

**UNIVERSITY OF TENNESSEE
COLLEGE OF SOCIAL WORK**

**SW531. Trauma Theory & Practice
Section 001
3 credit hours
Spring, 2018**

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Traumatized children...need predictability, routine, a sense of control and stable relationships with supportive people. (Perry & Szalavitz, 2006, pg. 61)

CODE OF CONDUCT

It is the student's responsibility to have read the College of Social Work Ethical Academic and Professional Conduct Code that is in the College of Social Work MSS W Handbook (www.csw.utk.edu). Students are also expected to sign and adhere to the Social Work Field Placement Code of Conduct.

THE HONOR STATEMENT

An essential feature of The University of Tennessee is a commitment to maintaining an atmosphere of intellectual integrity and academic honesty. As a student of the University, I pledge that I will neither knowingly give nor receive any inappropriate assistance in academic work, thus affirming my own personal commitment to honor and integrity. (*Hilltopics*).

UNIVERSITY CIVILITY STATEMENT

Civility is genuine respect and regard for others: politeness, consideration, tact, good manners, graciousness, cordiality, affability, amiability and courteousness. Civility enhances academic freedom and integrity, and is a prerequisite to the free exchange of ideas and knowledge in the learning community. Our community consists of students, faculty, staff, alumni, and campus visitors. Community members affect each other's well-being and have a shared interest in creating and sustaining an environment where all community members and their points of view are valued and respected. Affirming the value of each member of the university community, the campus asks that all its members adhere to the principles of civility and community adopted by the campus: <http://civility.utk.edu/>

DISABILITY

If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact The University of Tennessee Office of Disability Services at 100 Dunford Hall (865) 974-6087. This will ensure that you are properly registered for services.

DIMENSIONS OF DIVERSITY

The College of Social Work and the University of Tennessee welcome and honor all people. In accordance with the U.S. National Association of Social Workers (NASW) and the U.S. Council on Social Work Education (CSWE 2015 Educational Policy Statement), “the dimensions of diversity are understood as the intersectionality of multiple factors including” age, class, color, culture, mental or physical disability and ability, ethnicity, gender, gender expression, gender identity, immigration status, marital status, national origin, political ideology, race, regionality, religion and spirituality, sex, sexual orientation, and tribal sovereign status. The College values intellectual curiosity, pursuit of knowledge, and academic freedom and integrity. “A person’s diverse life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim” (CSWE 2015 Educational Policy Statement). The College of Social Work promotes social justice and social change, and strives to end discrimination, oppression, poverty, and other forms of social injustice.

COURSE RATIONALE, DESCRIPTION AND ORGANIZATION

Childhood trauma, including maltreatment and witnessed violence, can be extremely detrimental to the development of children and adolescents, potentially resulting in lifelong neurophysiological changes. The profoundly negative effect of cumulative childhood stressors, known as Adverse Childhood Experiences (ACEs), across the lifespan is also well known. Adults are not immune from traumas, including sexual violence and exploitation, other interpersonal violence, assault, combat, witnessed violence, and many more, and may also struggle afterwards with significant posttraumatic effects. The 21st Century has also seen a different scale of tragedies—9/11; Katrina; use of the Internet to engage in sexual exploitation; immigrants coming from countries wrecked by war and genocide; sexual slavery, infectious diseases, and manmade/natural disasters such as tsunamis, cyclones, and earthquakes. This expanding scale of tragedies—at least the knowledge of such tragedies—has prompted much needed research on the effects of disasters, catastrophic trauma, community violence, and sexual exploitation, among many others, along with new evidence-based practices (EBPs) and practice guidelines. More information is also available concerning trauma related to accidents, combat, invasive medical procedures, traumatic grief, and many other types of trauma. This knowledge spans theoretical, psychological, neurophysiological, systems, and other literature.

The purpose of this course is to immerse students in the knowledge base regarding trauma and its effects, including the neuroscience of trauma, ~~and resulting~~ as well as issues related to working ethically and effectively with child, adolescent, and adult victims of child maltreatment, interpersonal traumas, manmade/natural disasters, and other types of chronic stress and trauma. This course embeds the student within a theoretical and neurophysiological understanding of ~~these~~ trauma, ~~their~~ its effects, and ~~their~~ trauma-informed evidence-based treatments. The primary modes for gaining such an understanding of ~~these victims~~ trauma and how to work with ~~them~~ its victims is through case examples supplemented with salient readings regarding the epigenetics and neuroscience of trauma, trauma-informed evidence-based practices, and others. This course pays particular attention to cultural status, including race/ethnicity, gender, sexual orientation, socioeconomic status, disability status, and others in understanding and working with traumatized victims and survivors within a strengths perspective. This course presents information that is applicable to both EBIP and MLCP students.

COURSE COMPETENCIES

By the end of the course, students will be able to:

1. Demonstrate an understanding of neurophysiological, epigenetic, psychological, relational, and other effects of maltreatment, other trauma, and chronic stress on children, adolescents, and adults, as well as the theories that support them. (EBIP 9.1)
Content: neurophysiological effects of maltreatment and trauma in children, adolescents, & adults as compared to normative neurophysiological development; epigenetic changes among chronically stressed and traumatized individuals; developmental, ecological, transactional framework for modeling knowledge of maltreatment and trauma; psychological effects of maltreatment and trauma in children, adolescents, and adults; psychological, relational, and other effects of trauma and chronic stress in children, adolescents, and adult.
2. Critically analyze, assess the cultural sensitivity of, and apply theories of coping, stress, oppression, trauma, attachment, resilience, and adverse childhood experiences that assist in conceptualizing and understanding the effects of maltreatment, violence, chronic stress, and other trauma on children, adolescents, adults, families, and other client systems. (EBIP 9.1)
Content: theories specific to coping, stress, oppression, trauma, attachment, resilience, and adverse childhood experiences to include, minimally, Hobfoll's dual axis model of coping, Hobfoll's conservation of resources, the stress-diathesis model, mundane extreme environmental stressors, weathering, attachment theory, theory of mind, different conceptualizations of resilience (Werner, Perry, Masten, Rutter, Ungar), theories of violence (feminist, conflict theory), Porges polyvagal theory, complex PTSD, developmental trauma, traumatic grief; cultural sensitivity of aforementioned theories.
3. Understand, differentiate, identify, and apply dynamics and theories pertaining to various types of trauma within a culturally relevant context. (EBIP 9.1)
Content: child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect, Munchausen's by Proxy (facetious disorder imposed on another), failure to thrive, witnessed murder & other violence, abuse in cults, traumatic loss & grief, iatrogenic abuse, other childhood trauma, adult survivors of childhood abuse, domestic violence (interpersonal violence), sexual assault, gang and other inner city/rural violence, combat trauma, historical/generational trauma, natural disaster, catastrophic trauma, other adult trauma.
4. Critique and appropriately apply cultural sensitive evidence-based methods of assessment and intervention for resolving the effects of trauma in children, adolescents, adults, families, and other client systems. (EBIP 7.1, 9.1)
Content: EBPs for assessing and working with children (Neurosequential Model of Therapeutics, TF-CBT, Attachment, self-Regulation, and Competence, Circle of Security, Attachment & Biobehavioral Catchup, dissociation-focused therapies, Real Life Heroes), adolescents (EMDR, DBT, TARGET, SPARCS, Integrative Treatment of Complex Trauma, Skills Training in Affective and Interpersonal Regulation/Narrative Story-Telling), adults (staged models of Briere & van der Kolk, Cognitive Processing Therapy, Prolonged Exposure, Seeking Safety), and families (Psychological First Aid, Parent-Child Interaction Therapy), and others; trusted websites with information about evidence-based practices (SAMHSA, NCTSN, and PTSD.VA, California Clearinghouse).
5. Critique cultural, institutional, political/policy, and legal issues and debates, and demonstrate familiarity with social work values and ethics as they relate to trauma

