

ORIGINATOR'S SECTION:

1. College: CHABSS CoBA CoEHHS CSM
 Desired Term and Year of Implementation (e.g., Fall 2008):
 Fall 2018

2. Course is to be considered for G.E.? (If yes, also fill out appropriate GE form*) Yes No

3. Course will be a variable-topics (generic) course? Yes No
 ("generic" is a placeholder for topics)

4. Course abbreviation and Number:* MSW 658

5. Title: (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)
Core Concepts in Trauma

6. Abbreviated Title for PeopleSoft:
 (no more than 25 characters, including spaces)
 Concepts in Trauma

7. Number of Units: 3

8. Catalog Description: (Not to exceed 80 words; language should conform to catalog copy. Please consult the catalog for models of style and format; include all necessary information regarding consent for enrollment, pre- and/or corequisites, repeated enrollment, crosslisting, as detailed below. Such information does not count toward the 80-word limit.)
 Utilizes a case-based learning format to understand child and adolescent trauma, trauma responses, and implications for multi-level interventions. Emphasizes the role of development, culture, and empirical evidence in trauma-specific case conceptualization and treatment planning. Addresses the level of functioning of primary caregiving environments and assesses the capacity of the community to facilitate restorative processes.

9. Why is this course being proposed?
 This is a new elective course option that students can take in their studies. Students are required to take 9 elective units in their required course of study. It is not an additional required course and has been previously taught as a 690 class.

10. Mode of Instruction*
 For definitions of the Course Classification Numbers:
http://www.csusm.edu/academic_programs/curriculumscheduling/cataloguecurricula/DOCUMENTS/Curricular_Forms_Tab/Instructional%20Mode%20Conventions.pdf

Type of Instruction	Number of Credit Units	Instructional Mode (Course Classification Number)
Lecture	3	C5
Activity		
Lab		

11. Grading Method:*
 Normal (N) (Allows Letter Grade +/-, and Credit/No Credit)
 Normal Plus Report-in-Progress (NP) (Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress)
 Credit/No Credit Only (C)
 Credit/No Credit or Report-in-Progress Only (CP)

12. If the (NP) or (CP) grading system was selected, please explain the need for this grade option.

13. Course Requires Consent for Enrollment? Yes No
 Faculty Credential Analyst Dean Program/Department - Director/Chair

14. Course Can be Taken for Credit More than Once? Yes No
 If yes, how many times? (including first offering)

15. Is Course Crosslisted: Yes No
 If yes, indicate which course _____ and check "yes" in item #22 below.

16. Prerequisite(s): Yes No

17. Corequisite(s): Yes No

18. Documentation attached:
 Syllabus Detailed Course Outline

* If Originator is uncertain of this entry, please consult with Program/Department Director/Chair.

Traden
 RP
 PS

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 OCT 30 2017
 BY: _____

PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION:

(Mandatory information – all items in this section must be completed.)

21. Does this course fulfill a requirement for any major (i.e., core course or elective for a major, majors in other departments, minors in other departments)? Yes No

If yes, please specify:

Elective for MSW program

22. Does this course impact other discipline(s)? (If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.) Yes No

If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

Discipline _____ Signature _____ Date _____ Support _____ Oppose _____

Discipline _____ Signature _____ Date _____ Support _____ Oppose _____

SIGNATURES : (COLLEGE LEVEL) :

1. Blake Beecher 9-15-17
 1. Originator (please print or type name) Date

2. Blake Beecher 9-15-17
 2. Program Director/Chair Date

3. [Signature] 10-30-17
 3. College Curriculum Committee Date

4. [Signature] 10-30-17
 4. College Dean (or Designee) Date

(UNIVERSITY LEVEL)

5. _____ Date
 5. UCC Committee Chair

6. _____ Date
 6. Vice President for Academic Affairs (or Designee)

7. _____ Date
 7. President (or Designee)

* If Originator is uncertain of this entry, please consult with Program/Department Director/Chair.

CALIFORNIA STATE UNIVERSITY SAN MARCOS
Department of Social Work

MSW 658: Core Concepts in Trauma (3 Units)

Spring Semester 2017

Instructor:

Days: Office:

Hours: by appt.

Time:

E-mail:

Phone:

CATALOG DESCRIPTION

Utilizes a case-based learning format to understand child and adolescent trauma, trauma responses, and implications for multi-level interventions. Emphasizes the role of development, culture, and empirical evidence in trauma-specific case conceptualization and treatment planning. Addresses the level of functioning of primary caregiving environments and assesses the capacity of the community to facilitate restorative processes.

Course Overview

This course will introduce students to the common concepts (general theory and foundational knowledge), which informs evidence-based assessment and intervention with traumatized children and adolescents. Strength-based practice will be highlighted along with a focus on the identification of protective and promotive factors that foster resiliency and post-traumatic growth. Trauma is broadly defined, and includes children and adolescents exposed to traumatic events including, but not limited to natural disasters, war, abuse and neglect, medical trauma, and witnessing interpersonal crime (e.g. domestic violence) and other traumatic events. The course will highlight the role of development, culture and empirical evidence in trauma-specific case conceptualization and treatment planning. . It will address the level of functioning of primary care giving environments and assess the capacity of the community to facilitate restorative processes.

Student Learning Outcomes/Course Objectives

At the end of the course the student will be able to:

1. Illustrate how trauma occurs within a broad context that includes children's personal characteristics, life experiences and current circumstances.
2. Appraise the manner in which trauma events often generate secondary adversities, life changes and distressing reminders in children's daily lives.
3. Evaluate a wide range of reactions to trauma and loss experienced by a child and family.
4. Utilize a framework for intervention which addresses the level of functioning of primary care-giving environments, including parent/caregiver and family unit.
5. Identify how posttraumatic adversities strongly influence development
6. Recognize how interventions with trauma-exposed children and adolescents impact the practitioner in working with these populations



Department of Social Work Classroom Conduct Policy

1. Classroom attendance and active participation are essential for achieving the student learning outcomes for courses. Students are expected to be present and prepared for every class meeting to promote effective learning of the course content. Unexcused absences, frequent tardy arrivals and/or leaving class early will affect a student's final grade. Petitioning for an excused absence is subject to the instructor's discretion.
2. Graduate students are expected to be active participants in class meetings. Lack of contribution to in-class discussions (and/or role play exercises) will adversely affect the student's grade. Conversely, attempts to dominate class discussions (and/or role play exercises) will also result in lower grades.
3. Cell phones, laptops, or tablets should only be used at breaks or as approved by instructor. Laptop/tablet use unrelated to class activities, texting, and frequent side conversations are not behaviors that show investment in the learning process and distract from student learning.
4. Students are expected to spend a minimum of two hours outside of the classroom each week for each unit of course credit (i.e. a minimum of 6 hours of outside of class weekly effort for a 3 credit hour class).
5. All assignments are to be turned in on the due date **at the beginning of the class meeting** per the class schedule. Assignments turned in after the time established by the instructor are considered late, with point deductions taken at the discretion of the instructor.
6. Information shared in class about practicum agency, staff and clients will be de-identified, in classroom discussion and in assigned papers. Personal material of students shared in the classroom as part of participating in class exercises and practice will not be shared with others outside of the classroom.
7. As a social work graduate student, you are expected to know and adhere to the NASW Code of Ethics. This is essential to becoming a professional social worker. See: <http://socialworkers.org/pubs/code/default.asp>

CSUSM Academic Honesty Policy

****Please refer to the CSUSM University Catalog section on Academic Honesty. Please consult with the instructor if you have any questions concerning the completion of course requirements. Students are expected to adhere to the standards of academic honesty and integrity outlined in the CSUSM University Catalog section on Academic Honesty. All written assignments and oral presentations must be original work. All ideas/materials borrowed from other sources must have appropriate citations/references to the original sources, according to APA style format. Any quoted material should give credit to the source and be punctuated accordingly.**

Academic Honesty and Integrity: Students are responsible for honest completion and representation of their work. The CSUSM University Catalog details the ethical standards and penalties for infractions. There will be zero tolerance for infractions. If you believe there has

been an infraction by someone in the class, please bring this to the instructor's attention. I reserve the right to apply the academic honesty policy in accordance with the general rules and regulations of CSUSM. Disciplinary action may include the lowering of grades and/or the assignment of a failing grade for an assignment or the entire course. Incidents of Academic Dishonesty will be reported to the Dean of Students. Sanctions at the University level may include suspension or expulsion from the University.

http://www.csusm.edu/policies/active/documents/Academic_Honesty_Policy.html

Plagiarism

Plagiarism or cheating is unacceptable under any circumstances. If you are in doubt about whether your work is paraphrased or plagiarized see the Plagiarism Prevention for Students Web site: <https://biblio.csusm.edu/research-help/plagiarism-how-to-avoid-it>. If there are questions about academic honesty, please consult the department chair.

