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### Ethical Standards of Human Services Professionals in Trauma Informed Care Across Diverse Settings

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Ethical Considerations of Human Services Professionals in Trauma Informed Care Across

Diverse Settings

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East Tennessee State University

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### Abstract

Ethics are important in every aspect of our professional lives. Actions have consequences and in the Human Services field, decisions that we make will potentially directly impact our clients. A human services professional's responsibility is to care for their clients and provide them with the appropriate resources needed to succeed in their daily lives. When a professional begins working with a trauma victim, they must be sure to assess their ethical behaviors and provide proper resources to the victim. This work is often referred to as trauma informed care which goes beyond the typical helping process of professionals. It is a unique kind of care that requires a great deal of time and dedication in order to help the client through the difficult experience of trauma.

*Keywords:* human services, professionals, ethics, mental health, trauma informed care

## Ethical Considerations of Human Services Professionals in Trauma Informed Care Across

### Diverse Settings

#### Introduction

Ethical standards in the Human Services profession are the basic building blocks of how we care for and provide services to clients in order to help them reach their goals. When working with a client who has been exposed to trauma during their life, professionals must be sure that they approach this situation with extreme care and caution. Upon detailed examination of the literature available, there is a significant gap in research focused on the ethical considerations in trauma informed care settings. This thesis is a conceptual piece that examines ethical standards in human services, the importance of providing trauma-informed care in a variety of settings, and the implementation of trauma-informed care practices in educational settings.

#### **Ethical Considerations of Human Services Professionals in Trauma Informed Care**

The National Organization for Human Services (NOHS) postulates that the human services profession is built upon several fundamental values which include respecting the dignity and welfare of all people, promoting self-determination, honoring cultural diversity, advocating for social justice, and presenting actions of integrity, honesty, genuineness, and objectivity (NOHS Ethical Standards, 2015). These values ensure that a professional must pay specific attention to their responsibility to their clients, the public, colleagues, employers, the profession, themselves, and students (NOHS Ethical Standards, 2015). Although these standards for professionals do typically seem to follow similar guidelines across all fields of work, there is a greater need to stress the importance of ethical considerations when it comes to trauma informed care. The Substance Abuse and Mental Health Services Administration defines trauma informed

care as a strengths-based approach that is grounded in the understand of and responsiveness to the impact of trauma and it emphasizes physical, psychological, and emotional safety for all providers and survivors (SAMHSA, 2014). This care creates the opportunity for survivors to rebuild a sense of control and empowerment. The SAMHSA (2014) defines the trauma informed care approach as one that includes providing organizational safety, trustworthiness, transparency, cultural sensitivity, collaboration, and empowerment among staff and clients. This helps to shift the focus from “what is wrong with you” to “what has happened to you”. This approach works to create a safe, accepting, and respectful environment for the people who have been exposed to trauma.

Trauma is not a subject that is foreign to people in our society. Nationwide community studies have found that approximately sixty percent of children and adolescents have a history of exposure to a potentially traumatic event. This could be in the form of abuse, neglect, divorce, family violence, untreated parental mental illness, poverty, and more (Bartlett, Smith, & Bringewatt, 2017). Around thirty-nine percent of American adults have experienced at least one traumatic event before the age of thirteen (Briggs et al., 2012; Gerson & Rappaport, 2013). Trauma can cause a number of physical and mental health problems that often require the services of different medical and mental health professionals. Medical professionals can diagnose and treat certain conditions like behavioral and mood disorders, but sometimes it is necessary to go beyond the medical realm and access the services of other helping professions.

Human services professionals must abide by specific ethical codes and laws while working with clients. Ethical parameters, individual responsiveness and trauma-informed, responsible care will be discussed throughout this paper. I will begin by highlighting the various ethical standards in the Human Services profession that guide all professionals in their daily

work. The concept of trauma informed care will be introduced and case studies in various settings will be provided to warrant the need for proper training in this area. I will conclude this paper by explaining the need for proper education in all university settings in trauma informed care to better prepare future professionals for their line of work.

### **Ethical Standards of Human Services Professionals**

The Ethical Standards for Human Services Professionals from the National Organization of Human Services (NOHS) was adopted in 2015. It is the foundation of all ethical standards in the human services profession and highlights the responsibilities of all professionals in this field (NOHS Ethical Standards, 2015). The field of Human Services is designed to meet the needs of people and the various problems that they may face. This field recognizes that clients come from diverse backgrounds and environments that influence their lives. (NOHS Ethical Standards, 2015). Clients who have been affected by trauma often experience problems that can impact their overall health and wellbeing. Professionals should be ready to address these issues and help the client create a more positive outlook. Examining these ethical standards will create a clearer picture of how clients are supposed to be treated and what this may mean for those who have been exposed to traumatic circumstances.