assessment, intervention, and prevention with children, adolescents, adults, families, and larger systems. (EBIP 5.1)

Content: Cultural issues when working with maltreated and traumatized children, adolescents, adults, and families; NASW competencies for working with child maltreatment; victim advocate policies; national and state laws regarding child maltreatment, rape, assault, and other types of trauma-based criminal actions; current debates and issues such as those regarding whether children lie, fallibility of memories, the role of fathers in the child welfare system, institutionalized mother-blaming and nonoffending parents, children of color as overrepresented in the child welfare system; dissociative disorders; the impact of managed care on clinically appropriate treatment for children, adolescents, and adults; importance of practitioner self-awareness when working with children, adolescents, and adults; policy issues in working with maltreated and traumatized children, adolescents, families, and adults; content-specific social work values and ethics.

6. Describe and understand the characteristics of culturally sensitive trauma-informed systems. (EBIP 2.1)

Content: trauma-informed systems; Sanctuary Model; working with child welfare.

TEXTS AND REQUIRED READINGS

Textbooks, Required

Fontaine, C., & Fontaine, M. (2006). *Come back: A mother and daughter's journey through hell and back*. New York, NY: Harper Perennial. (For this book, you will only be responsible for the first two parts/ first 10 chapters)

Perry, B., & Azalavitz, M. (2017). *The boy who was raised as a dog (and other stories from a child psychiatrist's notebook, 2nd Ed.)*. New York, NY: Basic Books.

van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Viking.

Ford, J. D., & Courtois, C. A. (Eds.). (2013). *Treating complex traumatic stress disorders in children and adolescents: Scientific foundations and therapeutic models*. New York, NY: Guilford.

Recommended Books

Cozolino, L. (2017). *The neuroscience of human relationships: Attachment and the developing brain* (3rd ed.). New York, New York: W. W. Norton.

Hart, S. (2008). *Brain, attachment, personality. An introduction to neuroaffective development*. Karnac.

Courtois, C. A., & Ford, J. D. (Eds.). (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. New York, NY: Guildford.

Szalavitz, M., & Perry, B. D. (2010). *Born for love: Why empathy is essential—and endangered*. New York, NY: William Morrow.

Required Readings

For most weeks, required papers will provide greater depth or breadth and address specific issues. These papers are available as pdf files available on Blackboard. Because we can only scratch the surface of the important literature, a supplemental bibliography is provided at the end of the syllabus for you to peruse areas of further interest to you.

STUDENT RESPONSIBILITIES

When working with traumatized individuals, practitioners can do far more harm than good if they are naïve to the knowledge base. As such, students are expected to come prepared for class. This entails that students not only read the required material, but that they also critically consider the material. Other student responsibilities include: (1) attendance; (2) active participation; (3) completion of all required readings; (5) preparation for and participation in activities contributing to knowledge; (6) timely completion of assignments; and (7) feedback to the instructor.

Policies

1. Participation is considered a vital part of the learning experience in this class. As such, attendance is *required*, as is the expectation that students will come prepared to discuss and critically analyze the required readings. If you are unable to attend, please leave a message for the instructor at 865-974-3206 or leave an email message at rbolen@utk.edu. If you miss more than 3 times, you will have the choice of making up for your absences by completing an extra assignment or withdrawing from the class.
2. Other expectations that will be reflected in your participation grade are your contribution to the learning environment, including but not limited to class discussions and group exercises. Class discussions will begin with the assumption that you have read the required material, as I consider this material a jumping off point for further discussions. As such, I will not always mention all required readings during the class. This, however, does not relieve you of the responsibility for knowing this material, as it will put you at a disadvantage for the class work, the assignments, and for your practice.
3. The class learning environment depends upon student willingness to take responsibility for the class culture. Vibrant and exciting class learning environments are those in which students consistently contribute positive behaviors conducive to a class culture favorable to knowledge acquisition, and hence learning environment, and consistently refrain from behaviors that detract from such a culture and environment. Examples of positive behaviors are attending and arriving on time to classes, active involvement in class discussions, a curious and querying state of mind, and respect for all persons and the instructor in the classroom. Examples of behaviors that detract from a positive learning environment include coming to class unprepared, returning late from the break, attending to something other than what is occurring in class such as on a smart phone or laptop, not paying attention, or other behaviors to undermine the learning environment. Such behaviors will negatively affect the participation grade. Students are expected to respond professionally, as required by the NASW Code of Ethics, by talking with the professor, if they have a problem with any aspect of the class.
4. The use of computers and other electronic equipment is *at the discretion of the professor*. Students may use electronic equipment *ONLY* if it is used for purposes related to the class. Students may *NOT* surf the web other than as related specifically to classroom content; use calendars or other personal files on smart phones, or other

similar media; send or receive any type of electronic message not related to the class; or use any other portable electronic equipment or laptop when not related directly to class. The professor may call at any time on any student using electronic equipment to show the class what is on her or his electronic media.

