221-4143 or via email at socialwork@une.edu. We look forward to hearing from you!

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UNE Online infographic: PTSD in Veterans. Understanding the Problem. There are 18.9 million veterans in the U.S. 20% of them have PTSD. 11% of the war's aggressors return home experiencing PTSD. Only 18% of veterans with PTSD seek treatment. 20% of returned veterans struggle with substance abuse. More than 1/5 of military families experience mental health issues each day. 22 veterans commit suicide each day. Suicide is 21% higher among veterans than U.S. civilian adults. Serving Those Who Served. Nearly 2 million of 9,000 U.S. service members experience PTSD each year. 210,859 veterans in the U.S. with PTSD and/or major depression.

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Five Social Work License Myths: BUSTED

April 24, 2017 / By Monique Gaudet / Online Graduate School Social Work Licensure Master Of Social Work Social Work



Get the facts on social work license regulations and requirements

Do you need a social work license? How do you get it? Is it worth it?

Licensing in social work has become a source of confusion and misinformation, especially given the evolving process and varying requirements. But fear not! Here we examine the truth behind five licensure beliefs.

Belief #1

All social workers must obtain a social work license

FALSE

This is a common misconception. Licensing regulations vary from state to state, with some requiring licensure, some requiring certification, some requiring registration—and most being tricky to navigate. Check out UNE's State Licensing Requirements to find requirements for the state you want to practice in and to see if you'll need an MSW, LSW, LCSW, or LISW.

UNE's MSW program is aligned with State of Maine social work licensing requirements. Because licensing requirements vary by state, we encourage you to research the requirements for the state in which you intend to practice.

Belief #2

Licensing protects the public

TRUE

Professional licensing is a state's best effort at protecting its citizens from professional misconduct and malpractice. Holding a license binds you to a certain code of ethics or conduct that has the public's best interest in mind. And when you're dealing with sensitive matters like public health, safety, and welfare, it's important to follow the rules. That's why every state, the District of Columbia, each U.S. territory, and all 10 Canadian provinces regulate practice.

Belief #3

Having a social work license gives you more credibility

TRUE

It's no surprise—people usually feel more comfortable in the hands of professionals with acronyms at the end of their names. Licensure credentials may not always signify better care, but in the field of social work, those letters allow you to advance professionally and command higher salaries. In some settings — particularly in healthcare — having a license establishes your credibility with colleagues, building trust and opening up more opportunities to collaborate. Being licensed also enables you to request reimbursement for your services from insurance companies and is often the only way to receive direct payment.

Belief #4

Social Work licensing laws protect practice and title

NOT QUITE

States that require licensing for social workers can do so by legally restricting the title of "social worker" or the practice of "social work" — or both. Such laws stipulate that only qualified personnel may practice social work or hold the title, further increasing the credibility of your license. Currently, 45 U.S. jurisdictions protect title and practice, while four protect title only and four protect practice only.

Belief #5

Acquiring a social work license is easy

FALSE

We won't lie to you. Beyond the knowledge, discipline, and determination required to get your social work license, the hoops you have to jump through to get licensed can be exacting. Your state's chapter of the National Association of Social Workers makes the process easier, and when you get your dream social work job, you'll be glad you went the extra mile to earn your license.

If you are interested in pursuing your Master's in Social Work, or even if you're simply interested in discussing the program, please reach out to an Enrollment Counselor at (207) 221-4143 or via email at socialworkonline@une.edu

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June 12, 2017 / By Monique Gaudet / Online Graduate School

Panic attacks, depression, loss of weight and appetite, and a recurring sense of hopelessness have become a regular part of Mustafa's life. He now lives in Germany, far from a war zone, but his past experiences of detention, torture, and living amid death and destruction still haunt him.

"I don't go out a lot. I have problems with trust. I cannot trust people because in Syria you cannot trust anyone," he told Al Jazeera in an interview under a pseudonym for his safety.

Mustafa's story is all too common.

Rising need, lagging recognition

The United States has seen over 600,000 refugees from Somalia, Vietnam, former Soviet republics, and beyond settle throughout the country since 2000. Studies estimate that 10 percent to 40 percent of these adults and 50 percent to 90 percent of these children suffer from post-traumatic stress disorder (PTSD), including intrusive memories, hypervigilance, intense distress at environmental triggers, disassociation, and chronic problems with mental functioning, like outbursts of anger and difficulties concentrating.