Students with Special Needs

Students with disabilities who require reasonable accommodations must be approved for services by providing appropriate and recent documentation to the Office of Disabled Student Services (DSS). This office is located in Craven Hall 4300, and can be contacted by phone at (760) 750-4905, or TTY (760) 750-4909, and by email at dss@csusm.edu. Students authorized by DSS to receive reasonable accommodations should meet with their instructor during office hours in order to ensure confidentiality.¹

REQUIRED TEXTS AND READINGS

Required Texts

Fontes, L. A. (2005). *Child abuse and culture*. New York: Guilford Press.

Saxe, G. N., Ellis, B. H., & Brown, A.D. (2015). *Collaborative treatment of traumatized children and teens: The trauma systems therapy approach*. Second Edition New York: Guilford Press.

Recommended Texts

Van der Kolk, B. (2014). *The body keeps the score: Brain, mind and body in the healing of trauma*. New York, N.Y.: Penguin Group

Required Supplementary Readings

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liataud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35, 390-398.

D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & van der Kolk, B. A. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, 82(2), 187-200.

¹ CSUSM Senate Resolution GEC 277-04 04/06/2005

- Harris, W. W., Lieberman, F. A., & Marans, S. (2007). In the best interests of society. *Journal of Child Psychology and Psychiatry*, 48, 392-411.
- Kaplow, B. J., Saxe, N. G., Putnam, W. F., Pynoos, S. R., & Lieberman, F. A. (2006). The long-term consequences of early childhood trauma: a case study and discussion. *Psychiatry: Interpersonal and Biological Processes*, 69, 362-375.
- Lieberman, F. A., & Knorr, K. (2007) The impact of trauma: A development framework for infancy and early childhood. *Psychiatric Annals*, 37, 416-422.
- Ringeisen, H., Casanueva, C., Cross, T.P., & Urato, M. (2009). Mental health and special education services at school entry for children who were involved in the child welfare system as infants. *Journal of Emotional and Behavioral Disorders*, 17, 177-192.
- Schmitz, L. C., Jacobus, V. M., Stakeman, C., Valenzuela, A. G., & Sprankel, J. (2003). Immigrant and refugee communities: Resiliency, trauma, policy, and practice. *Social Thought*, 22, 135-158.

Required Material and Equipment

Students will be expected to have access to a personal computer with Internet and Web browsing capabilities. Access to Cougar Courses is required. There are several computing resources available on campus for students to utilize. Please make yourself aware of these.

COURSE REQUIREMENTS

Course Format

The objectives of the course will be met through regular attendance and participation in the class which will combine an intensive examination of 5 case vignettes with brief lectures, role play, class exercises, the use of films and videotapes, and class discussion. The structure of the course is divided into 3 units organized according to developmental age.

I also plan to incorporate contemplative pedagogy into the classroom this semester, along with the problem-based learning format. Contemplative pedagogy includes practices that quiet the habitual chatter of the mind; cultivate a capacity for deeper awareness and understanding; increase focused attention; and, increase feelings of connectedness and compassion. Research has shown that the use of contemplative practices in the classroom improves concentration, reduces stress and anxiety, reduces emotional reactivity and improves academic performance among students across a broad range of domains. Consistent practice of contemplative techniques can literally change our brain functionality and help us use our cognitive, emotional and physical selves more effectively. Most importantly, I hope that using contemplative techniques will help us rediscover the transformative power of wonder and joy in the learning process, and better tolerate the difficult course material we will be exploring this semester.

Writing Criteria

Unless otherwise specified, all writing assignments will be completed and submitted in APA style. See Grading section concerning grading that pertains to the use of APA format in papers. The written assignments meet the All-University Writing Requirement as described in the CSUSM University Catalog.

Course Assignments

Students are expected to complete all course readings prior to the date for which they are assigned. There will be two brief written assignments due throughout the course, one brief presentation, and a final paper. In addition students must complete the Trauma-Focused Cognitive-Behavioral Therapy course available on the web. These are outlined in detail in the assignments section of this syllabus

Grading for Assignments (Percentage weight for each assignment)

TF-CBT summary and demonstration	Due as per sign-up sheet	10%
Learning Issues assignment	Due as per sign-up sheet	10%
Two brief papers (15% each for two papers) (Mar. 8 and April 5)	Reflection Paper 1, Feb. 28 Reflection Paper 2, Mar. 28	30%
Final paper	Due May 9	30%
Trauma-focused CBT web course	Modules completed as indicated in course schedule; final certificate due April 18	10%
Participation		10%
Total =		100%

Grading Policy for the Course

A final letter grade for this course and grades for course requirements will adhere to letter grade standards as specified in the CSUSM University Catalog section on Grading System and Policies. Your papers will be evaluated for conceptualization, conciseness, and organization, as well as proper grammar, word usage, punctuation, spelling, and APA style.

Grading Scale

The following plus/minus grading system will be used, based on a 100 point scale:

A =	93% -100%	C =73% - 76%
A- =	90% - 92%	C- =70% - 72%
B+ =	87% - 89%	D+ =67% - 69%
B =	83% - 86%	D =63% - 66%
B- =	80% - 82%	D- =60% - 62%
C+ =	77% - 79%	F = <59%

A grade of C or better is required for satisfactory completion of the course.

COURSE CALENDAR

The following chart lists dates, cases, and required readings and assignments. However, see detailed description of each session / case after the chart, including case learning objectives, required readings and resource readings.

Week	Topic(s)	Assigned Reading & Assignments Due
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Session 1 Jan. 24	Introduction	
Session 2 Jan. 31	Amarika	Lieberman, F. A., & Knorr, K. (2007) The impact of trauma: A development framework for infancy and early childhood. <i>Psychiatric Annals</i> , 37, 416-422. Saxe et al. (2015). Chapters 1-2. TF-CBT Module: Psychoeducation
Session 3 Feb. 7	Amarika	Saxe et al. (2015). Chapters 3-4. Learning Issues (2 persons)
Session 4 Feb. 14	Amarika	Harris, W. W., Lieberman, F. A., & Marans, S. (2007). In the best interests of society. <i>Journal of Child Psychology and Psychiatry</i> , 48, 392-411. Fontes (2005). Chapters 1-2. Learning Issues (2 persons) TF-CBT Module: Stress Management
Session 5 Feb. 21	Juan	Saxe et al. (2015). Chapters 5, 6 Fontes (2005). Chapter 3 TF-CBT Module: Affect Regulation and Modulation
Session 6 Feb. 28	Juan	Saxe et al. (2015). Chapters 9 10. Fontes (2005). Chapters 4 Learning Issues (2 persons) TF-CBT Module: Cognitive Coping
Session 7 Mar. 7	Geraldine	Reflection Paper # 1 due. Saxe et al. (2015). Chapter 11 Kaplow, B. J., Saxe, N. G., Putnam, W. F., Pynoos, S. R., & Lieberman, F. A. (2006). The long-term consequences of early childhood trauma: a case study and discussion. <i>Psychiatry: Interpersonal and Biological Processes</i> , 69, 362-375. TF-CBT Module: Creating the Trauma Narrative
Session 8 Mar. 14	Geraldine ON-LINE	Saxe et al. (2015). Chapter 12. TF-CBT Module: Cognitive Processing
Mar. 21	Spring Break!	Have fun!
Session 9 Mar. 28	Geraldine	Ringeisen, H., Casanueva, C., Cross, T.P., & Urato, M. (2009). Mental health and special education services at school entry for children who were involved in the child welfare system as infants. <i>Journal of Emotional and Behavioral Disorders</i> , 17, 177-192. Learning Issues (2 persons)