When professionals are making decisions, they may often run into conflicted situations in regard to laws, codes, cultural practices, credentialing boards, and their personal values and beliefs (NOHS Ethical Standards, 2015). If a client is a victim of trauma, the ethical decision-making process may become more challenging because the client may have a difficult time explaining or regulating their emotions, and the trauma they have endured can have lifelong effects (Ehring & Quack, 2010). Therefore, during the initial visit, the professional should

evaluate client narratives and seek clarification where necessary. In addition, the professional should reflect on their own limitations and discuss parameters of confidentiality.

It is important to highlight the distinct responsibilities that human services professionals have to their clients. As stated throughout the NOHS Standards 1-9, professionals should be working every day to recognize the needs of the client and builds upon the client and community strengths. They also must be careful to obtain informed consent when providing services and protect the client's privacy and right to confidentiality. It is important to keep the client and all of their information private unless there is a potential danger to the client or others (NOHS Ethical Standards, 2015)

Professionals also have certain responsibilities to their colleagues and employers as noted in the NOHS Standards 19-22; 23-25. They must make sure that their colleagues are also upholding the ethical standards of the profession. If a problem was to arise in the workplace, professionals should take every measure to resolve the issue. They should begin by seeking out the colleague to manage the problem first and if it is not resolved, they will seek help from their supervisors or consultants (NOHS Ethical Standards, 2015). They also have responsibilities to their employers so that well established work environments are in order. A better work environment has shown to create increased client success (NOHS Ethical Standards, 2015).

Those professionals working with trauma exposed clients, may find it helpful to highlight strengths and build upon them, leading clients to feelings of mastery and control. Professionals can also help clients achieve a sense of autonomy by assisting them in building themselves up again and providing proper resources. Personal autonomy is widely valued because an individual is able to engage in self-regulation and successfully monitor their own needs and desires (Entwistle et al., 2010). They can help clients avoid making choices that could potentially cause

them harm and find new decision-making strategies. Many times, the client may not know where to turn and resort back to their old habits because of fear. Since health and well-being is very important for clients, human services professionals can help to find new interventions that will address the challenges that clients face. Clients ultimately want to feel as though they are being heard and understood by the professional due to the trauma they have faced in the past. Professionals must be sure that they are fulfilling all of their responsibilities while acting in an ethical manner.

### **Providing Trauma Informed Care: Case Studies**

To illustrate the importance of trauma informed care practices, three case studies are provided. These studies demonstrate the varied circumstances in which trauma informed care can be utilized and the diverse outcomes that may result. We can begin by examining how it impacts the work of primary care physicians who are working with patients with a traumatic past. The case study, “Providing Trauma Informed Care”, follows the work of a primary care physician working with a fifty-two-year-old woman who has revealed that she has experienced a significant amount of sexual trauma in her past (Ravi & Little, 2017). Due to the nature of this trauma, the physician chose to change the method of care in order to respect the needs of the client. The client experienced discomfort with the traditional testing and examinations required by physicians which influenced the importance of TIC in a medical setting. Ravi and Little (2017) adopted the trauma informed care (TIC) approach from a primary care physician’s point of view to express the importance of TIC. They further defined trauma as any experience of violence or victimization, including sexual, physical, psychological abuse, neglect, loss, domestic violence, terrorism, or disasters (Ravi & Little, 2017). Trauma can affect any person no

matter their age or sex. Trauma has a significant impact on the health of a person and many people are subject to chronic health problems and mental health issues later in life.

