

FALL 2013

TOPIC:  
**TRAUMA**

# THE COLUMN

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SOCIAL WORK UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN





## ▶ Preparing Students to Respond to Trauma

“These cases expose students to traumas experienced by males and females of varying ages and races.”

Susan Cole’s Trauma-Informed Practice class immerses her 24 MSW students in cases that show the effects of trauma on children and families and develops skills to help people move beyond the trauma. These cases include:

- **A child whose mother has been wounded by a stray bullet**
- **A young Hispanic boy who is being sexually molested by his father**
- **A young girl who witnesses her father killing her mother**
- **A Somali child soldier who immigrates to the US**
- **An Irish-American teenager who witnesses domestic violence and is physically abused by his father**

These cases expose students to trauma experienced by males and females of varying ages and races. And, in the course’s problem-based learning style, the students, placed into groups of four to five per group, assess and apply evidence-based interventions on their own, with Cole acting as a mentor.

“When they have questions, for example, about what do 18-month-olds know about trauma, they research that in their separate groups,” Cole says. “My job is to help them refine their questions and find resources that can answer those questions.” She adds that the interactive element makes the class fun to teach.

This is Cole’s second year of teaching the class, for which she took a year’s training. The course is designed by the National Center for Social Work Trauma and Workforce Development, which was founded in 2009 to better prepare social workers for trauma-informed, evidence-based work with traumatized children, adolescents, and their families. The national center is part of the National Child Traumatic Stress Network. The case material was initially developed by multidisciplinary teams from UCLA and Duke.

### The Ripple Effect of Trauma

“The course is designed not to look just at the child but at trauma from an ecological theory approach,” Cole says. “You may be looking at the designated client, who’s a child, but that client is embedded in a family that is embedded in an extended family that is embedded in a community. We look at the ripple effect of trauma, the effect of trauma at different ages, and the appropriate interventions for children and families across the developmental spectrum.”

The client’s environment plays a critical role in the intervention process, Cole adds. “When you do the assessment, you don’t just look at the child’s dysregulation resulting from the trauma, but also at how supportive or antagonistic the child’s environment is in supporting change in the child,” she says.

“The impetus behind the course, she says, is to encourage schools of social work to teach core concepts in trauma and to prepare practitioners across the spectrum to be perceptive when evaluating children and family members who have been traumatized.”

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“...the collaborative group efforts help the students learn from varying perspectives, as each student brings his or her own experiences to the table.”

“And if the child has experienced life-threatening trauma, you have to ensure that the child is in a safe environment before going forward.”

### Teaching the Core Concepts

The impetus behind the course, she says, is to encourage schools of social work to teach core concepts in trauma and to prepare practitioners across the spectrum to be perceptive when evaluating children and family members who have been traumatized. The course focuses on 12 core concepts, with specific concepts highlighted in each case the students work on. “As we talk about the case, we keep the core concepts in mind,” she says. In addition, they acknowledge that trauma is “defined by the person who experiences it,” that some traumatized people will have developed more functional coping strategies than others, and that unresolved trauma can lead to other issues, such as behavioral and emotional issues.

As the students work through their cases, they apply the concepts they’ve learned in class to come up with an intervention plan. Cole says the collaborative group efforts help the students learn from varying perspectives, as each student brings his or her own experiences to the table. Then, at the end of the class, students choose a partner to debrief with.

In addition to the 24 in her class this fall in Urbana, Cole taught a weekend intensive course at the UI’s outreach site in Macomb in fall 2012. That class had 14 students, she says. She is teaching the class on the UI campus in both fall and spring semesters.

Besides Cole’s class, the School of Social Work offers two advanced clinical classes that also address the issue of trauma in assessment and diagnosis, taught by Teresa Ostler.

Cole notes that her MSW students must complete 10 hours of online training for Trauma-Focused Cognitive Behavioral Therapy, an evidence-based intervention for child trauma, during her class, and they complete both pre- and post-tests for each class module. The course material is upgraded annually, based on nationwide pre- and post-test results and student and faculty comments.