		TF-CBT Module: Behavior Management Training
Session 10 April 4	Ibrahim	Reflection paper #2 due Schmitz, L. C., Jacobus, V. M., Stakeman, C., Valenzuela, A. G., & Sprankel, J. (2003). Immigrant and refugee communities: Resiliency, trauma, policy, and practice. <i>Social Thought</i> , 22, 135-158. Saxe et al. (2015). Chapter 13.
Session 11 April 11	Ibrahim	Fontes (2005). Chapter 7. Learning Issues (2 persons)
Session 12 April 18	Ibrahim	TF-CBT Modules: Cognitive Processing and Behavior Management Training Learning Issues (2 persons) Final paper outline due for peer review
Session 13 April 25	James	Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex trauma in children and adolescents. <i>Psychiatric Annals</i> , 35, 390-398. Saxe et al. (2015). Chapters 14. TF-CBT Modules: Parent-Child Sessions and Evaluation
Session 14 May 2	James	D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & van der Kolk, B. A. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. <i>American Journal of Orthopsychiatry</i> , 82(2), 187-200. Saxe et al. (2015). Chapters 15 Learning Issues (2 persons) TF-CBT Completion Certificate due
Session 15 May 9	Course Review and Future Learning There is no final exam in this course	Final Paper due Learning Issues (2 persons) Review core concepts, TF-CBT, and TST

Dates may change as needed to meet the requirements of the course.

DETAILED COURSE CALENDAR

Session 1:

- Orientation to the course and syllabus review
- Overview of core concepts and how they are used in the course
- Course structure and expectations

Session 2, 3, and 4:

Unit I - INFANCY AND PRESCHOOL

Case 1

Amarika: One and one-half year old African American female; witness to community violence (mother shot); historical trauma

Learning Objectives

At the conclusion of unit one, the learner should be able to:

1. Know that very young children, including babies in the first year of life, are affected by traumatic events in their physiological, emotional, social, and cognitive functioning and enact the traumatic experience through their behavior even when they are unable to describe it verbally.
2. Understand that caregiver and child functioning are inter-connected and influence each other, especially during the first five years of life.
3. Identify specific ways in which the young child's biological, emotional, social, and cognitive development may be affected by the experience of trauma.
4. Appreciate that historical trauma and other pre-existing ecological stressors can affect the family's perception of and response to the trauma.
5. Identify engagement skills used with infants and caregivers.

Required Readings (for sessions 2, 3 and 4)

Harris, W. W., Lieberman, F. A., & Marans, S. (2007). In the best interests of society. *Journal of Child Psychology and Psychiatry*, 48, 392-411.

Fontes (2005). Chapters 1-2.

Lieberman, F. A., & Knorr, K. (2007) The impact of trauma: A development framework for infancy and early childhood. *Psychiatric Annals*, 37, 416-422.

Saxe et al. (2015). Chapters 1-4.

TF-CBT Module: Psychoeducation

Resource Readings (for sessions 2, 3 and 4)

Bogat, G. A., DeJonghe, E., Levendosky, A. A., Davidson, W. S., & von Eye, A. (2006). Trauma symptoms among infants exposed to intimate partner violence. *Child Abuse & Neglect*, 30, 109-125.

Briggs-Gowan, M. J., Carter, A. S., Clark, R., Augustyn, M., McCarthy, K. J. and Ford, J. D. (2010). Exposure to potentially traumatic events in early childhood: differential links to emergent psychopathology. *Journal of Child Psychology and Psychiatry*, 51(10), 1132-1140.

Chu, A. T., & Lieberman, A. F. (2009). Clinical implications of traumatic stress from birth to age 5. *The Annual Review of Clinical Psychology*, 6, 16.1-16.26.

Cohen, J. A., Deblinger, E., Mannarino, A. P., & De Arellano, M. A. (2001). The importance of

- culture in treating abused and neglected children: An empirical review. *Child Maltreatment*, 6, 148-157.
- De Young, A.C., Kenardy, J.A., Cobham, V.E. (2011). Trauma in early childhood: A neglected population. *Clinical Child and Family Psychology Review*, 14, 231-250.
- English, D. J., Marshal, D. B., & Stewart, A. J. (2003). Effects of family violence on child behavior and health during early childhood. *Journal of Family Violence*, 18(1), 43-57.
- Farver, J. M., Natera, L.X., Frosch, D L. Effects of community violence on inner-city preschoolers and their families *Journal of Applied Developmental Psychology Volume 20, Issue 1, January-March 1999, Pages 143-15*
- Graham-Bermann, S. A., Howell, K., Habarth, J., Krishnan, S., Loree, A., & Bermann, E. (2008). Toward assessing traumatic events and stress symptoms in preschool children from low-income families. *American Journal of Orthopsychiatry*, 78, 220–228. doi:10.1037/a001397
- Grasso, D., Boonsiri, J., Lipschitz, D., Guyer, A., Houshyar, S., Douglas-Palumberi, H., Massey, J., & Kaufman, J. (2009). Posttraumatic stress disorder: The missed diagnosis. *Child Welfare*, 88(4), 157-176.
- Hernandez, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process*, 46, 229-241.
- Kaplow, J. B., Saxe, G. N., Putnam, F. W., Pynoos, R. S. and Lieberman, A. F. (2006). The Long-Term Consequences of Early Childhood Trauma: A Case Study and Discussion. *Psychiatry*, 69(4), 362-375.
- Kim, H., Munson, M.R. & McKay, M.M. (2012) Engagement in mental health treatment among adolescents and young adults: A systematic review *Child and Adolescent Social Work Journal*. 29:241–266
- Lieberman, F. A., & Knorr, K. (2007) The impact of trauma: A development framework for infancy and early childhood. *Psychiatric Annals*, 37, 416-422.
- Markese, S. (2011). Dyadic Trauma in Infancy and Early Childhood: Review of the Literature. *Journal of Infant, Child and Psychotherapy*, 10, 341-378.
- Schuder, M., Lyons-Ruth, K. (2004). Hidden trauma” in infancy: attachment, fearful arousal, and early dysfunction of the stress response system. In: Osofsky J, editor. *Trauma in Infancy and Early Childhood* (pp. 69–104) New York: Guilford Press.
- Taylor L, Zuckerman B, Harik V, Groves BM(1994). Witnessing violence by young children and their mothers. *J Dev Behav Pediatr*. 15(2):120-
- Van der Kolk, B. (2014). Chapter 4: Running for your life.
- Walker, J. (2007). Unresolved loss and trauma for parents and the implications for child protection. *Journal of Social Work Practice*, 21, 77-87.
- Zero to Three National Center for Infants, Toddlers and Families www.zerotothree.org

Sessions 4 and 6:

Case 2

Juan – Three-year old Latino male, alleged victim of paternal sexual abuse

Learning Objectives

At the conclusion of class session six, the learner should be able to:

1. Appreciate the impact of sexually inappropriate and possible traumatic events on a pre-school child.
2. Understand the impact of the parent /caregiver's reaction to the suspected sexual abuse and how that impacts the child's experience of, and recovery from, the traumatic event.
3. Be aware of the behavioral manifestations of exposure to sexually inappropriate material (through witnessing), or as a consequence of, sexual molestation.
4. Learn how to enlist parent /caregiver in the therapeutic process.
5. Appreciate the role of external, authoritative systems (e.g. CPS) in securing a safe environment for the child and family.
6. Identify the manner in which culture affects and interacts with the child and family response to the trauma, and to helping professionals.

Required Readings (for sessions 5 and 6)

Fontes (2005). Chapters 3-4.

Saxe et al. (2015). Chapters 5, 6, 9 10.

TF-CBT Modules: Stress Management and Affect Regulation and Modulation

Resource Readings (for sessions 5 and 6)

Bogat, G. A., DeJonghe, E., Levendosky, A. A., Davidson, W. S., & von Eye, A. (2006). Trauma symptoms among infants exposed to intimate partner violence. *Child Abuse & Neglect*, 30, 109–125

Cermak, P., & Molitor, C. (1996). Male victims of child sexual abuse. *Child & Adolescent Social Work Journal*, 13, 385-400.