When examining the impact of trauma informed care, Ravi and Little (2017) expressed that professionals should look at the four R's: (1) realizing the impact of trauma, (2) recognizing the signs and symptoms of trauma, (3) responding by fully integrating knowledge about trauma into the policies, practices, and procedures, and daily seeking to resist (4) re-traumatization. Since trauma can be difficult to see and understand, professionals are encouraged to educate themselves as much as they can about this issue. Trauma is different for every victim and can vary depending upon the type, frequency, and duration. Those who are at risk are typically exposed to high risk situations, high amounts of stress, or underrepresented or minority populations (Ravi & Little, 2017). Trauma induced symptoms are often quite vague and may be mistaken for somatic symptoms including headache, stomachache, anxiety, and lethargy (Substance Abuse and Mental Health Services Administration, 2014). In order to cope with the symptoms that are experienced due to trauma, many victims will seek out maladaptive behavioral patterns like unhealthy eating practices, violence, smoking, alcoholism, and substance abuse (Ravi & Little, 2017; Augsburger et al., 2017). When approaching a trauma victim, a physician may need to change their care strategies and incorporate strategies to create comfort for the client. This includes emphasizing confidentiality, using prompts to normalize past trauma, being prepared to respond to clients with empathetic responses, and providing resources after the appointment is over (Ravi & Little, 2017).

Trauma informed care is versatile and can be used in a variety of professions. The following study was done through the Arkansas child welfare system where the state has one of the highest rates of substantiated child maltreatment (Conners-Burrow et al., 2013; Gillespie,

2018). Many of the children in Arkansas have been exposed to a number of traumatic events and have been placed in foster care. These factors can deeply impact a child's emotional, psychological, and cognitive wellbeing. The use of a trauma informed care approach is important to all front-line child welfare workers in order to prevent system induced trauma, encourage timely assessment, triage, and referral for care (Conners-Burrow et al., 2013). The state of Arkansas created a plan to introduce trauma informed care training to the workforce. The first phase was to target all area directors and supervisors in the welfare system and they were asked to attend training sessions using the National Child Traumatic Stress Network (Conners-Burrow et al., 2013). The second phase was to target all front-line child welfare workers who were asked to attend a one-day training session. This is due to the time restraints that were brought on by this field of work. The training session was designed to increase awareness among welfare workers of the effects that trauma has on children, promote screenings, assessments, and treatment, and to coordinate care with other kinds of services agencies. Researchers found that attendees of the various training sessions felt that the process was highly successful and workers gained an array of knowledge on trauma informed care practices (Conners-Burrow et al., 2013).

Trauma informed care is unique because it does not require that a professional know the exact nature of the trauma in order to approach and care for the client. Clients should feel comfortable to disclose information without fear of judgement and trust that the professional is there to help (Menschner & Maul, 2016). Trends have shown that a history of trauma can create a barrier to TIC strategies because victims may not feel comfortable expressing their thoughts and feelings (Ravi & Little, 2017). Many professionals find it particularly helpful to incorporate assistance from outside sources (e.g. family, friends, etc.) into the care strategies which may allow the client to feel more comfortable (Menschner & Maul, 2016). Clinicians should also be

aware of the language that they use when talking to or describing their client. Proper language can help to improve the client's opportunity to continue receiving sensitive, trauma informed care in the future. Just like in a primary care setting, TIC should be designed to meet the needs of each individual client. Professionals believe that implementation of TIC practices should be done immediately to begin to combat trauma and its effects (Ravi & Little, 2017).

In a case study from the Substance Abuse and Mental Health Services Administration (SAMHSA) (2014), a twenty-two-year-old woman was mandated to outpatient mental health and substance abuse treatment as an alternative to incarceration. The woman was arrested and charged with assault after she engaged in a brutal fight with another woman on the street. After intake, this woman reported that she has a lengthy history of alcohol abuse, depressive episodes, and severe physical abuse. When given orders to attend group therapy, this woman was opposed to this idea and did not want to hear other people talk about their feelings. After attending the group therapy for several weeks, she reported that she felt that she was disconnected from the other group members and did not understand the true purpose of the group (Substance Abuse and Mental Health Services Administration, 2014). She believed that she had no problems and did not understand why she was in need of treatment. Group members explained that she seemed to feel no empathy and had a flat affect even during the most emotional circumstances. Mental health professionals believe that the woman was numb to the circumstances in her life due to her history of trauma. Numbing is a biological process whereby emotions are detached from thoughts, behaviors, and memories (Substance Abuse and Mental Health Services Administration, 2014). The woman did not understand the severity of her problems because she had been so disconnected from her needs for most of her life. She felt no emotion towards

circumstances that she had faced in her past and did not understand the need for a change that could greatly impact her future.