### Positive Feedback

MSW students working in their field practicums also give feedback to the School of Social Work about the class. “They said they’ve found the information, the interventions, the tools, and skills that they developed in this course to be immediately applicable in the field,” Cole says.

Cole, who was a practitioner in the field for 25 years before becoming an academic, sees the value of the course as well. “I’m very excited about teaching this class,” she says. “I’m seeing the effects that it has on students. It causes them to dig deeply into themselves before they get out in the field. I think that’s a good thing.”



Molly McLay, MSW 2011

## The Women's Resources Center: Changing a Culture of Sexual Violence

**“One in five college-aged women, and one in sixteen college-aged men, will experience sexual violence at some point during their college career.”**

Molly McLay hit the ground running in her new job as assistant director at the University's Women's Resources Center, which she assumed in January.

And she points directly to her educational experiences she gained from the School of Social Work, where she earned her MSW in 2011, for her success.

“My degree has allowed me to not only do direct practice work with survivors of sexual assault, but it's also given me the tools to look at it from an advocacy standpoint,” she explains. “My credential of having an MSW was highly valued by the people who selected me for this position. If I hadn't gotten my MSW at the School of Social Work, I never would have heard of this job.”

McLay's work revolves around helping people who are traumatized, particularly survivors of gendered violence – and in helping prevent others from being traumatized. She is in charge of coordinating the FYCARE (First Year Campus Acquaintance Rape Education) program; she co-chairs a committee for the annual Sexual Assault Awareness Month; and she acts as point person for anyone within the university system who needs a workshop about sexual violence.

She also teaches a class that trains undergraduate facilitators for FYCARE, teaches an independent study seminar, and provides counseling and advocacy for students who are survivors of sexual assault or domestic violence. She also works with the School of Social Work.

“I oversee two grad assistants who are MSW students,” she says. “Megan Pagel and Rick Stejskal assist me greatly. I couldn't do this without them.”

### The Need for Sexual Assault Education

McLay points out that the work she does is sorely needed.

“One in five college-aged women, and one in sixteen college-aged men, will experience sexual violence at some point during their college career,” McLay says. “The age range of 18-24 is one of the most vulnerable age ranges for sexual violence.”

Sexual assault is an issue we must all deal with, McLay says, because it affects us all.

“This community is really in need, like all college campuses, of education like this,” she says. “FYCARE is one of the leaders in providing sexual violence education to students. We are one of the oldest mandatory programs in the United States.” The program, she says, has been running since 1996.

“Alcohol plays a role in 75 percent of sexual violence that occurs on college campuses,” she says in explaining the need for FYCARE in Urbana-Champaign. “This is an issue we need to address, given the age range and the drinking culture. We can't ignore the drinking culture; it's prevalent on many college campuses, including the University of Illinois. So we incorporate all those aspects into the student workshops.”

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**“FYCARE is one of the leaders in providing sexual violence education to students. We are one of the oldest mandatory programs in the United States.”**



**“The Women’s Resources Center is a safe space for anyone to come if they’ve experienced a trauma, such as relationship abuse or sexual assault.”**

(CHANGING A CULTURE OF SEXUAL VIOLENCE- CONTINUED)

The Women’s Resources Center focuses both on community intervention and prevention of sexual violence and recovery from such violence. Besides FYCARE and other educational tools, McLay says that the center “provides a lot of support for survivors who may have experienced violence in the past and didn’t really know where to turn or what kind of resources were out there.”

#### **Debunking Myths and Misconceptions**

McLay notes that some of the center’s work is in debunking myths and misconceptions. “People come to college with these preconceived notions of what sexual violence is, of people jumping out of dark alleys, someone you don’t know, maybe someone of a different race or background, but over 80 percent of sexual violence is perpetrated by someone the victim does know,” she says. “That’s why not only is the [FYCARE] workshop important, but the [FYCARE preparation] class is important, because it takes a long time to dismantle all the myths students have been learning for their entire lives. It’s important work for us to do.”

A critical misconception to disprove is who is at fault for sexual violence, she adds. “The victim is somehow blamed for what happened,” she explains. “That is absolutely not true. We want students to take away from the workshop that if someone comes to you and tells you they have been sexually assaulted, the most important thing to tell them is that you believe them and it’s not their fault.”