Chadwick Center for Children and Families. (n. d.). Adaptation guidelines for serving Latino children and families affected by trauma. Available from <http://www.chadwickcenter.org/WALS.htm>

Cohen, J. A., Deblinger, E., Mannarino, A. P., & De Arellano, M. A. (2001). The importance of culture in treating abused and neglected children: An empirical review. *Child Maltreatment*, 6, 148-157.

English, D. J., Marshal, D. B., & Stewart, A. J. (2003). Effects of family violence on child behavior and health during early childhood. *Journal of Family Violence*, 18(1), 43-57.

Kim, T. K., Choi, S., & Shin, Y. J. (2011). Psychosocial factors influencing competency of children's statements on sexual trauma. *Child Abuse & Neglect*, 38, 173-179.

Lederman, C., & Osofsky, J. D. (2008). A judicial-mental health partnership to heal young children in court. *Infant Mental Health Journal*. 29(1), 36-47.

Lovett, B. B. (2004). Child sexual abuse disclosure: maternal response and other variables impacting the victim. *Child and Adolescent Social Work Journal*, 21, 355-371.

Lovett, B. B. (2007). Sexual abuse in the preschool years: Blending ideas from object relations theory, ego psychology, and biology. *Child & Adolescent Social Work*, 24, 579-589.

Marrs Fuchsel, C. L., Murphy, S. B., & Dufresne, R. (2012). Domestic violence, culture,

- and relationship dynamics among immigrant Mexican women. *Affilia: Journal of Women & Social Work*, 27, 263-274. doi:10.1177/0886109912452403
- Milot, T., Ethier, L. S., St.Laurent, D., & Provost, M. A. (2010). The role of trauma symptoms in the development of behavior problems in maltreated pre-schoolers. *Child Abuse & Neglect*, 34, 225-234.
- O'Leary, P.J. (2009). Men who were sexually abused in childhood: Coping strategies and comparisons in psychological functioning. *Child Abuse and Neglect*, 33, 471-479
- Perron, B., & Hiltz, B. (2006). Burnout and secondary trauma among forensic interviewers of abused children. *Child & Adolescent Social Work Journal*, 23(2), 216-234.
- Piper, A. (2008). Investigating child sex abuse allegations; A guide to help legal professionals distinguish valid from invalid claims. *The Journal of Psychiatry & Law*, 36, 271-317.
- Shapiro, D. N., Kaplow, J. B., Amaya-Jackson, L., & Dodge K. A. Behavioral Markers of Coping and Psychiatric Symptoms Among Sexually Abused Children, *Journal of Traumatic Stress* April 2012, 25, 157-163
- Van der Kolk, B. (2014). Chapter 7: Getting on the same wavelength: Attachment and Atunement; Chapter 10: Developmental Trauma: The hidden epidemic
- Wiley, T. (2009). Legal and social service responses to child sexual abuse: A primer and discussion of relevant research. *Journal of Child Sexual Abuse*, 18, 267-289.
- Wood, B., Orsak, C., Murphy, M., & Cross, H. (1996). Semi-structured child sexual abuse interviews: Interview and child characteristics related to credibility of disclosure. *Child Abuse & Neglect*, 20(1), 81-92.

Sessions 7, 8, and 9:

Unit II - ELEMENTARY SCHOOL AGE

Case 3

Geraldine - 9-year old, African American female, who was in the home when her mother was murdered.

Learning Objectives

At the conclusion of this class session, the learner should be able to:

1. Describe the impact of traumatic loss of a parent in early childhood.
2. Identify secondary adversities characteristic of the loss of a parent in childhood.
3. Identify the unique characteristics of an assessment conducted during the acute phase of a traumatic experience.
4. Identify the unique legal considerations that need to be made in the case where a child is present when one parent kills another.
5. Identify triggering experiences (both internal and external) for Geraldine.
6. Identify the ways in which Geraldine experiences this murder which are specific to her developmental level.

7. Identify the cultural factors and processes that may be influencing this family's experience of trauma (e.g., kinship family network, spirituality, historical trauma, interactions with legal and child welfare systems).

Required Readings (for sessions 7, 8 and 9)

- Kaplow, B. J., Saxe, N. G., Putnam, W. F., Pynoos, S. R., & Lieberman, F. A. (2006). The long-term consequences of early childhood trauma: a case study and discussion. *Psychiatry: Interpersonal and Biological Processes*, 69, 362-375.
- Ringeisen, H., Casanueva, C., Cross, T.P., & Urato, M. (2009). Mental health and special education services at school entry for children who were involved in the child welfare system as infants. *Journal of Emotional and Behavioral Disorders*, 17, 177-192.
- Saxe et al. (2015). Chapter 11, 12.

TF-CBT Modules: Cognitive Coping and Creating the Trauma Narrative

Resource Readings (for sessions 7, 8 and 9)

- Bradley, S. J. (2000). *Affect regulation and the development of psychopathology*. New York: Guilford Press.
- Brown, J. E., Pearlman, Y. M., Goodman, F. R. (2004). Facing fears and sadness: cognitive behavioral therapy for childhood traumatic grief. *Harvard Review of Psychiatry*, 12(4), 187-198.
- Clements, M. C., Oxtoby, C., & Ogle, L. R. (2008). Methodological issues in assessing psychological adjustment in child witnesses of intimate partner violence. *Trauma, Violence, & Abuse*, 9(2), 114-127.
- Crenshaw, A. D. (2006). An interpersonal neurobiological-informed treatment model for childhood traumatic grief. *Omega: Journal of Death and Dying*, 54, 319-335.
- Edgar-Bailey, M. and Kress, V. E. (2010). Resolving Child and Adolescent Traumatic Grief: Creative Techniques and Interventions. *Journal of Creativity in Mental Health*, 5, 158-176.
- Jaffee, S. R., Caspi, A., Moffitt, T. E., Polo-Tomais, M. & Taylor, A. (2007). Individual, family and neighborhood factors distinguish resilient from non-resilient maltreated children: A cumulative stressors model. *Child Abuse and Neglect*, 31, 231-253
- Kim, J. (2008). The protective effects of religiosity on maladjustment among maltreated and non-maltreated children. *Child Abuse and Neglect*, 32, 711-720.
- Kocourková, J., & Koutek, J. (1998). The child as a witness of extreme violence in the family. *Journal of Forensic Psychiatry*, 9, 435-439.
- Lang, M. J., & Stover, S. C. (2008). Symptom patterns among youth exposed to intimate partner violence. *Journal of Family Violence*, 23, 619-629.
- Lehmann, P. (2000). Posttraumatic stress disorder (PTSD) and child witness to mother assault: A summary and review. *Children and Youth Services Review*, 22, 275-306.
- Mannarino, A. P., & Cohen, J. A. (2011). Traumatic loss in children and adolescents. *Journal of Child and Adolescent Trauma*, 4, 22 – 33.

- Margolin, G., & Vickerman, A. K. (2007). Posttraumatic stress in children and adolescents exposed to family violence: II. Treatment. *Professional Psychology: Research and Practice*, 38, 620-628.
- McDevitt-Murphy, M. E., Neimeyer, R. A., Burke, L. A., & Williams, J. L. (2011). The toll of traumatic loss in African Americans bereaved by homicide. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1 – 9. Advance online publication. Doi: 10.1037/a0024911
- Osofsky, J. D. (2003). Prevalence of children's exposure to domestic violence and child maltreatment: Implications for prevention and intervention. *Clinical Child and Family Psychology Review*, 6, 161-170
- Pynoos, R.S. & Eth, S. (1984). The child as witness to homicide. *Journal of Social Issues*, Vol. 40(2), 87-108.
- Salloum, A. (2008). Group therapy for children after homicide and violence: A pilot study. *Research on Social Work Practice*, 18(3), 198-211.
- Skinner, E. A., & Zimmer-Gembeck, M. J. (2007). The development of coping. *Annual Review of Psychology*, 58, 119-144.
- Strong, D.D, Bean, R.A. & Feinauer, L.L. (2010). Trauma, attachment and family therapy with grand families: A model for treatment. *Children and Youth Services Review*, 32(1), 44-50
- Van der Kolk, B. (2014). Chapter 8: Trapped in relationships: The cost of abuse and neglect; Chapter 9: What's love got to do with it;
- Vickerman, A. K., & Margolin, G. (2007). Posttraumatic stress in children and adolescents exposed to family violence: II. Treatment. *Professional Psychology: Research and Practice*, 38, 620-628.