In New Delhi, India, the Udayan Care's Child and Youth Care Model is a group of small group homes that provide care for twelve children at a time. These children have been exposed to traumatic events in their home life and are relocated to these group homes to begin the healing process. Over nine hundred children have been a part of this program over the last twenty-five years (Modi & Hai, 2019). Each home has two full-time residential caregivers, three to five long-term volunteers, social workers, and a part-time mental health professional. These children are supported through education, talent, and skill development while they are living in the home. At age 10, a young female, Sonia, fled from an abusive home life and was sent to live with her maternal grandmother. While living with her grandmother, she ran away from home and was found in Delhi by the Child Welfare Committee (CWC) and was immediately sent to the group home (Modi & Hai, 2019). Sonia found it difficult to understand why she was placed in the group home, and she was filled with mistrust as the caretakers of the group home tried to help her. The caretakers determined that Sonia was never able to resolve the first stage in Erickson's stages of psychosocial development which led to mistrust. Sonia worked with the psychologist on a regular basis using the trauma informed care approach so that they could begin to understand her adverse childhood experiences. The first step in Sonia's recovery was to begin learning how to trust people by forming secure attachments. Today, Sonia is still displaying difficult behaviors when the caregivers attempt to calm her down. They believe that she feels as though they are inhibiting her autonomy and instilling guilt and shame in her instead of helping her (Modi & Hai, 2019). The team at the group home continues to work to address the difficulties that she is facing while using the trauma informed care approach. It is important to

remember that every client is different, and some may experience more challenging behaviors compared to others.

Human services professionals are an essential part of the trauma informed care approach, and they can help to provide further resources to victims and collaborate with medical professionals to provide the best overall treatment. With their experience in ethical standards, they are able to provide stability, safety, and confidentiality which may help the client start the healing process.

### **Trauma Informed Care for Youth in Foster Care**

Approximately ninety percent of children in foster care have experienced some kind of traumatic event and nearly half have reported exposure to four or more types of traumatic events (Stein, et al., 2001; Dorsey, et al., 2012). It is evident that trauma informed care practices are necessary to help children move forward with their lives. Children experience all types of trauma (mental, sexual, physical.), so it is important for professionals to be aware of those types and their prevalence. When a child has been exposed to a traumatic event, they may experience trouble with their emotions and behaviors which can directly inhibit their social, emotional, and physical wellbeing (Fratto, 2016). They may begin to experience maladaptive behaviors like aggression, distrusting, or disobeying caregivers (Child Welfare Information Gateway, 2014). This may be their way of communicating other underlying issues which may go unnoticed by caregivers, especially in a busy foster care environment. According to Fratto (2016), childhood trauma is defined as either a single event or prolonged over time. Single events include medical procedures, natural disasters, war zone trauma, and terrorism. Prolonged trauma, also known as complex trauma, includes exposure to family or community violence, neglect, and maltreatment (Fratto, 2016). Children who are exposed to childhood trauma often experience trouble with

social, emotional, and cognitive development and long term mental and physical health problems. They also have a higher risk of developmental delays and social anxiety problems (Fratto, 2016). School officials have noticed a trend because when a child has a history of trauma, they are more likely to be absent and have lower educational achievement. A significant component of TIC practices is creating intervention strategies that are effective and promote meaningful changes to the social and emotional well-being of children. Although there are many types of intervention, Fratto states that using psychoeducation, normalizing behavioral and emotional responses, developing coping skills, processing the traumatic event, and self-empowerment are the most effective types (2016). It is extremely important that anyone working with children in foster care understand that the TIC approach should be used if indicated. If professionals fail to address trauma issues, there is a greater chance that there will be negative long-term public health costs.

### **Trauma Informed Care in Nursing Home Facilities**

As a person progresses through their “golden years” they may begin to feel a lack of control over their health, living situations, friends and family dynamics. When their life situation leaves them with no other option but to move into a skilled nursing facility, this could trigger a sense of trauma which can be harmful to the individual. These individuals may feel as though their life is over because they no longer have the ability to visit family and friends, they often must hand over financial control to another family member, they lose a sense of independence, and feel as though their hopes and dreams no longer exist (Amateau & Gendron, 2018).

For elderly populations, it would be important to have a helping professional who is trained in trauma informed care. An example of this would be an activities director at the nursing facility who could help individuals cope with the trauma they may be experiencing. These

professionals could help the individual by providing them with daily activities, exercise, and a community of support. These activities help build resilience in the individual which will help them adapt to their surroundings and overcome trauma (Amateu & Gendron, 2018). Another example would be a registered nurse who is trained in trauma informed care. Since the nurse is working closely with the client to monitor medications and their health, they could also spot signs of trauma and provide the individual with the necessary means to overcome it.