The prevalence of PTSD is not surprising when you consider the traumas many refugees have endured. What may be surprising: how often it goes undiagnosed and untreated. Although PTSD is included in the CDC guideline for screening newly arrived refugees, the institutions that process and serve refugees may lack the training and resources to deal with PTSD issues.

This means that many cases of PTSD go without timely identification and treatment.

And this is critical to managing PTSD symptoms. "PTSD does not have to last forever, but when it remains untreated, it can certainly last a lifetime." Shreya Mandal writes in Social Work Helper. With refugees, it's particularly critical given the challenges they face adapting to a new culture, language, and community—sometimes in less-than-welcoming conditions.

Social workers, with their knowledge of trauma and abuse, presence in the community, and commitment to social welfare and justice, are well positioned to help. Here are a few ways.



Processing traumatic memories

For refugees, every stage of the journey can be filled with trauma. "Pre flight" they may have witnessed political violence, social upheaval, physical or emotional harm to family members, even murder. Some, such as child soldiers, may have inflicted violence themselves. "Flight" often involves a treacherous journey fraught with peril, hardship, and uncertainty. After arrival, detention, separation from family members, racism, and abuse are too often part of the experience.

Through their understanding of PTSD symptoms and knowledge of appropriate evidence-based treatment practices, social workers can contribute greatly to timely, accurate PTSD diagnosis and treatment.

Through Trauma-based Cognitive Behavioral Therapy (TR-CBT), for instance, social workers can carefully guide refugees through disturbing memories while weaving in therapeutic elements such as relaxation techniques. With imagery, refugees can imagine a traumatic event with an intention that causes a more favorable outcome, and with narrative exposure therapy, they can tell their trauma stories in a ritualized fashion to defuse the emotional repressors.

In cases with language barriers, or where verbalization is an issue (with children, for example), Eye Movement Desensitization and Reprocessing (EMDR) helps clients use eye movements, sounds, and repetitive motions to create new associations for traumatic memories and reduce sensitivity to triggering events.

Preventing self-harm

According to research done by Germany's chamber of psychotherapists, roughly 40 percent of asylum seekers have suicidal thoughts. Social workers can raise awareness of this situation and help immigration officials understand the symptoms to look out for.

In direct practice, they can bring evidence-based practices to refugees at risk. As one example, having an actionable crisis plan—say, a card with warning signs, coping strategies, and people to call—has shown measurable suicide prevention success in the veteran community.

Enabling participation in society

Even after many of the physical dangers of flight are gone, resettlement presents challenges of its own. Refugees must deal with loss of culture, community, and language while adapting themselves and their family members to a new environment. Meanwhile, refugees may feel numbed by past events, with limited ability to cope.

Here, also, a social worker's toolkit of evidence-based practices can help. To assist with day-to-day functioning, Acceptance and Commitment Therapy (ACT) can help refugees tap into values they admire—like the strength and courage of a well-loved fictional character—to cope with debilitating symptoms like panic attacks. For overall healing, ACT can help refugees find meaning in trauma, and move forward in values-based action.

Educating and advocating

As a social worker, you can play a valuable role for refugees outside of clinical practice as well. In immigration detention facilities, for instance, outdated tools, outmoded diagnostic resources, and under-treatment, remain common. You can work with these organizations to integrate current, evidence-based frameworks into their work and into the legal and correctional system overall.

And through your understanding of the clinical, cultural, and societal aspects of trauma, you can help educate policymakers and the public about the importance of PTSD identification and treatment in refugees and the need for PTSD-specific training and resources in refugee-serving organizations across the country.

Through all these actions and more, you'll be helping individuals adjust and communities adapt in the wake of some of our world's most horrific events—which is what social work is all about. As PTSD therapist Hannah Murray relates in The Guardian:

"Trauma memories are not forgotten, but they can fade. Through treatment, clients achieve goals which many of us take for granted, like sleeping through the night without nightmares, or meeting new people without fearing they will be attacked. Things which were previously out of reach because of their symptoms, like working and having relationships, become achievable."

Current events

The National Child Traumatic Stress Network invites you to join them in observing World Refugee Awareness Month, and, on June 20th, World Refugee Awareness Day. In doing so, we focus on the millions of refugees who live around the globe, recognizing their plight as well as their valuable contributions to our communities.

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