5. All written work must be typewritten and double-spaced. Assignments are to be presented in a scholarly manner and should be documented by referencing the supporting literature. Papers are to be free of mechanical flaws, including errors in grammar or spelling. Bibliographic references must conform to American Psychological Association (APA) style, 6th edition. Both presentation and content will be considered in evaluating assignments.
6. I am consistently available, either by phone (865-974-3206) or email (rbolen@utk.edu). The quickest way to get in touch with me is by email, or you may call my office phone and leave a message, which then rolls over to my email. I am happy to set up a meeting with you at any time to discuss your work, the class, or issues in this area. Please feel free to utilize me, especially if you are having problems in the class or if you need more guidance on an assignment. I am happy to work with you and make sure I am available via email (initially) given the sensitive nature of the class.
7. For those in online classes, you must be the only person in the physical room (because of the sensitive nature of the class), should not be in conversations with persons outside the classroom either in person or online, should not be at work or at your internship unless your sole function there at that time is attending the class (i.e., you may not do work- or internship-related activities, should not have children come in and out of the room so they can hear what is being said (which will often be inappropriate for children), nor engage in anything or do anything that you would not do in a face-to-face class at the school. Persons engaged in any activities such of this will be penalized on their participation grade to the extent they violate these normal standards of behavior.

Sensitive Nature of Class

Because of the sensitive nature of this class, issues of a personal nature may arise for students during the semester. Students who were themselves abused/neglected or otherwise traumatized or who have a close relationship with a victim may find some of the content especially difficult. Because of the difficulty of some of the topics, students who have not personally suffered child maltreatment or other significant trauma may also experience some distress during the course of the semester. Because the personal affects practice, it is essential that students have methods for addressing issues that arise.

We will address the difficulty of the material in a number of ways. In our first class period, we will talk about how you can take care of yourself while taking this class. Here are some suggestions, both for what you can do this semester and what you can do in the future to take care of yourself.

1. Pair up with another person (or persons) in this class (or outside of this class) with whom you are comfortable sharing sensitive and personal material. Plan a time weekly when you can address issues that arise for you from taking this class. Alternately, you might want to find a group of individuals with whom you can occasionally process material from this class. Remember as well that this material may also be difficult for the person with whom you talk
2. Keep a journal to allow time to process the material in this class and its effect upon you.

3. Plan time after doing the readings so that you can distance yourself from the material before going to sleep.
4. Make sure that significant others in your life are aware that you are taking this course and that it often deals with very hard material. Let them support you when you need it.
5. Make sure to plan some time each week that allows you to get away from this material. This could be “silly” time, sports time, physical exercise, or any method that allows you a release.
6. If you are a survivor of abuse or other significant trauma, you are probably already aware that this class may bring up personal issues for you. Give special attention to how you will address those issues. If you are not working with a therapist, you might want to consider doing so for a brief period. Otherwise, please consider who you can talk with about the effect of this class on you. Both now and as a future clinician you will need to have resources for working with difficult material. The other unique issue you will face as a clinician is the entanglement of your issues with those of the client. Good supervision, insight, and a previous working-through process for your own abuse will be important for working with other survivors, including children or adolescents.
7. Set up a time to meet with me so we can strategize about how to attend to your needs over the semester.

We will also have certain practices in class designed to allow for the difficulty of the material. Because part of what we must learn as clinicians working with survivors is how to maintain appropriate boundaries with our clients, class time will be devoted to the development of the professional. This practice is not meant to negate or minimize personal experience, but to stress the importance of having ways of taking care of yourself this semester. If you need help considering how to do so, please set up an appointment with me.

PLAGIARISM

It is assumed that all of your work is original and that you are aware of appropriate citation rules. If you are not **completely** familiar with citation rules, please review them at the UT Library web site: <http://www.lib.utk.edu/instruction/learnhow/>. This web site has other tutorials as well on how to use the library effectively, search strategies, etc., that may be of help. Please be aware that copying material verbatim from the web is considered plagiarism unless it is appropriately cited as verbatim material. Blackboard now provides the means for submitted papers, through SafeAssign, to be automatically scanned to determine if they include plagiarized material. Please plan to submit your paper through SafeAssign.

GRADING CRITERIA

A	93	- 100
A-	90	- 93
B+	88	- 90
B	84	- 87
B-	80	- 83
C+	78	- 80
C	74	- 77
C-	70	- 73
D	60	- 69
F	59	and below

ASSIGNMENT PERCENTAGES

Quizzes (10 of 12 quizzes @ 4 points each)	40 points
Group project	20 points
Group assessment paper	35 points
Participation	5 points

ASSIGNMENTS

Quizzes (CC1 – 6; knowledge)

Short quizzes will be given online for each of 12 weeks and will need to be taken prior to class. The best 10 scores of the 12 quizzes will count towards the final grade. Students will have 30 minutes for each quiz. These quizzes are not meant to be difficult if preparing appropriately for class. These quizzes may cover all required materials for that week, including required readings, websites, videos (themes rather than details), and exercises. These quizzes will be 8 – 10 items each. Students may use required material and notes when taking the quizzes.

Group Project (CC1, CC2, CC3, CC4, CC5, or CC6; cognitive and affective processes, values)

Students will be randomly divided into small groups of 3 or 4 students each for a group project on a trauma-related topic of their choice. This group project will culminate in no more than a 25-minute professional-quality presentation to the class. The topic is not to be a regurgitation of what is covered in class. Instead, for all the topics discussed in class, it is impossible to cover them adequately in depth or breadth. If your group wishes to present something related to a topic discussed in class, you must be clear about how it will present original information and what that information is. Regardless of the topic, cultural sensitivity **must** be addressed. You are also to address any current debates or issues related to the topic.

The project will occur in stages.

- By **January 30**, groups (one member only but copied to all) must submit a brief paragraph indicating the group's topic and the areas within that topic that will be covered. This will be an iterative process as I work with you to make sure the topic and what you wish to cover is neither too broad nor too narrow. Please send this to my school email.
- **Four weeks before** your group's presentation, you must hand in an abbreviated (2 or 3 sentences for each reference) annotated bibliography that covers all approved areas of the topic you will be presenting. The purpose of this step is to make sure that you are reviewing the appropriate literature for that topic.
- **Two weeks before** your group's presentation, you must hand in a tentative outline that breaks out the structure for each person's part of the presentation.

- **On the day of your presentation**, you will provide the class with handouts for the presentation. Handouts may be your presentation slides or something else pertinent to your topic. In addition, you are to provide me with
 - Handouts of all slides in the presentation. (Please number the slides.)
 - How the work on the presentation was divided up, including the work each person did on the annotated bibliography, outline, presentation, and any other work involved in the presentation.
 - A complete list of your final references in APA 6 style. (Make sure content is properly cited on slides.)

For the presentation, you are to locate the **best** scientific information available on your topic, and to critically assess the knowledge in a **culturally sensitive** manner.

NOTE: The professor reserves the right to rearrange the dates of presentation for the different groups dependent upon the group topics.

Locating the Professional Literature

The professional literature is primarily found in reputable professional journals. These papers are peer reviewed before they are accepted for publication, giving you some assurance of the quality of the paper. There are obviously other sources, including professional books, publications by the government, etc.