The Women’s Resources Center helps people craft a powerful counter message to victim-blaming ways of thinking. “The counter message of ‘I believe you and it’s not your fault’ is so important,” McLay says, “because socialization, media messages, and other things are coming in and saying, ‘We don’t believe people who are raped or it is their fault because they were drinking or they were wearing a particular thing or they were asking for it in some way, or they weren’t being safe.’ This is telling survivors that it’s their fault. But the person who is at fault is the person who chose to commit sexual violence.”

McLay, who started her work at the center in January, has seen her share of traumatized people walk through their doors. “The Women’s Resources Center is a safe space for anyone to come if they’ve experienced a trauma, such as relationship abuse or sexual assault,” she says. “We have a couple of social workers who work here, so we see it from that perspective of how trauma can affect a person’s life physically, psychologically, socially, mentally, and academically. If someone reports a sexual assault or needs somewhere to go, we are there for students to come and talk with.”

McLay says that the employees at the Center are equipped to handle the issues that people need help with, including emotional and mood issues such as anxiety and depression; trust, sexuality, and body image issues; and academic issues. “Sexual assault can affect students academically as well,” she explains. “So we provide assistance in reaching out to students’ instructors to help them in that regard.”

#### **“Perfect Preparation” Through SSW**

“All the experiences I had in the School of Social Work – my academic experiences, my field placement, the interpersonal experiences I had working with professors and students, and my graduate assistantship, all came together in a perfect way that allowed me to get this job. So, I’m very thankful, and will be referencing the School of Social Work until the day I die!”

**“...we see it from the perspective of how trauma can affect a person’s life physically, psychologically, socially, mentally, and academically. If someone reports a sexual assault or needs somewhere to go, we are there for students to come and talk with.”**



By: Brooke Hyden, MSW 2008, LCSW

## Compassion Fatigue: The Unexpected Visitor

**“...Despite my vow not to burn out, I found myself in her shoes. Fatigued. Emotionally depleted. Cynical. Hyper vigilant. Depressed. Irritable.”**



My colleague sat across from me, weeping. “I don’t think I want to be a social worker anymore,” she said. “I don’t know what’s happened to me. I used to have so much energy and passion, but now all I feel is emotionally numb and physically exhausted. Most days I feel happy when a client cancels an appointment because it’s one less horrific story I have to listen to.”

I commiserated with her, and she went on to say, “A couple of months ago I started having nightmares about the abuse that happened to one of the kids that I counsel. I feel like I’m going crazy. And to top it off, my husband and I are constantly fighting and I have gained twenty pounds over the past year. But I don’t want to talk to my supervisor, because I’m afraid she’ll think that I’m weak and find some way to fire me.” My heart ached for her. I offered her some solace and encouragement, but as I walked away from our meeting, I remember thinking, “Thank goodness I’m tough enough not to end up burned out like her one day.”

That was ten years ago. And despite my vow not to burn out as she had, I found myself in her shoes. Fatigued. Emotionally depleted. Cynical. Hyper vigilant. Depressed. Irritable. Over the years, family members and friends tried to offer helpful advice. “Go on a relaxing vacation,” they said. “Find a fun hobby.” “Focus on the positive things in your life.”

But I continued to plunge into my work without an adequate supply of internal resources to sustain me. Thus, after years of hearing story after story of sexual abuse, suicide, rape, death, and torture of children; after not seeing much progress being made with survivors of chronic trauma; after being overloaded with cases without adequate organizational support, I morphed into a person I didn’t recognize or like very much.

On a fundamental level I had changed. I found myself pondering the same question my colleague once did: “Do I want to be a social worker anymore?” I tried for months to ignore this question, hoping that it would go away. But the more I attempted to force it out of my thoughts, the louder it became – until one day a little voice said to me, “Mommy, why don’t you smile at me anymore?”

That was the moment the scales finally fell off my eyes and I chose to welcome this “unexpected visitor” into my life and begin my journey to wellness.