Sessions 10, 11, 12:

Case 4

Ibrahim: 10-year old Somalian male; refugee and victim of new traumatic incident.

Learning Objectives:

At the conclusion of this class session, the learner should be able to:

1. Identify specific components of the child's post-traumatic distress and the impact of the child's developmental stage, culture, and position in the family.
2. Analyze protective factors in the child's environment and how to harness them for treatment.
3. Identify pre-existing vulnerabilities and describe their interaction with trauma-related symptoms.
4. Specify the child's moment-by-moment experience of the traumatic event and how it relates to current symptoms.

Required Readings

Sessions 10, 11, 12

Fontes (2005). Chapter 7.

Schmitz, L. C., Jacobus, V. M., Stakeman, C., Valenzuela, A. G., & Sprankel, J. (2003). Immigrant and refugee communities: Resiliency, trauma, policy, and practice. *Social Thought*, 22, 135-158.

Saxe et al. (2015). Chapter 13.

TF-CBT Modules: Cognitive Processing and Behavior Management Training

Resource Readings (for sessions 10, 11, 12)

Abdul-Karim, S. & Kiely-Froude, C. (2009) "Providing culturally conscious mental health treatment for African American Muslim women living with spousal abuse" *Journal of Muslim Mental Health* DOI: 10.1080/15564900903245824

Arnberg et al. A longitudinal follow-up of posttraumatic stress: from 9 months to 20 years after a major road traffic accident, *Child and Adolescent Psychiatry and Mental Health* 2011, 5:8 <http://www.capmh.com/content/5/1/8> doi: 10.1186/1753-2000-5-8

Berliner, H. L., Ira, A. T., & Fitzgerald, M. (2003). Children's memory for trauma and positive experiences. *Journal of Traumatic Stress*, 16, 229-236.

De Haene, L., Grietens, H., & Verschuere, K. (2010). Adult attachment in the context of refugee traumatization: The impact of organized violence and forced separation on parental states of mind regarding attachment. *Attachment & Human Development*, 12, 249-264.

Ellis, B. H., Lhewa, D., Charney, M., & Cabral, H. (2006). Screening for PTSD among Somali adolescent refugees: Psychometric properties of the UCLA PTSD Index. *Journal of Traumatic Stress*, 19, 547-551.

Maddali, O. A. (2008). Sophia's choice: Problems faced by female asylum-seekers and their U.S.-citizen children. *Feminist Studies*, 34, 277-290.

Martin, C., Cromer, L., DePrince, A. P., & Freyd, J. J. (2013). The role of cumulative trauma, betrayal, and appraisals in understanding trauma symptomatology. *Psychological Trauma: Theory, Research, Practice, And Policy*, 5(2), 110-118.

Montgomery, E. (2010). Trauma and resilience in young refugees: A 9-year follow-up study. *Development and Psychopathology*, 22, 477-489.

Neuner, F., Kurreck, S., Ruf, M., Odenwald, M., Elbert, T., & Schauer, M. (2010). Can asylum-seekers with Posttraumatic Stress Disorder be successfully treated? A randomized controlled pilot study. *Cognitive Behaviour Therapy*, 39(2), 81-91.

Peltonen, K., & Punamäki, R. L. (2010). Preventive interventions among children exposed to trauma of armed conflict: A literature review. *Aggressive Behavior*, 36(2), 95-116.

Stodoiska, M. (2008). Adaptation processes among young immigrants: An integrative review. *Journal of Immigrant & Refugee Studies*, 6, 34-59.

Van der Kolk, B. (2014). Chapter 12: The unbearable heaviness of remembering; Chapter 13: Healing from trauma: Owning yourself.

Yohani, S. (2010). Nurturing hope in refugee children during early years of post-war adjustment. *Children and Youth Services Review*, 32, 865-873.

Unit III - ADOLESCENCE

Sessions 13,14

Case 5

James - 13-year old Caucasian male, victim of complex trauma (physical and psychological abuse, neglect, exposure to caregiver substance abuse)

Learning Objectives

At the conclusion of this class session, the learner should be able to:

1. Describe complex manifestations of early trauma.
2. Identify key internalizing and externalizing behaviors that are indicative of a history of trauma.
3. Recognize an array of trauma exposures (subtle and overt) and their intersection with attachment issues.
4. Describe the negative impact that previous traumatic experience has on client's ability to negotiate normal adolescent tasks (e.g., interest in sexuality, showing independence from family, etc.).
5. Describe the key role that the family system, including the caregiver's response to the trauma, plays in helping a child to understand and cope with multiple traumatic events.
6. Identify and describe at least three developmental domains impacted by early interpersonal trauma.
7. Identify and describe at least three examples of how "symptoms" of complex trauma exposure represent functional attempts to cope.

Required Readings

Session 13, 14:

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liataud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35, 390-398.

D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & van der Kolk, B. A. (2012).

Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, 82(2), 187-200.

Saxe et al. (2015). Chapters 14-15.

TF-CBT Modules: Parent-Child Sessions and Evaluation

Resource Readings (Recommended)

Chapman, V. M., Wall, A., & Barth, P. R. and National Survey of Child and Adolescent Well-Being Research Group. (2004). Children's voices: The perceptions of children in foster care. *American Journal of Orthopsychiatry*, 74, 293-304.

- Cloitre, M., Courtois, C. A., Charuvastra, A., Carapezza, R., Stolbach, B. C., Green, B. L. (2011). Treatment of complex PTSD: Results of the ISTSS Expert Clinical Survey on Best Practices. *Journal of Traumatic Stress, 24*, 615-627.
- Cloitre, M., Stolbach, B. C., Herman, J. L., van der Kolk, B., Pynoos, R., Wang, J. & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress, 22*, 399-408.
- Finkelstein, N., Rechberger, E., Russell, A. L., VanDeMark, R. N., Noether, D. C., O'Keefe, M., Gould, K., Mockus, S., & Rael, M. (2005). Building resilience in children of mothers who have co-occurring disorders and histories of violence. *The Journal of Behavioral Health Services & Research, 32*, 141-154.
- Fortin, A., Doucet, M., & Damant, D. (2011). Children's appraisals as mediators of the relationship between domestic violence and child adjustment. *Violence & Victims, 26*(3), 377-392. doi:10.1891/0886-6708.26.3.377
- Graham-Berman, S.A. , Gruber, G., Howell, K.H. & Girz, L. (2009). Factors discriminating among profiles of resilience and psychopathology in children exposed to intimate partner violence (IPV). *Child Abuse and Neglect, 33*, 648-660.
- Heim, C., Shugart, M., Craighead, W. E., & Nemeroff, C. B. (2010). Neurobiological and psychiatric consequences of child abuse and neglect. *Developmental Psychobiology, 52*, 671-690.
- Howell, K. H. (2011). Resilience and psychopathology in children exposed to family violence. *Aggression and Violent Behavior, 16*, 562–569. doi:10.1016/j.avb.2011.09.001
- Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress, 22*, 399-408.
- Stevens, N. T., Ruggiero, J. K., Kilpatrick, G. D., Resnick, S. H., & Saunders, E. B. (2005). Variables differentiating singly and multiply victimized youth: Results from the National Survey of Adolescents and implications for secondary prevention. *Child Maltreatment, 10*, 211-223.
- Vander Kolk, B. (2014). Chapter 14: Language: Miracle and Tyranny; Chapter 16: Learning to inhabit your body: Yoga
- VanDeMark, R. N., Russell, A. L., O'Keefe, M., Finkelstein, N., Noether, D. C., & Gampel, C. J. (2005). Children of mothers with histories of substance abuse, mental illness, and trauma. *Journal of Community Psychology, 33*, 445-459.
- Vickerman, A. K., & Margolin, G. (2007). Posttraumatic stress in children and adolescents exposed to family violence: I. Overview and issues. *Professional Psychology: Research and Practice, 38*, 613-619.
- Vickerman, A. K., & Margolin, G. (2007). Posttraumatic stress in children and adolescents exposed to family violence: II. Treatment. *Professional Psychology: Research and Practice, 38*(6), 620-628.
- Young, K. N., Boles, M. S., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment, 12*, 137-149.