To search this literature base, one of the best set of sources is the search engines available through the library. The primary one we have available is PsycInfo, although others are also useful depending upon the topic, and One Search (in our library) now locates many of the papers on PsycInfo, although not all. Another important database is the one provided by the National Center on Child Abuse and Neglect (<http://www.calib.com/nccanch/database>). For systematic reviews, the Cochrane Collaboration has several that are applicable to class content. Other important websites with professional-quality information are nctsn.org and ptsd.va.gov. There are also places where you will most likely *not* locate the professional literature. First are lay magazines for general use, although there are infrequent exceptions. The other is general internet websites, except for sites of reputable state or federal organizations or academics. Most agencies with websites tend to borrow literature from experts, with or without providing the source. Because of this, it is important not to use information from most agencies' websites unless the quality of their material is above reproach. Even then, referencing the actual study or peer-reviewed paper is better. If you do take information off the web, please justify the quality of the information in your list of references or presentation. If you cannot do so, it is best not to use it.

Grading criteria for presentation:

The presentation will be assessed on the quality of the information presented, its breadth and depth given the time allowed, its organization, its ability to identify and reference the essential papers in the knowledge base, and the insight exhibited.

An **A** presentation: (a) will do an **excellent** job of presenting, interpreting, and critically analyzing the knowledge base, both empirical and theoretical; (b) will present and utilize much of the important available literature, exhibiting a keen understanding and conceptualization of

that knowledge base; (c) will not overlap with course content; (d) will be an insightful critical analysis throughout; (e) will be well-organized; (f) will be culturally sensitive in how it is presented and will have at least a short section specific to cultural sensitivity as it relates to that topic; and (g) will insightfully address any current issues or debates in the literature on this topic.

A grade of **B+** or **A-** will not meet the standards for an A presentation but exceeds the standards for a B presentation.

A **B** presentation: (a) may review the literature well although the interpretation and critical analysis of the literature may not be strong; (b) and may not adequately utilize the best available literature, and may exhibit a good understanding and conceptualization of that knowledge base; (c) if it overlaps with class content, will do so minimally; (d) exhibits less insight and a weaker critical analysis of the content; (e) may be more poorly organized; (f) will be mostly culturally sensitive in how it is presented and will have at least a short section specific to cultural sensitivity as it relates to that topic; and (g) will address any current issues or debates in the literature on this topic. This presentation is considered to be of average quality. Presentations may also be awarded a **B** if they meet expectations for a higher grade but are incomplete or too short.

A **C** presentation: (a) may be incomplete; (b) does only an adequate job of presenting the literature, does not interpret or critically analyze the literature, and/or does not use the best available literature; (c) may overlap consistently with class content; (d) exhibits minimal insight; (e) is disorganized; (f) may be culturally insensitive; and (g) may not present current debates or issues.

A **D or lower** presentation has significant problems throughout and achieves none of the goals of critical analysis, insight, organization, critical sensitivity, issues and debates, and the best available literature.

Group Assessment Paper (CC1, 2, 3, 4; knowledge, skill, cognitive and affective processes)
Due April 10

Students will self-divide into groups of 3 members each. Your group will complete an assessment of Mia in Fontaine and Fontaine's, *Comeback: A mother and daughter's journey through hell and back*. This assessment will encompass early childhood through adolescence. It will be an approximately 10-page (**not including title page, abstract (optional), and references**) paper that is a neurophysiological and biopsychosocial assessment with a focus on effects of the traumas. In other words, you are to address physical, social and psychological effects of the trauma as well as the possible neurophysiological damage that might explain specific of Mia's behaviors. For all, it is important to provide examples to support your statements. For example, if it appeared that a trauma survivor were having difficulty integrating the verbal narrative of the trauma with the affective and sensory parts of the trauma (i.e., the person's narrative was mood-incongruent), one might hypothesize that the corpus callosum in that individual is smaller and less dense. As a consequence, the lesser communication between the left and right hemispheres might account for this person's mood-incongruent narrative of the trauma.

Because this is an academic paper, it will not be written as you might write a clinical assessment in the field. Instead, the purpose of this paper is to exhibit your understanding and insight into *why* Mia might respond as she does. For example, why does she run away, why does she use drugs, self-injure, and walk in front of cars? Why does she think and feel as she

does at times? Therefore, this paper is less about *what* she does than about *why* she does it. By being able to exhibit insight into conscious or unconscious neurobiological and/or psychological motivations/reasons for her behavior, you are exhibiting an understanding of the neuroscience of trauma as well as theories that provide perspective as to why certain behaviors occur. For example, Pavlov would say that his dog drools when he rings the bell because the dog was previously conditioned to do so by pairing the bell with eating. It is this level of insight I hope you are able to attain in this paper.

Please use the following format for the paper.

- A. Brief (1 paragraph) introduction to the paper. Please do not use this paragraph to present Mia's history. Since we have both read the book, you need not relate it. This opening paragraph is simply to introduce the purpose of the paper.
- B. Bulk of the paper: This portion of the paper is your assessment of the effects of the traumas on Mia and her attachment-related concerns, and how you understand them. For example, at a young age Mia began to exhibit sexual acting out behaviors. You could mention that and then explain how you think this behavior can best be explained. (Note that it is a given that she is exhibiting this behavior because she was sexually abused. The more compelling explanation, and the one that demonstrates your greater insight, is the process (social, psychological, or neurophysiological) that explains how behavior acted out on her now becomes the behavior she acts out. The better papers will exhibit the greater insight into her abuse-related behaviors and how they might be explained.

In this section, please do not use lengthy discussions of the processes you believe explain some of her behavior. For example, you might find an example of dissociation or a sensitized stress response. You do not need to elaborate at length on these processes to show your understanding of them. Instead, your ability to apply processes such as this to appropriate examples in the book will indicate to me that you understand the concept. Please make sure to use citations when you make factual statements (e.g., those with avoidant attachment tend to deflect responsibility from themselves to others). This applies for required readings, texts, or supplemental materials. To gain full insight into Mia's affect, cognition, and behavior, you will likely need to look beyond the required readings for the course.

Students sometimes struggle with how to organize the paper. Perhaps the easiest and most coherent way to organize this paper is by developmental stage. Doing so also helps students to conceptualize the effects/behaviors Mia experiences within a unique developmental stage.

- C. The final brief (2 – 3 paragraphs) section is a summary of the treatment you recommend based on your assessment of Mia. Please consider the treatment you would recommend based on her presentation during her adolescent years.

