1. **Summarize your experiences this week and describe how these relate your Learning Plan's 9 core competencies and 21 practice behaviors.** Not all competencies and practice behaviors may apply each week, but all should be covered throughout the duration of the field experience. Be sure to highlight what you *learned* (e.g. Trauma Informed Practice impacting issues related to micro, mezzo and macro practice; empowerment of individuals, families, and small groups faced with personal and societal challenges; special needs of diverse populations, agency practices and policies), *skills you developed or refined* (e.g. practice with individuals, families, and small groups; practice with client system engagement, assessment procedures, interventive strategies, and evaluation skills), and *qualities you exhibited* relate to core social work values and ethics. (e.g., professionalism, empathy, persistence; relaying understanding of the impact of historical patterns of oppression upon client populations-at-risk; articulating how forms of social discrimination and vulnerability relate to your agency’s organizational practices and services).

**Competency 1—Demonstrate Ethical and Professional Behavior**

a. Know the social work values, ethics, roles, and interpersonal boundaries necessary for trauma-informed practice.

When interacting with students in the school setting, I continue to observe a significant connection between setting events and challenges at home and school performance and behavior. School Social Workers have a challenging task to address school challenges (behavior and academic) while taking into account difficult home lives, lack of basic needs being met, and mental illness.

b. Identify and differentiate the signs and symptoms of secondary traumatic stress/vicarious trauma, compassion fatigue, and burnout.

To promote self-care, I took the time to read a book of my own personal preference.
Because it was a stressful first week back at school, I read the rest of the evening. I have not noticed any burnout, but because of this, the clients served are happy and have gone above and beyond expectations to rehabilitation.

c. Know the interplay of culture, spirituality, and ethnicity as they relate to the experience of trauma.
Exhibited ethical standards when situations regarding confidentiality arose. Skills used in a group setting include empathy, therapeutic communication and seeking safety.

Competency 2 – Engage Diversity and Difference in Practice
a. Know that the intersection of race, class, gender, sexual orientation, religion, and national origin results in disproportionate trauma exposure, access to services, and social support resources.
I had to modify and adjust my approach to different group sessions based on the make-up of the client population and the goal of the group.
b. Use knowledge about differences to modify assessment and intervention strategies with individuals and communities.
During the group, I have been learning how to balance individual clients within the group. At this point, I feel like I am refining my therapy skills with individual clients as well as within the group. I am learning to engage quieter clients and am becoming more comfortable leading sessions.

Competency 3 – Advance Human Rights and Social, Economic, and Environmental Justice
a. Understand that societal exposure to oppression, social injustice, and denial of fundamental human rights represent a traumatic abuse of power that ruptures expectations of trust and security.
Attended an agency presentation on Hoarding Disorder, led by my supervisor. We discussed company policies & ethical issues.
b. Recognize the interconnectedness of social justice, human rights, and trauma.
Spent time this week helping our clients with housing and employment issues. Many find it difficult with their mental health issues and past criminal charges/convictions

Competency 4 – Engage In Practice-informed Research and Research-informed Practice
a. Understand the impact of trauma on brain structures and biological processes, including impairments in memory, cognition, attachment, affect regulation, and long-term somatic responses.
This week I worked really hard on being straightforward with students who had other agendas for their time in the counseling office. I listened to what they wanted to do, but if it was not relevant to what we had discussed previously or was not therapeutic at all, I acknowledged their thoughts but also brought it to their attention that they may have felt uncomfortable discussing what we had discussed. I strive to be more straightforward with all clients in general as a practitioner.
b. Understand that ongoing neurobiological maturation and neural plasticity create continuing opportunities for recovery and adaptive developmental progress.
Not dealing with an unresolved trauma exposure issue can have a negative impact on either an individual, a family, organizational, and community functioning. We have a female individual who is about 25 and has had severe sexual trauma in her past. She is low functioning, at the level she was at when the abuse started. My supervisor as well as professors, have always said to start where the client is. My supervisor also has mentioned to start at the developmental stage it occurred in.

c. Demonstrate how trauma-informed and evidence-based research, that is, neurobiology and resilience, informs trauma practice.
I have been able to spend more and more time with the students in need of assistance in the schools and have continued to build my skills in terms of assessing and communicating. I continue to practice solution-focused skills, particularly when working with parents of challenging students, as they are often overwhelmed and even discouraged. Additionally, I continue to practice my skills when working individually with students.

Competency 5 – Engage in Policy Practice
a. Recognize that the deleterious effects of trauma across populations and stages of life are sufficiently pervasive to constitute a public health crisis that requires significant local, state, national, and international policy responses.
At my agency, there is welcoming staff, and the artwork which were all empowering, culturally diverse, done by the clients, is also calming. Clients are encouraged to provide immediate feedback. This was mentioned frequently with staff wanting to know how the client may feel about a minor or major change. There are also a few things that will be changed such as having soothing kits (play dough, etc.), comforting music, having a bike rack, and having both English and Spanish reading materials available in the reception area.

I spent time looking into recent history of policy/practice changes in regional mental health care.

b. Promote the application of trauma-informed practice in advocating for justice for victims and perpetrators
I participated in multiple meetings to support children and families in different phases of the IEP process including Child Find/Disability Suspected meetings in the Special School setting. I was able to experience the family perspective about the emotional impact of assessment and identification, and I will process with my supervisor how to minimize or eliminate that impact.