### **Path to Awareness: Signs & Symptoms of Compassion Fatigue**

Like many, I entered the field of social work because I felt called to bring justice to people who had been oppressed and hope to those who felt hopeless. My deep well of empathy compelled me to bear witness to the pain and suffering of others, but it also placed me at risk for what researcher Charles Figley calls “compassion fatigue.”

**“My deep well of empathy compelled me to bear witness to the pain and suffering of others, but it also placed me at risk...”**

In an article entitled “Compassion fatigue as secondary traumatic stress disorder: An overview,” Figley states: “There is a cost to caring. Professionals who listen to clients’ stories of fear, pain and suffering may feel similar fear, pain and suffering because they care. Sometimes we feel we are losing our sense of self to the clients we serve...Those who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion fatigue.”

Eric Gentry and Anna Baranowsky of the Traumatology Institute say that empathy is a “double-edged sword,” giving us the ability to connect deeply with the emotional experiences of those we help, but also making us susceptible to experiencing deep emotional pain.

Since Figley’s publication in the early ’90s, related terms have surfaced in the literature to describe this “cost of caring,” including “vicarious traumatization,” “burnout,” “secondary traumatic stress,” and “trauma exposure response.” Recent research by Gentry and Baranowsky, in consultation with Figley, shows that compassion fatigue springs from secondary traumatic stress and burnout.

Secondary traumatic stress happens through indirect exposure to traumatic events, such as listening to a child talk about being abused. Secondary traumatic stress symptoms resemble those of post-traumatic stress disorder, and typically have a rapid onset. Burnout stems from occupational stress and is described by Gentry and Baranowsky as “emotional exhaustion, depersonalization and a reduced feeling of personal accomplishment.” The authors also cite a history of primary trauma, particularly unresolved personal trauma, as contributing to compassion fatigue.

Laura van Dernoot Lipsky, author of *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*, refers to symptoms of compassion fatigue as “trauma exposure response.” In her book, she lists symptoms and behaviors associated with trauma exposure response, including:

- helplessness/hopelessness
- a sense that one can never do enough
- hyper vigilance

- diminished creativity
- inability to embrace complexity
- minimizing
- chronic exhaustion/physical ailments
- inability to listen/deliberate avoidance
- dissociative moments
- sense of persecution
- guilt
- fear
- anger and cynicism
- inability to empathize/numbing
- addictions
- grandiosity

Whatever role we find ourselves in as social workers – whether it be as a direct service worker, researcher, or supervisor – we all are ethically responsible for maintaining an awareness, individually and organizationally, of the impact of the “cost of caring” on our professional and personal functioning. Social workers can use the following free self-assessment tools to identify symptoms of secondary traumatic stress, compassion fatigue, and burnout:

- **Professional Quality of Life Scale** ([proqol.org/ProQoL\\_Test.html](http://proqol.org/ProQoL_Test.html))
- **Secondary Traumatic Stress Scale** ([cehd.umn.edu](http://cehd.umn.edu))
- **Stress, Burnout & Self-care Questionnaires** ([headington-institute.org/Default.aspx?tabid=1379](http://headington-institute.org/Default.aspx?tabid=1379))
- **Traumatology Institute: Compassion Fatigue Tests** ([psychink.com/free-information/compassion-fatigue-tests](http://psychink.com/free-information/compassion-fatigue-tests))

#### **Path to Wellness: Prevention & Intervention Strategies**

It is possible to recover from compassion fatigue and rediscover pleasure and enjoyment in your role as a social worker again. Above all, if you feel that you are experiencing symptoms of compassion fatigue, I encourage you to welcome it—with compassionate curiosity—instead of seeing it as a bad condition you have to hide or get rid of. Greet it with honor; as the Sufi poet Rumi suggests in his poem, *The Guest House*, “Be grateful for whatever comes, because each [compassion fatigue] has been sent as a guide from beyond.”