Grading criteria include:

- Correct identification of the effects of the trauma and attachment issues across physical, social, psychological, and neurophysiological domains, with pertinent examples.
- Insightful understanding of *why* (the process by which) she is experiencing these specific effects.
- Appropriate interventions that address concerns in the assessment.
- Well-written paper without grammatical and spelling errors

- Correct use of APA 6th edition style in formatting of paper.
- Course Outline**

Week	Date	Content	Due
1	1/16	Introduction; Trauma-informed systems	
2	1/23	Laura: Attachment; Failure to thrive Parenting w/severe neglect History	Quiz 1: Week 2
3	1/30	Tina: Sexual abuse; Parenting in poverty; Effects of poverty on	Quiz 2: Week 3 Group topic due
4	2/6	Sandy: Witnessed murder & assault; PTSD in children; traumatic grief	Quiz 3: Week 4 Group topic finalized
5	2/13	Branch Davidian cult; Loss of parents; Loss of child	Quiz 4: Week 5
6	2/20	Leon: Emotional deprivation; Development of empathy; Trauma history & criminality in adults	Quiz 5: Week 6
7	2/27	Justin: Extreme neglect; Peter: Developmental regression; Neurosequential approach to therapy	Quiz 6: Week 7
8	3/6	Vernon children: Iatrogenic abuse; Coercive interviewing; James: Munchausen by proxy	Quiz 7: Week 8
	3/13	SPRING BREAK!	
9	3/20	Amber: Self-injurious behaviors; Sexual abuse; Dissociation	Quiz 8: Week 9 Presentation group 4
10	3/27	Adult survivors of childhood abuse, neglect, and other adverse experiences	Quiz 9: Week 10 Presentation group 3
11	4/3	Domestic violence; Adult sexual assault; other traumas	Quiz 10: Week 11 Presentation group 2
12	4/10	Military trauma (Individuals and their families); Grief and loss	Assessment Paper
13	4/17	Catastrophic trauma: Katrina; generational trauma	Quiz 11: Week 13 Presentation Group 1
14	4/24	Healing Communities; Summary	Quiz 12: Week 14

1 Introduction; Trauma-Informed Systems

Content: Establishing a framework for assessment (ecological, transactional, developmental/neurophysiological); wellness; defining maltreatment and trauma. Trauma-informed systems and interventions.

Required Readings:

Perry (2006). Introduction (pp. 1 – 6).

van der Kolk,(2014). Prologue: Facing trauma (pp. 1 – 6).

Ford & Courtois (2013). Preface (ix – xiii).

Pearlman, L. A., & Caringi, J. (2009). Living and working self-reflectively to address vicarious trauma. In C. A. Courtois & J. D. Ford (2009), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 202 – 225). New York, NY: Guilford.

Center on the Developing Child. (2014). *Lifelong health*. Harvard University.
http://developingchild.harvard.edu/resources/multimedia/interactive_features/biodvelopmental-framework/

NOTE: Watch the Overview Video and read the information on the web page. You do not need to click on hyperlinks.

Insel, Thomas. (2013). Transforming diagnosis. *National Institute of Mental Health*.
<http://www.nimh.nih.gov/about/director/2013/transforming-diagnosis.shtml>

Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. Pgs. 2-3, 5-6, 7-17.

Supplemental Reading:

Navalta, C. P., Brown, A. D., Nisewaner, A., Ellis, B. H., & Saxe, G. N. (2013). Trauma systems therapy. In Ford & Courtois (2013). pp. 329 – 347.

National Association for Social Workers (2005). *NASW standards for social work practice in child welfare* (5 – 35). Washington, DC: National Association for Social Workers.

2 Laura: Attachment; Failure to thrive

Content: Attachment; failure to thrive; responsive parenting with traumatized children; responsive parenting by traumatized parents; self- and mutual regulation; intergenerational transmission; attachment interventions. **Neurophysiology**—basic processes; reward system; sensitive periods; mirror neurons; plasticity; memory; use it or lose it; sequential development.

Required Readings:

Perry (2006). Chapter 4. Skin hunger (pp. 81 – 98).

van der Kolk, Chapter 7. Getting on the same wavelength: Attachment and attunement (pp. 105-122).

Schore, A. N. (2013). Relational trauma, brain development, and dissociation. In Ford & Courtois (Eds.), pp. 3 - 23.

Alexander, P. C. (2013). Relational trauma and disorganized attachment. In Ford & Courtois, Eds., pp. 39 – 62.

Center on the Developing Child. *Early childhood mental health (In brief)* (2013).
Harvard University
http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_early_childhood_mental_health/

NOTE: Watch the video, and read the web page or download the PDF and read it.

Supplemental Readings:

Cooper, G., Hoffman, K., Powell, B., & Marvin, R. (2005). The Circle of Security Intervention: Differential diagnosis and differential treatment. In Berlin, L. J., Ziv, Y., Amaya-Jackson, L., Greenberg, M. T. (Eds.), *Enhancing early attachments. Theory, research, intervention, and policy* (pp. 127 – 151). New York, NY: Guilford Press.

Dozier, M., Lindhiem, O., & Ackerman, J. P. (2005). Attachment and biobehavioral catch-up: An intervention targeting empirically identified needs of foster infants. In Berlin, L. J., Ziv, Y., Amaya-Jackson, L., Greenberg, M. T. (Eds.), *Enhancing early attachments. Theory, research, intervention, and policy* (pp. 178 – 194). New York, NY: Guilford Press.

Required Videos:

Shaken Baby Syndrome – New York Times.
<http://www.nytimes.com/2015/09/14/us/shaken-baby-syndrome-a-diagnosis-that-divides-the-medical-world.html?login=email&rref=collection/column/retro-report&mtrref=www.nytimes.com&r=0>

Secure, Insecure, Avoidant & Ambivalent Attachment in Mothers & Babies.
http://www.youtube.com/watch?v=DH1m_ZM07GU

Developing Attachment: Rejecting a Baby's Distress
https://www.youtube.com/watch?v=9u8ObYi_EB0

John Aged 17 Months (45 minutes) (Please be aware that this can be a challenging video to watch, as it is very sad. Please watch it at a suitable date and time.)

Required Exercise:

Complete Lesson 1, “Beginning with the Human Brain” of the *Amazing Human Brain and Human Development*, by the Child Trauma Academy. These weekly lessons provide greater depth to your understanding of the brain. You do not need to complete the assignments or take the quiz, although content may be on the weekly quiz. http://www.childtraumaacademy.com/amazing_brain/index.html

3 Tina: Sexual abuse; Poverty

Content: Hobfoll’s theory on conservation of resources; sexual abuse; developmental trauma. **Issues**—working with impoverished & oppressed families. **Neurophysiology**—adaptation of brain to trauma; use-dependent development.

Required Readings:

Perry (2006). Chapter 1. Tina’s world (pp. 7 – 30).

van der Kolk (2014). Chapter 10. Developmental trauma: The hidden epidemic (pp. 56 149 – 168).