Session 15: Course Review and Future Learning

Review core concepts, TF-CBT, and TST

Required Reading:

Saxe et al. (2015). Chapters 16-17

Assignments

There will be two brief written assignments during the course, a presentation and a final paper. Students are also required to complete the Trauma-Focused Cognitive-Behavioral Therapy web course and sign up to present/demonstrate one module. Each student is expected to actively participate in all class activities.

- 1. Class Participation**
- 2. TF-CBT summary and demonstration (per sign-up).** Students will work with a partner and review the TF-CBT module with the class, including demonstration of techniques from the module. 10% of course grade.
- 3. Learning Issues Assignment (per sign-up)**

Goal of the Assignment:

To familiarize you with the literature that can inform the experience of a traumatized child, adolescent and/or their family and to assist you in the development of trauma-informed intervention and treatment plans for children and families.

Tasks:

During the semester, each student will have the responsibility for identifying with the class topics or questions which emerge from the discussion of one of the cases for further investigation. The student should search the literature using on-line resources to answer/illuminate the question(s) or topic(s). The questions and findings are summarized in a 10 minute oral presentation to the class at the start of the next class session. Each student will participate in one presentation during the course, as per the sign-up on the first day of classes.

Weight: 10% of course grade

III. Brief Papers

Goal of the Assignment:

Each assignment has a specific educational goal. The first paper provides the opportunity to organize and conceptualize case data using one core concept so that students will be able to demonstrate in-depth understanding and application of a core concept. Because self-care is important for providers, the second assignment permits students to reflect on their reactions to case material and to "rehearse" steps that they can take to examine and manage their own responses.

Tasks:

In the first reflection paper, the student demonstrates their understanding of the core concepts. In the second, they present self-reflection in regard to a case as well as using the literature on vicarious traumatization to inform their discussion. Each of these is described below.

Format: Each paper should be double-spaced, type-written, and 5-6 pages in length.

Due: Mar. 7, April 4

Weight: 30% of course grade (each paper is worth 15%)

Reflection Paper #1:

Using the Amarika OR Juan case, organize selected facts of the case through the lens of **one core concept**. Discuss the facts in a way that promotes understanding of the child's / family's experience of trauma. Discuss how the core concept relates to an understanding of risk and protective factors. (15 pts.)

Elements of Assignment	Exceeds expectations		Meets expectations		Below expectations		
	A	BA	B	CB	C	DC	E
1. Organize selected facts of one case using one core concept and discuss the facts in a way that promotes understanding of the child's / family's experience of trauma	Organizes selected facts of one case coherently through the lens of the core concept, demonstrates in-depth consideration of the facts, and demonstrates a basic understanding of the child's / family's experience of trauma		Organizes selected facts of one case coherently through the lens of the core concept and demonstrates a basic understanding of the child's / family's experience of trauma		Core concept is not used to organize the facts, or the discussion is unclear or unorganized		
2. Define risk factors. Discuss how core concept relates to understanding of risk factors	Provides a definition. Substantive discussion that relates the core concept to specific discussion of risk factors at child, social environment, and sociopolitical levels, with thoughtful support for statements made		Provides a definition. Basic discussion that relates the core concept to individual or family risk factors, with some support for statements made		No definition provided. Discussion is broad and does not identify discrete risk factors		
3. Define protective factor. Discuss how core concept relates to understanding of protective factors	Provides a definition. Substantive discussion that relates the core concept to specific discussion of protective factors at child, social environment, and sociopolitical levels, with thoughtful support for statements made		Provides a definition. Basic discussion that relates the core concept to individual or family protective factors, with some support for statements made		No definition provided Discussion is broad and does not identify discrete risk factors		
4. Graduate-level writing, correct grammar, sentence structure, APA style for citations/references	Excellent, no errors / one error		Good, a few errors		Poor, a number of errors, or plagiarizes		

Reflection Paper #2: “Self-Care”:

Identify your personal reactions to the case of Amarika, Juan, or Geraldine. If you were the social worker, how might your reactions affect your working relationships with the children, caregivers, and/or other professionals in the case? What self-care strategies would you use to manage your own intense reactions and possible vicarious trauma? **Review and cite literature** about vicarious trauma and self-care that provided help in thinking about care for yourself. (15 pts.)

Elements of Assignment	Exceeds expectations		Meets expectations		Below expectations		
	A	BA	B	CB	C	DC	E
1. Discuss your <u>personal reactions</u> to the case of Amarika, Juan, <u>OR</u> Geraldine	Identifies personal reactions that are linked to the case; clearly articulates the feeling and thought content of reactions; the response demonstrates exploration of self and identifies bias, stereotyping, and/or empathic identification that may be in evidence		Identifies personal reactions that are linked to the case and articulates basic feeling and thought content of those reactions; demonstrates some exploration of self		Identifies personal reactions in a global way; articulates feelings or thoughts without clarity.		
2. If you were the social worker, how might your reactions affect your interactions with the children, caregivers, and/or other professionals in the case?	provides substantive discussion about the relationship between personal reactions and their effect on the working relationship with family and/or other professionals; reactions are discussed with empathy toward the people in the case and a recognition of how one's own reactions may be helpful or hurtful to the working relationship		provides basic discussion about the relationship between personal reactions and their effect on the working relationship with family or other professionals; discusses reactions with some empathy toward the people in the case and recognizes how one's own reactions may broadly affect the working relationship		provides inadequate discussion about the relationship between personal reactions and their effect on the working relationship; absence of empathy;		
3. What self-care strategies would you use to manage your own intense reactions and possible vicarious trauma? (Review and cite literature about vicarious trauma and self-care that provided help in thinking about care for yourself)	provides substantive discussion of self-care strategies as they relate to personal reactions from element #1; demonstrates integration of literature by citing 2 or more sources;		provides basic discussion of self-care strategies as they relate to personal reactions from element #1; demonstrates some integration of literature by citing at least one source sources		discusses self-care broadly without citing the literature		
4. Graduate-level writing, correct grammar, sentence structure, APA style for citations/references (5 pts.)	Excellent, no errors / one error		Good, a few errors		Poor, a number of errors, or plagiarizes		

I. Final Paper

Goal of the Assignment:

To demonstrate your ability to apply the course content, including the core concepts and the framework incorporating an understanding of both individual and system factors, to one of your own cases.

Tasks:

1. Identify one of your own child or adolescent cases. Summarize the presenting problem and relevant history.
2. If you do not currently have a case, use the Case of James for purposes of this assignment.
3. Provide a trauma-informed assessment of your client. Be sure to highlight developmental and cultural factors that are salient to the assessment.
4. Using the core concepts (see handout) as a guide for prioritizing treatment issues, identify the most immediate treatment issues for your client. Describe the phase of treatment you are in with your client (see Saxe et al., chapter 8).
5. Discuss the degree to which you have been able to work within a treatment team. If that is not possible in your setting, describe efforts you have made to develop a treatment plan in collaboration with other systems involved in the child's life.
6. Summarize the treatment planned or underway with the client. Be sure to address the following in your discussion *as they apply to your planned intervention* (since this reflects a phase-oriented model, you may have only a few phases to describe in this section of the paper):
 - Engagement
 - Stabilization
 - System advocacy
 - Role of pharmacology
 - Building emotional regulation skills
 - Building cognitive process skills
 - Building meaning-making skills
7. Briefly identify next steps in your work with the client/client system.

Format:

Type-written, double spaced paper of approximately 10 pages with bibliography in APA style.

Due Date: Outline due for peer review/critique: (April 18)
Paper due: (May 9)

Weight: 30% of course grade

V. Trauma-Focused Cognitive Behavior Therapy Web Course

Go to the website for Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
<http://tfcbt.musc.edu/> (you can also find this if you Google “Free TF-CBT course”).

Log in and complete the course. This web based course complements the readings and class content. At the end of each module there is a post-test. You will need to complete the post test for each module before you can move on to the next module. Be sure to have completed the module assigned to each case before the first class discussion of the case.

Print out and hand in the certificate of completion by (insert date).

Weight: 10% of course grade Due. May 2.