## THE GUEST HOUSE

**This being human is a guest house. Every morning a new arrival.**

**A joy, a depression, a meanness, some momentary awareness comes as an unexpected visitor....**

**Be grateful for whatever comes, because each has been sent as a guide from beyond.**

**- Mawlana Jelaluddin Rumi**

*translation by Coleman Barks; edited for length*

(COMPASSION FATIGUE- CONTINUED)

I also encourage you to talk to somebody that you trust—a colleague, supervisor, clergy person, counselor, or friend. In my experience, sharing my symptoms of compassion fatigue with a trusted colleague gave me a safe space to begin working through the shame that had kept me silent for so long. I found that once I gave a voice to my pain, I was able to welcome it as a “guide from beyond” and begin my path toward wellness. Specific strategies that are useful in treating compassion fatigue are mindfulness-based interventions and cognitive behavioral methods. Additionally, The Traumatology Institute and Figley Institute offer online intervention and prevention programs specifically designed for treating professionals with compassion fatigue (see the resource in the sidebar). To prevent compassion fatigue, The National Child Traumatic Stress Network recommends participating in workplace self-care groups, balancing caseloads, and using flextime scheduling and a self-care accountability system.

No one wants to crash and burn. In our profession, that’s sometimes easier said than done. So educate yourself about compassion fatigue, know its symptoms, learn how to prevent and treat it – and stay healthy while you continue to help others.

## Resources to Prevent and Treat Compassion Fatigue

The following books, websites, and articles are helpful resources for the prevention and treatment of compassion fatigue:

- Rothschild, B. (2006). *Help for the helper. The psychophysiology of compassion fatigue and vicarious trauma.* New York: W.W. Norton.
- Van Dernoot Lipsky, L. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others.* San Francisco: Berrett-Koehler Publishers.
- Saakvitne, K. W. Pearlman, L. A., & Staff of TSI/CAAP. (1996). *Transforming the pain: A workbook on vicarious traumatization.* New York: W.W. Norton.
- Figley Institute: <http://www.figleyinstitute.com/>
- Gentry, J.E., Baranowsky, A. (2013, in press). *Compassion fatigue resiliency—A new attitude: Compassion fatigue treatment & resiliency—Program with legs: The ARP, CFST & CF Resiliency Training.* <http://psychink.com/ticlearn/compassion-fatigue-resiliency-a-new-attitude/>
- Traumatology Institute: *Compassion Fatigue Specialist - Accelerated Recovery Program (ARP) Online Training* <http://psychink.com/training-courses/compassion-fatigue-courses/>



Martha Cooper, MSW 1992

## Supporting Students in Times of Crisis

**“There’s a team approach, with a lot of collaboration with other offices to make sure we connected with everyone that we needed to connect with.”**

The University of Illinois at Urbana-Champaign campus has been affected by the deaths of two students this fall. Students have also experienced a range of other traumas that have an impact on all facets of their lives.

The Office of the Dean of Students acts as a primary resource for students and others impacted by trauma. And Martha Cooper, assistant dean of students, is well versed in trauma response, as she received her MSW from Illinois and worked in the medical field for 10 years. She also served as assistant dean of student affairs at the School of Social Work for 10 years.

Of the response to the two deaths this fall, she says “There’s a team approach, with a lot of collaboration with other offices to make sure we connected to and supported everyone that needed assistance.”

### Response to Tragedies This Fall

In one incident, a student was killed, allegedly by her ex-boyfriend, who also was a student. “I was asked to reach out to the math department,” Cooper says, “because the alleged assailant was a student in that department.”

It’s one thing, she says, to work with a victim and those impacted by the victim’s trauma. It’s another to work with people who are affiliated with an alleged assailant. “It brings up different emotions, different grief responses. It can be a more complicated process,” she says.

The other death involved a vehicular accident in which one student was killed and another injured. While the Office of the Dean of Students sent a representative to be with the student who survived and was in the hospital, Cooper handled phone calls from concerned parents and students.

“We had some students walk into our office who had witnessed the accident and were pretty shaken up,” she recalls. “The Counseling Center is in the same building as the Dean of Students Office, so I was able to walk them to the Counseling Center so that they could be assessed and supported. The Counseling Center had staff available to take walk-ins during this crisis.”

### Working With a Variety of Traumas

The Office of the Dean of Students, of course, works with any student who needs assistance, whether it’s about a student who has been ill and requires a letter of verification to make up missed work, or, on the other extreme, responding to those impacted by deaths. “And we get everything in between, so there’s a real mixed bag of what we do,” Cooper says.