Perry, B. D. (2003). *Effects of traumatic events on children*. The Child Trauma Academy. (read pgs. 1 – 13, scan remainder of brochure)

McEwen, B. S (2004). Protection and damage from acute and chronic stress: Allostasis and allostatic overload and relevance to the pathophysiology of psychiatric disorders. *Annals of the New York Academy of Science*, 1037, 1 – 7.

Bolen, R. M., & Gergely, K. (2014). Child sexual abuse. In J. Conte (Ed.), *Child abuse and neglect worldwide* (pp. 59 – 71). Praeger.

Miller, S. L., Hefner, M. K., & Leon, C. S. (2014). Diffusing responsibility: A case study of child sexual abuse in popular discourse. *Children and Youth Services Review*, 37, 55-63.

Supplemental Readings:

Zovkic, I. B., & Sweatt, J. D. (2013). Epigenetic mechanisms in learned fear: Implications for PTSD. *Neuropsychopharmacology Reviews*, 38, 77-93.

McEwin, B., Bowles, N. P., Gray, J. D., Hill, M. N., Hunter, R. G., Karatsoreos, I. N., & Nasca, C. (2015). Mechanisms of stress in the brain. *Nature Neuroscience*, 18(10), 1353-1363.

Cloitre, M., Stolbach, B. C., Herman, J. L., van der Kolk, B., Pynoos, R., Wang, J., & Petkova, E. (2009). Developmental approach to complex childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress*, 22(5), 399-408.

Katz, C., & Hershkowitz, I. (2012). Repeated interviews with children who are the alleged victims of sexual abuse. *Research on Social Work Practice*, 23(2), 210-218.

Klass, P. Poverty as a childhood disease.
<http://well.blogs.nytimes.com/2013/05/13/poverty-as-a-childhood-disease/>

Bazelton, E. (April 30, 2006). A question of resilience. *New York Times Magazine*, 6, 54 – 59.

Required Video:

When the Bough Breaks. California Newsreel. (Video access through BlackBoard).
See website at <http://www.unnaturalcauses.org/> for more information.

Required Exercise:

Complete Lesson 2, “Brain Organization and Function” of the *Amazing Human Brain and Human Development*, by the Child Trauma Academy.
http://www.childtraumaacademy.com/amazing_brain/index.html

4 Sandy: Witnessed murder & assault; traumatic grief; PTSD and Complex PTSD

Content: Developmental trauma & types of treatment; PTSD and complex PTSD; traumatic grief; **Issues**—inappropriate, delayed, or no treatment for traumatized children. **Neurophysiology**—sensitization; tolerance; habituation; use-dependence; hyperarousal and dissociation.

Required Readings:

Perry (2006). Chapter 2. For your own good (pp. 31 – 56).

Van Horn, P. (2011). The impact of trauma on the developing social brain: Development and regulation in relationship. In *Clinical work with traumatized young children* (pp. 11 – 30). New York: Guilford Press.

van der Kolk (2014). Chapter 2. Revolutions in understanding mind and brain (pp. 22-38).

Ford, J. D., & Cloitre, M. (2009). Best practices in psychotherapy for children and adolescents. In C. A. Courtois & J. D. Ford (2009), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 202 – 225). New York, NY: Guilford.

Ford, J. D., Blaustein, M. E., Habib, M., & Kagan, R. (2013). Developmental trauma therapy models. In Ford & Courtois, Eds. (pp. 261 – 277).

Supplemental Readings:

- Blaustein, M., & Kinniburgh, K. (2010). Chapter 3. The attachment, self-regulation, and competency treatment framework. In *Treating traumatic stress in children and adolescents* (pp. 33 – 48). New York, NY: Guilford.
- Lewandowski, L. A., McFarlane, J., Campbell, J. C., Gary, F., & Barenski, C. (2004). “He killed my mommy!” Murder or attempted murder of a child’s mother. *Journal of Family Violence*, 19(4), 211-220.
- Cicchetti, D., & Rogosch, F. A. (2012). Gene x environment interaction and resilience: Effects of child maltreatment and serotonin, corticotrophin releasing hormone, dopamine, and oxytocin genes. *Development and Psychopathology*, 24, 411-427.

Required Website:

- Fight and flight response: Play-by-play*. Learn Genetics.
<http://learn.genetics.utah.edu/content/cells/cellcom/> (video file)
- <http://learn.genetics.utah.edu/content/cells/cellcom/> (Play-by-play.pdf)

Required Exercise:

- Complete Lesson 3, “The Brain’s Building Blocks” of the *Amazing Human Brain and Human Development*, by the Child Trauma Academy.
http://www.childtraumacademy.com/amazing_brain/index.html

Required Video:

- Trauma, brain & relationship: Helping children heal*. Santa. Barbara Graduate Institute (25 minutes). <https://www.youtube.com/watch?v=iYyEEMIMMb0>

NOTE: It appears that Bryan Post had a fake doctorate. However, the other experts share great content. Please ignore the few times he is in the video and pay attention to the others.

- Perry, B. (2008). *The neurosequential model of therapeutics: Practical applications for traumatized and maltreated children at home, in the school and in clinical settings. Part 1, Section 1*

5 Branch Davidian children: Loss of loved ones; Cults; Emotional abuse

Content: catastrophic trauma; needs of traumatized children; adaptive responses to maladaptive environment; nontherapeutic interventions. **Issues**—systemic responses to mass trauma; debriefing therapies; ACEs. **Neurophysiology**—cortisol; locus coeruleus; amygdala; plasticity; hippocampus.

Required Readings:

- Perry (2006). Chapter 3. Stairway to heaven (pp. 57 – 80).
- van der Kolk (2014). Chapter 3. Looking into the brain: The neuroscience revolution (pp. 39-50).
- Kaehler, L. A., Babcock, R., DePrince, A. P., & Freyd, J. F. (2013). Betrayal trauma. In Ford & Courtois, Eds., pp. 62 – 78.
- Grasso, D., Greene, C., & Ford, J. D. (2013). Cumulative trauma in childhood. In Ford & Courtois, Eds., pp. 79 – 99.
- Allen, B., Oseni, A., & Allen, K. E. (2012). The evidence-based treatment of chronic posttraumatic stress disorder and traumatic grief in an adolescent: A case study. *Psychological Trauma, 4*(6), 631-639.

Supplemental Reading:

- Crenshaw, D. A. (2006-2007). An interpersonal neurobiological-informed treatment model for childhood traumatic grief. *OMEGA, Journal of Death & Dying, 54*(4), 319-335.
- Whitsett, D., & Kent, S. (2003). Cults and families. *Families in Society, 84*(4), 492-502.
- Szalavitz, M., & Perry, B. D. (2010). Chapter 11. On baboons, British civil servants, and the Oscars (pp. 232 – 259). *Born for love: Why empathy is essential—and endangered*. New York, NY: William Morrow.