Trauma-informed care practices are also important when working with an elderly person who has been diagnosed with Alzheimer's or dementia. In a study from a skilled nursing facility, Troy, a longtime resident who has advanced dementia and has recently been experiencing difficult combative behaviors primarily in the late afternoon. These behaviors are known as sundowning which refers to problematic behaviors and psychological symptoms of dementia that arise in the late afternoon (Janssen, 2018). This includes increased agitation, confusion, anxiety, anger, and fatigue. Those who were working with Troy have tried several remedies to keep him calm when he was experiencing these difficult behaviors. This included approaching him with a calm manor, using reassurance, distraction, and positive verbal and nonverbal communication strategies (Janssen, 2018). Although the staff at the facility had been on the right track when using these various remedies, they had not considered the underlying cause of posttraumatic stress or trauma.

Research has shown that there is an interconnection between PTSD and dementia which can be very complex and difficult to spot without proper training. Studies have shown that people with PTSD have a higher chance of developing dementia which could be caused by stress-related changes to the brain and central nervous system (Janssen, 2018). Many of the symptoms of dementia and sundowning may also correlate with symptoms of PTSD. When

working with a client who is suffering from dementia and PTSD, it is important to remember that interventions for managing these behaviors can overlap each other. Knowing which behaviors and emotional states may be related to trauma allows a fuller assessment of environment and situational triggers that should be avoided (Janssen, 2018). Many people may believe that those with dementia will often just forget about their trauma as the disease progresses, but this is not the case. When the brain is changed by PTSD, it places the body and senses on a constant high alert for perceived threats. This can create fight or flight responses and the brain will respond to them in the same way that it would a traumatic event. An elderly person with dementia who was assaulted years ago may experience trauma when they are grabbed by a medical professional who is trying to care for them.

Researchers believe that another important aspect of assessing PTSD/trauma victims who suffer from dementia would be to obtain a personal history on that client (Janssen, 2018). In Troy's case, his dementia was so far advanced, so the nursing home facility contacted his son and daughter in order to gain more information. After meeting with his family, the nursing home facility created a care plan that was sensitive to trauma in his past in order to combat the difficult behaviors that he was experiencing. Over the next few weeks, Troy's behaviors calmed, and he was no longer becoming violent with caretakers. This study has shown how important it is to adopt a trauma informed care approach and be sensitive to the trauma that a client may be facing.

### **Using a Trauma-Informed Framework to Care for Incarcerated Women**

This case study follows a forty-year-old woman who is currently incarcerated at a prison and has just recently made a visit to the prison's health unit. The woman was experiencing extreme discomfort due to her menstrual cycle and needed care immediately. The woman reveals that she has been diagnosed with HIV, hypertension, depression, PTSD, and borderline

personality disorder and has been a victim of sexual abuse (Harner & Burgess, 2011). The researchers explained that although health care is provided for inmates, it often does not address the issues that may be present. Those underlying issues may come from a history of trauma that has never been addressed. Almost ninety-four percent of women who are incarcerated have been a victim of trauma and two-thirds have reported child sexual molestation (Harner & Burgess, 2011). These kinds of trauma can deeply hurt a person and often times they will act out and, in this case, commit crimes. Many women have been forced to steal items from stores by their abusers or they are prostituted for drugs and money. Most women also found themselves in chronic pain after years of abuse and neglect and they do not know where to turn. After the women were incarcerated, they said that the abuse often would continue, and they would receive harassing phone calls and letters from their abusers. Even while in prison, they may be sexually or physically abused by other inmates or prison staff. These women often felt as though they had absolutely no way out of this dangerous cycle (Harner & Burgess, 2011).

Due to the dangers of this situation, incarcerated women are in desperate need of all health care providers to take the issue of traumatization very seriously. Trauma informed care practices must be implemented into institutions so that victims can begin their recovery process and find ways of coping with trauma (Harner & Burgess, 2011). The author outlined a few principles that can be used when working with women in correctional facilities who are victims. The first principle is to understand trauma through looking into past history and current experiences of abuse. This begins by realizing that trauma does not just come from one single event and it is often from multiple events and multiple different types of trauma. The second principle is understanding the survivor and recognizing that the diagnosis is not their full identity. They are so much more than this traumatic event and they deserve to be cared for in

such a way. The third principle is understanding the services which means that the ultimate goal is to provide a sense of autonomy and the return of control to the victim. That is often all that they want back in their life and with these practices they can regain control. The final principle is understanding the service relationship and all that that involves. (Harner & Burgess, 2011).

