

Describe something you have learned this week

Complex Trauma

Complex trauma refers to both the exposure of children to several traumatic incidents, frequently of an intrusive, interpersonal type, as well as the wide-ranging, long-term consequences of this exposure. When these occurrences occur, they are severe and widespread, such as abuse or severe neglect (Kliethermes et al., 2014). They often manifest themselves early in life and have the potential to interfere with many elements of a child's development, including the establishment of a sense of self. Because these occurrences frequently take place in the presence of a caregiver, they have a negative impact on the child's capacity to build a stable relationship. Many facets of a child's healthy physical and mental development are dependent on this first and most important source of security and consistency in their lives.

Complicated trauma, as defined by Judith Lewis Herman (1992) shares many characteristics with standard symptoms of post-traumatic stress disorder (PTSD), such as:

- Anxiety
- Flashbacks
- Avoiding situations that remind you of the traumatic events

Complex trauma can also;

- Distort the sense of self
- Make it challenging to control emotions
- Cause relationships trials

Reference

- Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of traumatic stress*, 5(3), 377-391.
- Kliethermes, M., Schacht, M., & Drewry, K. (2014). Complex trauma. *Child and Adolescent Psychiatric Clinics*, 23(2), 339-361.

1. What is the significance of this learning and the experience gained for you in your social work practice? (e.g., personal impact / reactions / values etc.)

As a social worker, this is important information to have in order to practise. In certain cases, childhood trauma is the root cause of difficulties, and I can use an approach that places presenting problems in the context of the client's traumatic experiences rather than trying to treat the trauma directly in the client's life. I am also able to see the relationship between trauma and other societal concerns such as oppression, poverty, and substance abuse that clients are dealing with.

2. How does this relate to any previous practice experience or life experience, and what is the relevance of this to your learning?

Having been brought up in Kenya, I never understood the effects significant events could have on me as a child and the long-term effects of such occurrences. Social work as a profession is not a well-developed industry in Kenya and when children face traumatic effects, little to help is done. My social work experience has taught me the value of trauma-informed practise when working with clients who have experienced complicated trauma. Safety, trust, cooperation, choice, and empowerment are essential elements of trauma-informed social work. As a consequence of this training, I am now able to identify early adversity in clients' lives, interpret presenting concerns as indicators of maladaptive coping, and appreciate how early trauma influences a client's fundamental worldview and psychosocial functioning throughout life. (Levenson, 2017).

Reference

- Levenson, J. (2017). Trauma-informed social work practice. *Social work*, 62(2), 105-113.

• How does this learning relate to the AASW Practice Standards? (Identify the standards that apply and briefly comment on the relevance of these standards)

Standard 4.2: Understand and articulate social work and other relevant theories and concepts

Social workers should be able to demonstrate a comprehension of human development and behaviour, systems theories, personality development, and life cycle phases, among other things. Understanding human development and how traumatic experiences may influence individuals at different developmental stages is important for social workers to be successful in their careers. Trauma-informed social workers draw on their trauma knowledge to respond to clients in ways that convey respect and compassion, honour self-determination, and encourage the rebuilding of healthy interpersonal skills and coping mechanisms.

Reference

- Australian Association of Social Workers (2013). *Practice Standards*. Retrieved from <https://www.aasw.asn.au/document/item/4551>

3. How does this learning relate to any reading you have done? (*Identify the reading and briefly comment on the relevance of this reading*)

In their paper on Trauma informed practice in social work, Knight & Borders (2018) adult survivors of childhood trauma are a particularly tough group of clients to work with because of the long-term impacts of their abuse as well as the challenges they are experiencing in their current lives. Accordingly, social workers neither dismiss nor focus entirely on the client's prior trauma, but trauma-informed practise is attentive to the ways in which the client's current issues may be understood in the context of the client's previous trauma. For a social worker to engage in trauma-informed practise, he or she must grasp how the working alliance may be used to treat the long-term consequences of the trauma. The emphasis is on assisting survivors in understanding how their history has influenced their present, as well as on empowering them to manage their current lives more successfully, employing key skills of social work practise.

Reference

- Knight, C., & Borders, L. D. (2018). Trauma-informed supervision: Core components and unique dynamics in varied practice contexts. *The Clinical Supervisor*, 37(1), 1-6.

4. What theories or learning/knowledge from other social work units are relevant to this learning and how does this apply to social work practice? (*Briefly identify the theory/social work knowledge and briefly comment on the relevance of these*)

Cognitive development theory

The theory, which was developed by Jean Piaget, asserts that children progress through four stages of mental development, beginning with Sensorimotor and progressing through preoperational, concrete operational and formal operational stages (Babakr et al., 2019). The way children engage with the world around them, they are constantly adding new knowledge, building on current knowledge, and modifying long-held beliefs in order to fit newly acquired information. Children who have experienced complex trauma, on the other hand, have brains that grow differently because the brain chemistry is affected and the actual brain structure might be severely damaged, resulting in complex trauma.

Reference

- Babakr, Z. H., Mohamedamin, P., & Kakamad, K. (2019). Piaget's Cognitive Developmental Theory: Critical Review. *Education Quarterly Reviews*, 2(3), 517-524.

5. What are the implications of this learning for your future social work practice?

The practise of trauma informed care is becoming increasingly popular in social work, owing to the fact that traumatic experiences are becoming more prevalent and that their consequences can be detrimental (Briere & Scott, 2014). Despite the fact that trauma and trauma informed care are difficult concepts to grasp, a deeper knowledge of them allows social workers to care for the needs of their clients from a more holistic viewpoint. As a result, I intend to increase my knowledge of complex trauma in order to improve my capacity to use trauma informed therapy while dealing with clients who have experienced trauma.

Reference

- Briere, J., & Scott, C. (2014). Principles of trauma therapy: A guide to symptoms, evaluation, and treatment, (2nd ed), DSM-5 update. Thousand Oaks, CA: Sage.