The office serves as the point of contact for most trauma cases, regardless of severity of the case. “We help coordinate the response whatever the situation is,” Cooper explains. “The coordination may be connecting other offices, such as the Counseling Center or the student’s academic college.”

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**“The office serves as the point of contact for most trauma cases, regardless of severity of the case.”**

Above all, Cooper says, her office attempts to connect with any students who are involved, those who know about the incident, and those who are affected by it, regardless of whether they were involved or witnessed the incident or not.

For parents of students who have died, the office offers condolences and helps guide them through whatever they need to take care of, from cleaning out a dorm room or apartment to wrapping up financial issues with the university. “Those are obviously tough conversations,” Cooper acknowledges. “But they are helpful to the parents because they know there’s one office they can call to get things taken care of.”

In the case of sexual trauma, Cooper notes, her office does not notify parents, due to privacy issues. The students can, of course, choose to involve their parents.

However, her office will contact instructors to let them know a student of theirs has experienced personal traumatic issues; such a contact can result in the student receiving extensions on deadlines and tests. And her office also connects those who have been victimized with the Counseling Center, McKinley Health Center, or the Women’s Resource Center, for example. It also explains the process of filing criminal charges and a student discipline report if the alleged perpetrator was another student. The length of intervention depends on the situation, she notes. There are times when her office reaches out to students impacted (for example, a sorority or a dorm floor), and offer assistance, and no one comes forward for assistance. And there are times, particularly in the case of a death, where the connection and support may go on for a year. She recalls one case in a student death where the father sent her a letter about a year later, letting her know that his child’s organs had been donated.

### Dealing With the Impact

The trauma that Cooper handles certainly has an impact on her. But, she says, “I feel fortunate because of my social work training and experience. It definitely helps facilitate those events. My background with medical social work and having formally been a certified bereavement counselor is useful when there are significant traumatic incidents. Having developed skills to

respond when a crisis happens, your brain has to take over, not your emotions. So it’s going through the list of what do we need to do, who we need to contact, communicating about who’s handling which part of the response; we want to make sure that we’re thorough in our response.

“Eventually, once the crisis is over, there’s the emotional sadness, especially if a student commits suicide or experiences a significant trauma. If there is a need to call parents, those are hard phone calls trying to find the right words and be supportive rather than intrusive. What’s helpful for me in dealing with it is even though I have done a lot of coordinating of the trauma response, there are lots of other people responding as well. Our student affairs colleagues and academic units on campus are wonderful and always willing to assist. It’s not one person trying to shoulder everything.”

The impact she is primarily concerned with is the one on students and others affected. “It’s not uncommon to have a student come into the office and their initial presentation for help may be they’re struggling in class and don’t know what to do,” she says. “But as you talk to them, you find out maybe they’re really upset about an incident that occurred. Even if they don’t know the person or have any connection with them, it’s triggered something in them. You have to be aware of that and its importance, and not diminish it. You have to support and normalize their reaction and help them connect with the right resources to keep them moving forward with their academic progress.”

Cooper notes that many students are coming to campus already carrying burdens, and with the stress and rigor of school, a traumatic event can be the tipping point.

“Higher education is more than just academics,” she says. “It’s vital that there’s a place where students can come for nonacademic issues that are affecting their academic issues or overall student development. The Office of the Dean of Students has such comprehensive services to help support them through that time.”

**“Having developed skills to respond when a crisis happens, your brain has to take over, not your emotions..”**



## ▶ Recovering from PTSD

“...more than 60 percent of the entire population experiences at least one traumatic incident in life...”

In his 17 years of Army service, including two tours of duty in Iraq, US Army Captain Luis Montalván saw a lot of action – enough to be awarded a Combat Action Badge, two Bronze Stars, a Purple Heart, and an Army Commendation for Valor, among other honors.

Capt. Montalván also experienced his share of trauma in his combat duty, and when he was honorably discharged in 2007, he found that while he had left the war, the war had not left him.

What ensued was a challenging, and at times overwhelming, struggle with posttraumatic stress disorder (PTSD).