Although the client and professional should both understand that there is a difference of power between them, there should be room for them to build a healthy, collaborative relationship.

Trauma informed care practices can be helpful to all populations and especially those who are incarcerated. Many people who are incarcerated have experienced a history of abuse and they do not understand how to properly handle these traumatic situations (Harner & Burgess, 2011). When institutions implement TIC practices, they are better prepared to care for offenders and help them improve their physical and mental health as well as find a new normal in their life.

### **Trauma, Ethics, and Self-Awareness**

In a trauma informed care situation, a professional truly may never fully know what kind of situation they are dealing with. Trauma is an individualized topic and it affects everyone differently. When working with individuals impacted by trauma, it is important to be fair and nonjudgmental. For example, take the case of Karen. She went from taking a leisurely walk to being crippled with fear after she heard a dog barking in the distance (Harrington, n.d.). To most people, the sound of a dog barking would not frighten them but for her it was traumatizing. Upon explaining her experiences to a case manager at a mental health agency, the case manager expressed little empathy and explained that she should come back when she had a real problem. However, Karen has been brutally attacked by a dog as a child and as a result has experienced some degree of trauma. Based on her encounter with the case worker, Karen felt as though neither her nor her problem were important.

When working with clients, it is important not to let your own perspectives on a situation cloud your judgement. In situations such as Karen's, a professional should use an empathetic approach to show the client that they are trying to understand how they are feeling throughout their circumstance (Harrington, n.d.). A professional must be sure that their perceptions of traumatic situation do not interfere with their work.

Harrington (n.d.) goes on to create a 'to-do' list that would help clinicians create a trauma-informed care environment for their clients. The author believes that although there is significant study being done in this field, there is still work that needs to be accomplished regarding TIC. The first guideline is that a professional should not judge the client's issue. Whether they believe that the issue is minor or major is completely up to them, but they should not pass judgement on that client (Harrington, n.d.). This corresponds with NOHS Standard 7, that human services professionals are to ensure that their biases are not imposed upon their clients ("NOHS Ethical Standards, 2015). They should be sure that they are empathetic in a way that shows they are attempting to understand the client's feelings. The author states that empathy is better than sympathy (Harrington, n.d.) Empathy is a way of showing that we understand another person's feelings as if we are going through the same problems. Sympathy is a way feeling sorrowful about another person's problems. Taking time to actively listen to the client and using appropriate gestures is a great way to signify that you are taking in everything they are saying. Clinicians should strive to be aware of how their own feelings, emotions, and passions are impacting their work and create an environment that shows they care. Another important aspect that should be shared more often with professionals is that they should set aside time to take care of themselves and know their limits. When you are constantly working with clients and handling their problems, it is very important to care for yourself and take time to do so.



Separating yourself from work when the day is over is very important to keep a professional from experiencing burn-out (Harrington, n.d; Pearlman & McKay, 2008).

When professionals are making a conscious effort to incorporate TIC practices, this will most likely result in a happier, more productive work environment and better outcomes for their clients. They also should make an effort to know about the risk of vicarious trauma which is the state of tension and preoccupation of the stories or trauma experiences described by their clients. This may take the form nightmares, flashbacks, obsessive thoughts, numbing, and even rejecting physical or emotional closeness. Professionals may need to take a step back from their work environment to focus on their own wellbeing. This may be in the form of supervision, counseling resources for the human services professional, group support, and further education on vicarious trauma (Bell, Kulkarni, & Dalton, 2003).

### **Trauma Informed Care Training**

There is an obvious and immediate need for proper training services in human services organizations. An example of this training comes from the University of Massachusetts Medical School, where they work to provide trainings in childhood trauma to help develop, enhance, and strengthen the ability to child-serving professionals so that they can screen for trauma-related symptoms and make referrals (“TIC Training”, 2020). The medical school provides four different types of trauma training and works with medical professionals, law enforcement, courts, schools, advocacy groups, and others. The first training is *Trauma Responsive Care* which is intended for professional and community audiences. This training explores the consequences that exposure to trauma and adversities in childhood have on the lives of youth and families. It identifies different types of trauma, common reactions to trauma, consequences of trauma exposure, and the impact of trauma on brain development (“Trauma Training”, 2020).