BIBLIOGRAPHY

- Abdul-Karim, S. & Kiely-Froude, C. (2009) "Providing culturally conscious mental health treatment for African American Muslim women living with spousal abuse" *Journal of Muslim Mental Health* DOI: 10.1080/15564900903245824
- Arnberg et al. A longitudinal follow-up of posttraumatic stress: from 9 months to 20 years after a major road traffic accident, *Child and Adolescent Psychiatry and Mental Health* 2011, 5:8 <http://www.capmh.com/content/5/1/8> doi: 10.1186/1753-2000-5-8
- Berliner, H. L., Ira, A. T., & Fitzgerald, M. (2003). Children's memory for trauma and positive experiences. *Journal of Traumatic Stress*, 16, 229-236.
- Bogat, G. A., DeJonghe, E., Levendosky, A. A., Davidson, W. S., & von Eye, A. (2006). Trauma symptoms among infants exposed to intimate partner violence. *Child Abuse & Neglect*, 30, 109-125.
- Bradley, S. J. (2000). *Affect regulation and the development of psychopathology*. New York: Guilford Press.
- Briggs-Gowan, M. J., Carter, A. S., Clark, R., Augustyn, M., McCarthy, K. J. and Ford, J. D. (2010). Exposure to potentially traumatic events in early childhood: differential links to emergent psychopathology. *Journal of Child Psychology and Psychiatry*, 51(10), 1132-1140.
- Brown, J. E., Pearlman, Y. M., Goodman, F. R. (2004). Facing fears and sadness: cognitive behavioral therapy for childhood traumatic grief. *Harvard Review of Psychiatry*, 12(4), 187-198.
- Cermak, P., & Molitor, C. (1996). Male victims of child sexual abuse. *Child & Adolescent Social Work Journal*, 13, 385-400.
- Chadwick Center for Children and Families. (n. d.). Adaptation guidelines for serving Latino children and families affected by trauma. Available from <http://www.chadwickcenter.org/WALS.htm>
- Chapman, V. M., Wall, A., & Barth, P. R. and National Survey of Child and Adolescent Well-Being Research Group. (2004). Children's voices: The perceptions of children in foster care. *American Journal of Orthopsychiatry*, 74, 293-304.
- Chu, A. T., & Lieberman, A. F. (2009). Clinical implications of traumatic stress from birth to age 5. *The Annual Review of Clinical Psychology*, 6, 16.1-16.26.
- Clements, M. C., Oxtoby, C., & Ogle, L. R. (2008). Methodological issues in assessing psychological adjustment in child witnesses of intimate partner violence. *Trauma, Violence, & Abuse*, 9(2), 114-127.
- Cloitre, M., Courtois, C. A., Charuvastra, A., Carapezza, R., Stolbach, B. C, Green, B. L. (2011). Treatment of complex PTSD: Results of the ISTSS Expert Clinical Survey on Best Practices. *Journal of Traumatic Stress*, 24, 615-627.
- Cloitre, M., Stolbach, B. C., Herman, J. L., van der Kolk, B., Pynoos, R., Wang, J. & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress*, 22, 399-408.
- Cohen, J. A., Deblinger, E., Mannarino, A. P., & De Arellano, M. A. (2001). The importance of culture in treating abused and neglected children: An empirical review. *Child Maltreatment*, 6, 148-157.

- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liataud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, *35*, 390-398.
- Crenshaw, A. D. (2006). An interpersonal neurobiological-informed treatment model for childhood traumatic grief. *Omega: Journal of Death and Dying*, *54*, 319-335.
- D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & van der Kolk, B. A. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, *82*(2), 187-200.
- De Haene, L., Grietens, H., & Verschuere, K. (2010). Adult attachment in the context of refugee traumatization: The impact of organized violence and forced separation on parental states of mind regarding attachment. *Attachment & Human Development*, *12*, 249-264
- De Young, A.C., Kenardy, J.A., Cobham, V.E. (2011). Trauma in early childhood: A neglected population. *Clinical Child and Family Psychology Review*, *14*, 231-250.
- Edgar-Bailey, M. and Kress, V. E. (2010). Resolving Child and Adolescent Traumatic Grief: Creative Techniques and Interventions. *Journal of Creativity in Mental Health*, *5*, 158-176.
- Ellis, B. H., Lhewa, D., Charney, M., & Cabral, H. (2006). Screening for PTSD among Somali adolescent refugees: Psychometric properties of the UCLA PTSD Index. *Journal of Traumatic Stress*, *19*, 547-551.
- English, D. J., Marshal, D. B., & Stewart, A. J. (2003). Effects of family violence on child behavior and health during early childhood. *Journal of Family Violence*, *18*(1), 43-57.
- Farver, J. M., Natera, L.X., Frosch, D L. Effects of community violence on inner-city preschoolers and their families *Journal of Applied Developmental Psychology Volume 20, Issue 1, January-March 1999, Pages 143-15*
- Finkelstein, N., Rechberger, E., Russell, A. L., VanDeMark, R. N., Noether, D. C., O'Keefe, M., Gould, K., Mockus, S., & Rael, M. (2005). Building resilience in children of mothers who have co-occurring disorders and histories of violence. *The Journal of Behavioral Health Services & Research*, *32*, 141-154.
- Fortin, A., Doucet, M., & Damant, D. (2011). Children's appraisals as mediators of the relationship between domestic violence and child adjustment. *Violence & Victims*, *26*(3), 377-392. doi:10.1891/0886-6708.26.3.377
- Graham-Berman, S.A. , Gruber, G., Howell, K.H. & Girz, L. (2009). Factors discriminating among profiles of resilience and psychopathology in children exposed to intimate partner violence (IPV). *Child Abuse and Neglect*, *33*, 648-660.
- Graham-Bermann, S. A., Howell, K., Habarth, J., Krishnan, S., Loree, A., & Bermann, E. (2008). Toward assessing traumatic events and stress symptoms in preschool children from low-income families. *American Journal of Orthopsychiatry*, *78*, 220-228. doi:10.1037/a001397
- Grasso, D., Boonsiri, J., Lipschitz, D., Guyer, A., Houshyar, S., Douglas-Palumberi, H., Massey, J., & Kaufman, J. (2009). Posttraumatic stress disorder: The missed diagnosis. *Child Welfare*, *88*(4), 157-176.
- Harris, W. W., Lieberman, F. A., & Marans, S. (2007). In the best interests of society. *Journal of Child Psychology and Psychiatry*, *48*, 392-411.

- Heim, C., Shugart, M., Craighead, W. E., & Nemeroff, C. B. (2010). Neurobiological and psychiatric consequences of child abuse and neglect. *Developmental Psychobiology*, 52, 671-690.
- Hernandez, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process*, 46, 229-241.
- Howell, K. H. (2011). Resilience and psychopathology in children exposed to family violence. *Aggression and Violent Behavior*, 16, 562–569. doi:10.1016/j.avb.2011.09.001
- Jaffee, S. R., Caspi, A., Moffitt, T. E., Polo-Tomais, M. & Taylor, A. (2007). Individual, family and neighborhood factors distinguish resilient from non-resilient maltreated children: A cumulative stressors model. *Child Abuse and Neglect*, 31, 231-253
- Kaplow, J. B., Saxe, G. N., Putnam, F. W., Pynoos, R. S. and Lieberman, A. F. (2006). The Long-Term Consequences of Early Childhood Trauma: A Case Study and Discussion. *Psychiatry*, 69(4), 362-375.
- Kim, H., Munson, M.R. & McKay, M.M. (2012) Engagement in mental health treatment among adolescents and young adults: A systematic review *Child and Adolescent Social Work Journal*. 29:241–266
- Kim, J. (2008). The protective effects of religiosity on maladjustment among maltreated and non-maltreated children. *Child Abuse and Neglect*, 32, 711-720.
- Kim, T. K., Choi, S., & Shin, Y. J. (2011). Psychosocial factors influencing competency of children's statements on sexual trauma. *Child Abuse & Neglect*, 38, 173-179.
- Kocourková, J., & Koutek, J. (1998). The child as a witness of extreme violence in the family. *Journal of Forensic Psychiatry*, 9, 435-439.
- Lang, M. J., & Stover, S. C. (2008). Symptom patterns among youth exposed to intimate partner violence. *Journal of Family Violence*, 23, 619-629.
- Lederman, C., & Osofsky, J. D. (2008). A judicial-mental health partnership to heal young children in court. *Infant Mental Health Journal*. 29(1), 36-47.
- Lehmann, P. (2000). Posttraumatic stress disorder (PTSD) and child witness to mother assault: A summary and review. *Children and Youth Services Review*, 22, 275-306.
- Lieberman, F. A., & Knorr, K. (2007) The impact of trauma: A development framework for infancy and early childhood. *Psychiatric Annals*, 37, 416-422.
- Lovett, B. B. (2004). Child sexual abuse disclosure: maternal response and other variables impacting the victim. *Child and Adolescent Social Work Journal*, 21, 355-371.
- Lovett, B. B. (2007). Sexual abuse in the preschool years: Blending ideas from object relations theory, ego psychology, and biology. *Child & Adolescent Social Work*, 24, 579-589.
- Maddali, O. A. (2008). Sophia's choice: Problems faced by female asylum-seekers and their U.S.-citizen children. *Feminist Studies*, 34, 277-290.
- Neuner, F., Kurreck, S., Ruf, M., Odenwald, M., Elbert, T., & Schauer, M. (2010). Can asylum-seekers with Posttraumatic Stress Disorder be successfully treated? A randomized controlled pilot study. *Cognitive Behaviour Therapy*, 39(2), 81-91.
- Mannarino, A. P., & Cohen, J. A. (2011). Traumatic loss in children and adolescents. *Journal of Child and Adolescent Trauma*, 4, 22 – 33.
- Margolin, G., & Vickerman, A. K. (2007). Posttraumatic stress in children and adolescents exposed to family violence: II. Treatment. *Professional Psychology: Research and Practice*, 38, 620-628.
- Markese, S. (2011). Dyadic Trauma in Infancy and Early Childhood: Review of the Literature. *Journal of Infant, Child and Psychotherapy*, 10, 341-378