Required Exercise:

- Complete Lesson 4, “Communication and Defense” of the *Amazing Human Brain and Human Development*, by the Child Trauma Academy.
http://www.childtraumaacademy.com/amazing_brain/index.html

Required Video:

- Felitti, V. (2013). *ACE Study Overview*. Academy on Violence & Abuse. (15 min.)
<http://vimeo.com/65382365>
- Perry, B. (2008). *The neurosequential model of therapeutics: Practical applications for traumatized and maltreated children at home, in the school and in clinical settings. Part 1, Section 2*

Optional Video:

- Felitti, V. (2006). Adverse Childhood Experiences (ACE) study. Academy on Violence and Abuse. (1 ½ hrs)
<https://www.youtube.com/watch?v=Me07G3Erw8>

6 Leon: Emotional deprivation; Development of empathy; Antisocial personality disorder

Content: Emotional deprivation; lack of empathy; early intervention; conduct disorder & antisocial personality disorder. **Issues**—working with mentally handicapped parents; offenders. **Neurophysiology**—patterned, repetitive stimuli; theory of mind; neurotransmitters; mirror neurons; butterfly effect.

Required Readings:

Perry (2006). Chapter 5. The coldest heart (pp. 99 – 124).

van der Kolk (2014). Chapter 4. Running for your life: The anatomy of survival (pp. 51-73).

Gunnar, M. R., & Loman, M. M. (2011). Chapter 4. Early experience and stress regulation in human development. In D. P. Keating (Ed.), *Nature and nurture in early childhood development* (pp. 97-113) Cambridge, NY: Cambridge University Press.

Schultz, P. D. (2005). Chapter 9. Ben – the defeated soldier. In *Not monsters: analyzing the stories of child molesters* (pp. 139 – 151). New York City, NY: Rowan & Littlefield Publishers.

OR

Schultz, P. D. (2005). Chapter 10. Matthew—the lost boy. In *Not monsters: analyzing*

OR

Szalavitz, M., & Perry, B. D. (2010). Chapter 6. No mercy (pp. 120 – 145). *Born for love: Why empathy is essential—and endangered*. New York, NY: William Morrow.

Blakeslee, S. (Jan. 10, 2006). Cells that read minds. *New York Times*.

<http://www.nytimes.com/2006/01/10/science/10mirr.html?ei=5090&en=2d497999fb9a642a&ex=1294549200&partner=rssuserland&emc=rss&pagewanted=print>

Supplemental Reading

Fox, B. H., Perez, N., Cass, E., Baglivio, M. T., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent, and chronic juvenile offenders. *Child Abuse & Neglect*, 46, 163-173.

Required Exercise:

Complete Lesson 5, “Plasticity, Memory, and Cortical Modulation in the Brain” of the *Amazing Human Brain and Human Development*, by the Child Trauma Academy. http://www.childtraumaacademy.com/amazing_brain/index.html

Required Video:

Perry, B. (2008). *The neurosequential model of therapeutics: Practical applications for traumatized and maltreated children at home, in the school and in clinical settings. Part 1, Section 3*

7 Justin: Extreme neglect; Peter: Extreme neglect; Developmental regression

Content: Orphanages; adoptive parents; alternative therapies; cross-level interventions; Emotional deprivation; social coaching; factors related to resilience. **Issues—** intersection of trauma with medical system; supporting adoptive parents.

Neurophysiology—patterned repetitive experiences; sequential development; rhythm-keeping functions; private speech; regression; use dependence; cortical atrophy; growth of brain; organization of brain; cortex.

Required Readings:

Perry (2006). Chapter 6. The boy who was raised as a dog (pp. 125 – 154).

Perry (2006). Chapter 10. The kindness of children (pp. 215 – 231).

van der Kolk (2014). Chapter 5. Body-brain connections (pp. 74-86).

The science of neglect: The persistent absence of responsive care disrupts the developing brain. Working paper 12. (2012). National Scientific Council on the Developing Child. Center on the Developing Child (pp. 1 – 13). Harvard University.

Adler, I. (2014). *How child neglect harms the brain.* WBUR.

<http://www.wbur.org/commonhealth/2014/06/26/trauma-abuse-brain-matters>

Perry, B. D., & Dobson, C. L. (2013). The neurosequential model of therapeutics. In Ford & Courtois, pp. 249 – 261.

Supplemental Readings:

Szalavitz, M., & Perry, B. D. (2010). Chapter 3. Missing people (pp. 45 – 71). *Born for love: Why empathy is essential—and endangered.* New York, NY: William Morrow.

Required Video:

Perry, B. (2008). *The neurosequential model of therapeutics: Practical applications for traumatized and maltreated children at home, in the school and in clinical settings. Part 2, Section 1*

8 Vernon children: Iatrogenic abuse; Coercive interviewing; James: Munchausen by proxy

Content: Coercive interviewing; undertrained professionals; therapies that harm; iatrogenic trauma and abuse; evidence-based practices; Munchausen by proxy syndrome; reactive attachment disorder. **Issue**—how to guard against doing harm; parent-blaming. **Neurophysiology**—memory retrievable; traumatic cues; hyperarousal; dissociation.

Required Readings:

Perry (2006). Chapter 9. “Mom is lying. Mom is hurting me. Please call the police.” (pp. 203 - 214).

Perry, B. (2006). Chapter 7. Satanic panic (pp. 155 – 178).

van der Kolk (2014). Chapter 6. Losing your body, losing your self (pp. 87-103).

Ford, J. D., Nader, K., & Fletcher, K. E. (2013). Clinical assessment and diagnosis. In Ford & Courtois, Eds., pp. 116-139.

Wrennal, L. (2007). Munchausen syndrome by proxy/fabricated and induced illness: Does the diagnosis serve economic vested interests rather than the interests of children? *Medical Hypotheses*, 68, 960-966.

Required Video:

Perry, B. (2008). *The neurosequential model of therapeutics: Practical applications for traumatized and maltreated children at home, in the school and in clinical settings. Part 2, Section 2*

9 Amber: Self-injurious behaviors; Sexual abuse; Dissociation

Content: Self-injurious behaviors; sexually provocative behaviors; self-hypnosis and breathing exercises. **Issue**—dissociative continuum. **Neurophysiology**—dissociation; endogenous opioids; traumatic cues; trauma and addiction; naltrexone; mirror neurons.

Required Readings:

Perry (2006). Chapter 8. The raven (pp. 179 – 202).

van der Kolk (2014). Chapter 8. Trapped in relationships: The cost of abuse & neglect (pp. 122 – 135).