The second training is *Trauma's Effect on Youth, and the Consequences in the Classroom* which is intended for use in school systems. This training is split into halves and the first half covers all of the topics discussed in the first training mentioned. The second half focuses on how trauma impacts a student's learning, social, behavioral, and emotional wellbeing, and how to structure classroom activities to meet the needs of traumatized students ("Trauma Training", 2020).

The third training is *Trauma and Parenting Experience* which is intended for caregivers' use. It explores the behavioral, emotional, academic, and social changes that can happen to a child after a traumatic event. It also looks at how trauma impacts brain development and strategies to help a child after a traumatic event ("Trauma Training", 2020).

The fourth training is *The Impact on the Professional: Understanding Vicarious Trauma and Secondary Traumatic Stress*. This training is especially important because working with a child who has experienced trauma can often be very taxing on a clinician. The training identifies the definitions of vicarious trauma, secondary traumatic stress, and compassion fatigue. It also explores potential risk factors that professionals have when working with this population. This type of training is intended to be interactive so that the attendees can be well prepared.

Another example of training comes from the Trauma Institute International (TII) which helps organizations create trauma-informed cultures that increase compassion, resilience, health, and healing on a local and global scale ("Certification Program", 2020). Organizations where trauma informed training is available report having greater employee retention, reduced absenteeism, and increased engagement from the staff. The TII looks at Adverse Childhood Experiences (ACE) to examine the relationships of childhood abuse, neglect, and family dysfunction to problems with health and well-being later in life ("Certification Program", 2020).

The TII knows that knowledge of trauma is not enough, instead professionals must know how to intervene with hands-on applications of their knowledge. The TII offers certification in a variety of forms which allows professionals to choose the best fit for themselves or their organization. This includes the Certified Clinical Trauma Specialist for Families, Individuals, Sex-Trafficking and Exploitation, and Trauma and Addiction.

### **An Approach to Teaching Ethics Courses in Human Services and Counseling**

The California State University in Fullerton states that in order to understand the importance of ethical considerations in the human services profession, it begins with a proper education and ethical background. The article explains that the foundation for ethical human services work begins with a solid undergraduate or graduate education. When a student is committed to their coursework during the undergraduate or graduate level, they will bring that same commitment and enthusiasm throughout their entire education and into their future career (Corey, Corey, & Callanan, 2005).

As per the National Organization for Human Services (NOHS) Standard 37-44, it is expected that educators are up to date in their field of study by attending workshops, conferences, and conducting research. They are expected to help students have a deep understanding of the code of ethics and safeguard students with quality site placements. They also must ensure that students are aware of, informed by, and accountable to the ethical standards of the human services profession (NOHS Ethical Standards, 2015). The college faculty has a large impact on the human services program and how they present different ethical considerations in front of the class. It is also key that educators take time to examine their own ethical and professional values when it comes to their line of work. They must be aware that they

are truly modeling what they are teaching their students. Students will often learn more by what they observe during their education compared to what they are told to do (Corey et al., 2005).

In order for future human services professionals to be able to make ethical decisions, they must receive ethics education early in their training. This starts with having a well-established understanding of the different ethical codes in their specific field of work which are taught throughout different college courses and curriculum (Corey et al., 2005). This will help students to be more aware of the ethical, legal, and professional decisions that they may have not noticed otherwise. Similar to most college courses, they often begin by teaching general ethical principles and later moving into more advanced principles and codes. Professors can also implement classroom discussions so that students can better identify and examine these considerations. This includes role playing so that students are able to apply their knowledge from the course to answer different questions. This type of classroom environment pushes students to think critically and examine their own values and beliefs. It allows them to become better prepared as they move towards field work and future careers in human services (Corey et al., 2005).

Students who are exposed to ethics courses during their education often walk away surprised with the changes that have occurred in their thinking patterns. They are taught throughout the coursework that ethics is challenging, interesting, and rather rewarding when they begin their careers. If a professional is to begin working with a trauma victim, this educational background will help to aid them in making ethical decisions regarding the best care for the client.

After examining ethics related courses that are available at East Tennessee State University (ETSU), the implementation of an ethics course related to Human Services would be

a prudent choice. Currently, ETSU offers ethics related courses in Philosophy, Criminal Justice, Social Work, and Rehabilitative Sciences.