In a recent interview on WILL-AM’s “Focus” program, Capt. Montalván spoke of the effects of PTSD. “It wreaks havoc on a person’s ability to trust,” he said. “People find themselves not trusting their friends, their loved ones, their surroundings, the government, even the Almighty. Some people with PTSD lose their faith.”

Capt. Montalván is a New York Times bestselling author for his book, *Until Tuesday: A Wounded Warrior* and the Golden Retriever Who Saved Him. He was also the featured speaker at a recent Parkland College program entitled “Recovery Through Understanding.” The program was sponsored in part by the School of Social Work.

### Panic Attacks and Flashbacks

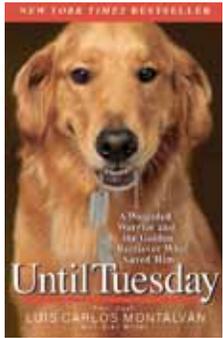
Capt. Montalván spoke on the radio of seeing an image of a suicide bomber and going into a panic attack as it produced flashbacks of his own traumas. “It’s disconcerting, particularly for the warrior,” he said, “because we’re inculcated with being tough. If I’m a hardened warrior, if I’m a tough guy, then why am I so incapacitated? Why do I get a migraine when I see a photo of a suicide bomber?”

Capt. Montalván is hardly alone. According to the National Institute of Mental Health, 6.8 percent of the US adult population has suffered from PTSD. Symptoms include recurring flashbacks, avoidance or numbing of memories of trauma, high levels of anxiety, experiencing distress in situations reminiscent of the traumatic incident, and hyper vigilance. Simply in treating servicemen and women alone, for those deployed in combat zones between 2001 and 2010, the costs are estimated at between \$1.54 billion and \$2.69 billion.

While combat troops are at much higher risk for PTSD than the general public, more than 60 percent of the entire population experiences at least one traumatic incident in life (rape, combat, childhood neglect, and physical abuse were the four most common events reported). Anyone who has gone through trauma can develop PTSD.

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image credit:  
[http://www.lasisblog.com/  
tag/luis-carlos-montalvan/](http://www.lasisblog.com/tag/luis-carlos-montalvan/)



(RECOVERING FROM PTSD- CONTINUED)

### Learning to Trust Again

For Montalván, his recovery from PTSD was hastened by the arrival of Tuesday, a golden retriever trained to assist the disabled. Because of a traumatic experience in his own life, Tuesday found it difficult to trust humans, just as Capt. Montalván had. Together, they learned to trust each other – and, eventually, others.

“Where Tuesday helps me is that unlike any person, Tuesday I can trust no matter what,” he said in his radio interview. “I can trust Tuesday to the end. He won’t be disloyal to me. His motivation is to help me as my service dog and to make me happy by being happy. That partnership has rebuilt a number of bridges back to the land of trusting.”

Montalván, who has one master’s degree in journalism and is working on a second master’s in strategic communications, has written about PTSD and his experiences with Tuesday for the New York Times, the Washington Post, the San Francisco Chronicle, and many other publications. In addition, he has appeared on national and international media, such as NPR, CNN, and C-SPAN. He does so because he wants to get the word out about PTSD, and set straight some myths about the disorder.

“We live in a culture where unless something is visibly seen, people question it,” he said. “They doubt it, they don’t understand the effects of it, and many of them are extraordinarily insensitive to it. In reality, most disabilities are invisible.

“The majority of veterans are not malingerers. They are suffering from invisible disabilities.”

image credit: <https://www.facebook.com/UntilTuesday>

## Stay Connected

The new and improved School website is filled with many features that can help you stay connected.

Be sure to check out the ways you can be involved through continuing education seminars, mentoring programs, lectures, special events, and networking opportunities. Visit [www.socialwork.illinois.edu](http://www.socialwork.illinois.edu) today.



Many of our alumni and friends choose to make their annual gift during this time of year. It's now easier than ever to give back and make a difference.

1. Visit the School's new website: [www.socialwork.illinois.edu](http://www.socialwork.illinois.edu)
2. Click the “alumni & giving” tab at the top right of the page.
3. Click the “make a gift” button.
4. That's it! Thank you for making an impact at the School of Social Work.



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