Competency 6 – Engage with Individuals, Families, Groups, Organizations, and Communities
a. Synthesize and apply relevant theories of trauma and recovery in therapeutic relationships, organizational culture, and systems of care.
This week was centered on creating group for children survivors of abuse revolving around a certain curriculum. The research done showed the following ideas: seeking safety, self care, outlining of social support systems and how to process potential trauma that may arise in a group. This student also continued to research Thera-play and how to use that intervention to help students self-regulate in group settings.

b. Mobilize the strength of clients and systems to enhance individual, family, and
community resilience
We made decisions together regarding what to do when a client mentioned homicidal ideations, as well as what to do regarding a newly realized diagnosis. We were able to draw on our differing perspectives and experiences to make the decisions that we thought were in the best interest of the group members.

Competency 7 –Assess Individuals, Families, Groups, Organizations, and Communities
a. Assess organizational policies for their potential to strengthen trauma-informed evidence-based programs and practices and evaluate organizational readiness to engage in such change.
I learned how to conduct a Preference Assessment and a behavioral assessment to address behaviors, coping skills, and safe behaviors for one of the students I have spent time with this year. There are many different types of assessments available to School Social Workers, and I have been able to observe and then learn to conduct some of these assessments with the children in the special education programs.
b. Know the impact of trauma on coping behaviors and risk and protective factors in conducting assessment and diagnosis.
Experienced practice with individuals during spontaneous sessions when children came in with an immediate problem. The ability to do a quick assessment, intervention and wrap up was further practiced.

Competency 8 –Intervene with Individuals, Families, Groups, Organizations, and Communities
a. Use strategies to establish a sense of safety for a collaborative therapeutic relationship. I used professionalism, ethical practice, sensitivity to diversity and trauma (trauma-informed care), and empathy skills when intervening with clients and their families.
b. Implement concepts of trauma-informed social work practice into organizational culture.
Met with agency staff to prepare for the STEPPS group. Then I led one session with a youth group and co-led two sessions with an adult group. After the STEPPS group, I processed the sessions with supervisor.
c. Know the range of empirically supported trauma treatments and know the differential selection and application of evidence-informed research across populations.
During supervisory session, discussed planning for next group session and explored applicable intervention techniques.

Competency 9 –Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities
a. Recognize the key characteristics of a trauma-informed organization.
I continue to practice new skills of data collection and analysis of the data to then formulate plans to best support students with mental and behavioral health challenges in school.
b. Know evidence-informed indicators of trauma recovery.
Worked on completing surveys for discharged clients, for the both transitional side and crisis side.
2. What connections have you made between your field experiences and your classroom learning? These can be recent or past courses. Please be very specific—identify courses, textbooks, other readings, videos, guest speakers, discussions, etc.

This month, I'm focusing on groups, attending a range of different types of groups, observing process, and practicing skills with clients in this setting. My practicum learning is supported by Prof. Cote's course on working with groups, and the assigned reading Solution-Focused Groupwork, by John Sharry. Preparation for the data analysis is informed by my administrative training from Prof. Onken: I'm doing practice-based research to design/plan an evaluation with my supervisor, which will then inform research-based practice.

I observe my practicum supervisors utilizing strength based approach even with the most challenging students. In conducting various assessments and establishing interventions, I have learned about utilizing the strengths of the child and practiced “coaching” teachers to hone in on individual strengths when working to help children feel successful and safe at school.

This student was able to take the knowledge learned in researching TIC and Thera-play and create a tentative outline for the group sessions. The children will decide what topics are discussed in each group, but as the leader this student will ensure these ideas are implemented into each session.

Utilized Practice 1 Class strategies on seeking safety and these skills were utilized in the initial group meetings. Utilized Practice 2 Class strategies with groups outlined skills involving a TIC group.

I made connections between what I am learning in the Practice with Groups class and the STEPPS group in my field placement. This week, we were able to integrate some of the solution-focused questions into the group. We were very open in allowing the group members to dictate what we spent the majority of time on, and did not make them feel forced into going with the general ‘routine’ of the group process. We also ended the session by asking them what was most helpful.

I am still trying to find ways to work narrative ideas into my sessions, but one student really blossomed this week when telling her life story. She embodied what the telling of a life story from her perspective should be like.

3. Please add other reflections or questions about your field experience this reporting period (if applicable) and talking points for next supervision meeting with your agency instructor (required).

For episodes of care criteria, what might replace the GAF?
Magellan uses the CHI. Do the new MCOs have their own equivalents of the CHI?

Is the WHODAS 2.0 (recommended in DSM 5) an option?

Is there research/review of best practices that I could be doing to prepare for the data analysis?

Schedule to attend a Disability Suspected (DS) meeting and an IPE meeting for a student at each level (elementary, secondary)

The plan for supervision is to discuss current groups and client caseloads and how to move to the next stage in the TIC treatment plan for each case.

A plan will be discussed on how to finalize practicum hours in the last month of the placement.

Processing recent sessions

Processing thoughts about future jobs

Discuss resistive client engagement techniques

Explore various self-care strategies

Share professional development opportunity that I would like to attend

Review ratings and comments on midterm or final eval in preparation for liaison visit

Review learning plan activities

Schedule shadowing of other agency staff

Prepare for community coalition meeting

Schedule 1:1 sessions/group sessions for the next month