An example of a human services related ethics course comes from the University of Phoenix. This school offers a course in Ethics and Values for Human Service Professionals which allows students to become familiar with ethical standards for human service workers as outlined by the National Organization for Human Services. This course teaches about the concepts of least intrusive intervention, least restrictive environment, facilitating client self-determination, and employing interdisciplinary team approaches to problem solving (University of Phoenix, 2020). This allows students to gain a deeper understanding of client confidentiality, electronic record keeping, and portability of client information. Another example of this course is from the University of Nevada, Las Vegas where they offer the course Ethical and Professional Issues in Human Services. This course examines ethical, legal, and professional issues related to human services. It helps to provide a basis for making professional decisions related to these issues. It also examines the Human Services Code of Ethics, state statutes, and case law (University of Nevada, Las Vegas, 2020).

Implementing an ethics course into the Human Services curriculum at East Tennessee State University would allow students to learn about their future career more conscientiously and effectively. It would help them to examine their own values and principles while teaching them ethical decision-making skills that are essential for the profession and especially around trauma informed care. Students would then be better prepared to work with clients in a variety of settings while having an exemplary knowledge of the ethical guidelines. Owing to the field of human services as being significantly diverse, adopting an interdisciplinary approach to this

curriculum will prove beneficial. An example of this syllabus can be viewed in appendix A of this manuscript.

### **Conclusion**

The field of Human Services is continuously evolving as professionals are learning new ways to provide services to their clients in the most effective way. In regard to ethical standards, future implications would include looking at the potential benefits of providing trauma informed care training in all human services organizations. If this training was implemented into various organizations, would we begin to see greater job satisfaction and retention rates in these organizations? It would also be helpful to examine the cost effectiveness of these trainings and what impact they would have on the financial aspect of human services organizations. In regard to the impact of trauma on individuals and professionals, more studies should be done as organizations are beginning to see the importance of the trauma informed care framework. In regard to ethics courses being taught in schools, it would be wise to study the success rates in students who were offered an ethics course in their education versus those who were not.

It is clear that human services are a profession that heavily relies on ethical considerations. These ethics guide professionals in how to properly care for their clients and the boundaries that inform their work. When working with a client who has been exposed to any type of trauma, the professional must be sure that they are handling the situation carefully. They must take time to understand the client beyond their trauma and treat them as though they deserve more than that. They should create a healthy and trusting professional relationship with the client in order to break past any walls that the client has built up over time. They also must be sure that they are using sensitive language around the client in order to prevent re-traumatization.



Clients who have been exposed to trauma often just need someone to help them find new coping strategies and resources that will be beneficial for them. Trauma victims do not want to sympathy for their problems, they want help from the people around them so that they can have a normal life. They want to be treated as if they are a real person, not just another statistic of abuse and neglect.

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**Appendix A:**

Proposed Ethics Related Course for the Department of Human Services at East Tennessee State University:

East Tennessee State University  
Department of Counseling and Human Services

**Undergraduate Course Syllabus****Course Information:**

Course Title: Introduction to Ethics in the Human Services Profession

Course Number: HDAL XXXX

CRN: XXXXX

Term and Year: Fall/Spring XXXX

Course Format: Lecture

Credit Hours: 3

**Course Description:**

This course introduces students to the importance of ethics and ethical decision-making in the field of Human Services. Students will learn about foundational skills, values, and attitudes that are needed when working in the field. The course examines various ethical considerations and issues that human services professionals may face in their work environment. The course also examines the importance of the Trauma Informed Care approach when working with clients who have a history of trauma. Students will demonstrate their knowledge of these skills through various assignments and online clinical simulations in order to gain a firm grasp on the information presented in this course.

**Course Learning Outcomes:**

- 1) Understand the importance of ethics in the field and have a rich knowledge in the Human Services Code of Ethics.



- 2) Understand the guidelines of ethical decision-making and ethical dilemmas that may arise in this field.
- 3) Identify the values that are represented in a variety of human services professions.
- 4) Increase awareness of the impact of personal values and attitudes in the field.
- 5) Understand various ethical considerations when working in specialized populations.
- 6) Understand the importance of the Trauma Informed Care approach and how to properly and ethically work with a trauma victim.
- 7) Understand the importance of clinical experience in the field.

**Topics Covered Throughout the Semester:**

(Each topic will be broken down and discussed throughout the entire semester)

- 1) Basics of the Code of Ethics in Human Services
- 2) Personal Values, Morals, and Attitudes of the Clinician
- 3) Roadblocks in the profession
- 4) Importance of Ethical Decision Making
- 5) Trauma Informed Care
- 6) Approach to working with Trauma Victims
- 7) Protecting Clientele: Professional Relationships
- 8) Clinical Simulations