- Marrs Fuchsel, C. L., Murphy, S. B., & Dufresne, R. (2012). Domestic violence, culture, and relationship dynamics among immigrant Mexican women. *Affilia: Journal of Women & Social Work, 27*, 263-274. doi:10.1177/0886109912452403
- Martin, C., Cromer, L., DePrince, A. P., & Freyd, J. J. (2013). The role of cumulative trauma, betrayal, and appraisals in understanding trauma symptomatology. *Psychological Trauma: Theory, Research, Practice, And Policy, 5*(2), 110-118.
- Montgomery, E. (2010). Trauma and resilience in young refugees: A 9-year follow-up study. *Development and Psychopathology, 22*, 477-489.
- McDevitt-Murphy, M. E., Neimeyer, R. A., Burke, L. A., & Williams, J. L. (2011). The toll of traumatic loss in African Americans bereaved by homicide. *Psychological trauma: Theory, Research, Practice, and Policy, 1 – 9*. Advance online publication. Doi: 10.1037/a0024911
- Milot, T., Ethier, L. S., St-Laurent, D., & Provost, M. A. (2010). The role of trauma symptoms in the development of behavior problems in maltreated pre-schoolers. *Child Abuse & Neglect, 34*, 225-234.
- O'Leary, P.J. (2009). Men who were sexually abused in childhood: Coping strategies and comparisons in psychological functioning. *Child Abuse and Neglect, 33*, 471-479
- Osofsky, J. D. (2003). Prevalence of children's exposure to domestic violence and child maltreatment: Implications for prevention and intervention. *Clinical Child and Family Psychology Review, 6*, 161-170
- Peltonen, K., & Punamäki, R. L. (2010). Preventive interventions among children exposed to trauma of armed conflict: A literature review. *Aggressive Behavior, 36*(2), 95-116.
- Perron, B., & Hiltz, B. (2006). Burnout and secondary trauma among forensic interviewers of abused children. *Child & Adolescent Social Work Journal, 23*(2), 216-234.
- Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress, 22*, 399-408.
- Piper, A. (2008). Investigating child sex abuse allegations; A guide to help legal professionals distinguish valid from invalid claims. *The Journal of Psychiatry & Law, 36*, 271-317.
- Pynoos, R.S. & Eth, S. (1984). The child as witness to homicide. *Journal of Social Issues, Vol. 40*(2), 87-108.
- Ringeisen, H., Casanueva, C., Cross, T.P., & Urato, M. (2009). Mental health and special education services at school entry for children who were involved in the child welfare system as infants. *Journal of Emotional and Behavioral Disorders, 17*, 177-192.
- Salloum, A. (2008). Group therapy for children after homicide and violence: A pilot study. *Research on Social Work Practice, 18*(3), 198-211.
- Schmitz, L. C., Jacobus, V. M., Stakeman, C., Valenzuela, A. G., & Sprankel, J. (2003). Immigrant and refugee communities: Resiliency, trauma, policy, and practice. *Social Thought, 22*, 135-158..
- Schuder, M., Lyons-Ruth, K. (2004). Hidden trauma” in infancy: attachment, fearful arousal, and early dysfunction of the stress response system. In: Osofsky J, editor. *Trauma in Infancy and Early Childhood* (pp. 69–104) New York: Guilford Press.
- Shapiro, D. N., Kaplow, J. B., Amaya-Jackson, L., & Dodge K. A. Behavioral Markers of Coping and Psychiatric Symptoms Among Sexually Abused Children, *Journal of Traumatic Stress* April 2012, 25, 157–163

- Skinner, E. A., & Zimmer-Gembeck, M. J. (2007). The development of coping. *Annual Review of Psychology, 58*, 119-144.
- Stevens, N. T., Ruggiero, J. K., Kilpatrick, G. D., Resnick, S. H., & Saunders, E. B. (2005). Variables differentiating singly and multiply victimized youth: Results from the National Survey of Adolescents and implications for secondary prevention. *Child Maltreatment, 10*, 211-223.
- Stodoiska, M. (2008). Adaptation processes among young immigrants: An integrative review. *Journal of Immigrant & Refugee Studies, 6*, 34-59.
- Strong, D.D, Bean, R.A. & Feinauer, L.L. (2010). Trauma, attachment and family therapy with grand families: A model for treatment. *Children and Youth Services Review, 32*(1), 44-50
- Taylor L, Zuckerman B, Harik V, Groves BM(1994). Witnessing violence by young children and their mothers. *J Dev Behav Pediatr. 15*(2):120-
- Van der Kolk, B. (2014). Chapter 7: Getting on the same wavelength: Attachment and Atunement; Chapter 10: Developmental Trauma: The hidden epidemic
- Van der Kolk, B. (2014). Chapter 4: Running for your life.
- Van der Kolk, B. (2014). Chapter 8: Trapped in relationships: The cost of abuse and neglect; Chapter 9: What's love got to do with it;
- Vander Kolk, B. (2014). Chapter 14: Language: Miracle and Tyranny; Chapter 16: Learning to inhabit your body: Yoga
- Van der Kolk, B. (2014). Chapter 12: The unbearable heaviness of remembering; Chapter 13: Healing from trauma: Owning yourself.
- VanDeMark, R. N., Russell, A. L., O'Keefe, M., Finkelstein, N., Noether, D. C., & Gampel, C. J. (2005). Children of mothers with histories of substance abuse, mental illness, and trauma. *Journal of Community Psychology, 33*, 445-459.
- Vickerman, A. K., & Margolin, G. (2007). Posttraumatic stress in children and adolescents exposed to family violence: I. Overview and issues. *Professional Psychology: Research and Practice, 38*, 613-619.
- Walker, J. (2007). Unresolved loss and trauma for parents and the implications for child protection. *Journal of Social Work Practice, 21*, 77-87.
- Wiley, T. (2009). Legal and social service responses to child sexual abuse: A primer and discussion of relevant research. *Journal of Child Sexual Abuse, 18*, 267-289.
- Wood, B., Orsak, C., Murphy, M., & Cross, H. (1996). Semi-structured child sexual abuse interviews: Interview and child characteristics related to credibility of disclosure. *Child Abuse & Neglect, 20*(1), 81-92.
- Yohani, S. (2010). Nurturing hope in refugee children during early years of post-war adjustment. *Children and Youth Services Review, 32*, 865-873.
- Young, K. N., Boles, M. S., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment, 12*, 137-149.
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