Lanktree, C., & Briere, J. (2013). Integrative treatment of complex trauma. In Ford & Courtois, Eds., pp. 143 – 161.

Bolen, R. M., & Gergely, K. (2014). Child sexual abuse. In J. Conte (Ed.), *Child abuse and neglect worldwide* (pp. 71 – 94). Praeger.

Steele, K., & van der Hart, O. (2009). Treating dissociation. In C. A. Courtois & J. D. Ford (2009), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 145 – 165). New York, NY: Guilford.

Supplemental Readings:

Cloitre, M., Petkova, E., Wang, J., & Lu, F. (2012). An examination of the influence of a sequential treatment on the course and impact of dissociation among women with PTSD related to childhood abuse. *Depression and Anxiety*, 29, 709-717.

STAIR/NST. (n/d). The National Child Traumatic Stress Network.

Wieland, S., & Silberg, J. (2013). Dissociation-focused therapy. In Ford & Courtois (Eds.), pp. 162-183.

Required Video:

Healing Neen. From <http://vimeo.com/15851924>

Perry, B. (2008). *The neurosequential model of therapeutics: Practical applications for traumatized and maltreated children at home, in the school and in clinical settings. Part2, Section 3*

10 Adult survivors of childhood abuse, neglect, and other adverse experiences

Content: long-term effects of ACEs; treatment models for traumatized adults; complex trauma; complex PTSD; self-injury; substance use. **Issues:** Nonstigmatizing diagnoses for survivors of severe and early ACEs; length of treatment. **Neurophysiology:** effect of early, severe trauma on presentation of symptoms in adulthood; neurophysiology of symptoms of borderline personality disorder; affect- & state-normalizing effects of self-injury; substance use, dopamine, and endogenous opioids.

Required Readings:

Ford, J. D., & Courtois, C. A. (2009). Conclusion. The clinical utility of a Complex Traumatic Stress Disorders framework. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 441 – 453). New York, NY: Guilford.

Courtois, C. A., Ford, J. D., & Cloitre, M. (2009). Best practices in psychotherapy for adults. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 82 – 103). New York, NY: Guilford.

MacIntosh, H. B., Godbout, N., & Dubash, N. (2015). Borderline personality disorder: Disorder of trauma or personality, a review of the literature. *Canadian Psychology*, 56(2), 227-241.

Bolen, R. M., Ramsayer Winter, V., & Hodges, L. (2013). Affect and state dysregulation as moderators of the relationship between childhood sexual abuse and nonsuicidal self-injury. *Journal of Interpersonal Violence*, 28(1), 201-228.

Becker, D. (2014). How addiction can affect brain connections. Section on *Research: The Brain Rewires Itself to Accommodate Addiction*.
<http://commonhealth.wbur.org/2014/07/addiction-brain>

Moffitt, T. E. (1993). The Optical Society. "This is your brain's blood vessels on drugs." ScienceDaily. ScienceDaily, 28 August 2014.
www.sciencedaily.com/releases/2014/08/140828110911.htm

Supplemental Readings:

Widom, C. S., Horan, J., & Brzustowicz, L. (2015). Childhood maltreatment predicts allostatic load in adulthood. *Child Abuse & Neglect*, 47, 59-69.

Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In *Child Maltreatment* (pp. 175-204). APSAC.

Briere, J., & Spinazzola, J. (2009). Assessment of the sequelae of complex trauma. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 82 – 103). New York, NY: Guilford.

Required Video: (may be assigned the week before)

11 Intimate partner violence; Adult sexual assault; Stalking; Gangs; Other adult trauma

Content: IPV; sexual assault definitions; stalking; violence against women; gangs; other traumas. **Issue:** Self-defense training for females; why victims of domestic violence do not leave. **Neurophysiology:** effects of repeated assault and terror on “captive” adult; effect of witnessed violence on children

Required Readings:

Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking and intimate partner violence victimization – National Intimate Partner and Sexual Violence Survey, United States, 2011. *Centers for Disease Control Morbidity and Mortality Weekly Report*, 63(8), 1 – 18.

McCaughey, M., & Cermele, J. (2014). Guest editors' introduction. *Violence Against Women*, 20(3), 247-251.

Ortega, D., & Armendariz, N. B. (2016). Complacency, violence, and gender: On being female. *Affilia*, 31(1), 5-6.

Smith, P. H., White, J. W., & Holland, L. J. (2003). A longitudinal perspective on dating violence among adolescent and college-age women. *American Journal of Public Health*, 93(7), 1104 – 1109.

Barnett, O. W. (2000). Why battered women do not leave, Part 1: External inhibiting factors within society. *Trauma, Violence, & Abuse*, 1(4), 343-372.

OR

Barnett, O. W. (2000). Why battered women do not leave, Part 2: External inhibiting factors—social support and internal inhibiting factors. *Trauma, Violence, & Abuse*, 2(1), 3-35.

Szalavitz, M., & Perry, B. D. (2010). Chapter 9. Us versus them. In *Born for love: Why empathy is essential—and endangered* (pp. 193 – 210). New York, NY: William Morrow.

Supplemental Reading:

Macy, R. J., Rizo, C. F., Guo, S., & Ermentrout, D. M. (2013). Changes in intimate partner violence among women mandated to community services. *Research on Social Work Practice*, 23(6), 624-638.

Regehr, C., Alaggia, R., Dennis, J., Pitts, A., & Saini, M. (2013). Interventions to reduce distress in adult victims of rape and sexual violence: A systematic review. *Research on Social Work Education*, 23(3), 257-265.

Panos, P. T., Jackson, J. W., Hasan, O., & Panos, A. (2014). Meta-analysis and systematic review assessing the efficacy of Dialectical Behavior Therapy (DBT). *Research on Social Work Education*, 24(2), 213-223.

Beck, J., Rantala, R. R., & Rexroat, J. (2014). *Sexual victimization reported by adult correctional authorities, 2009-2011*. U.S. Department of Justice.

Required Video: (may be assigned the week before)

12 Military trauma (Individuals and their Families); Grief and loss

Content: combat-related trauma; ptsd resulting from combat; special issues with families and veterans; treating combat-related traumatic memories; working with veterans and families; military sexual trauma; exposure-based methods of treatment.

Issues: TBIs & PTSD; grave injuries. **Neurophysiology:** combat-related intrusive memories & flashbacks; exposure therapies and effect on brain.

Required Readings:

van der Kolk (2014). Chapter 1. Lessons from Vietnam veterans (pp. 7-21).

van der Kolk (2014). Chapter 11. Uncovering secrets: The problem of traumatic memory (pp. 171-183).

van der Kolk (2014). Chapter 12. The unbearable heaviness of remembering (pp. 184 – 199).

- Suris, A. & Lind, L. (2008). Military sexual trauma: A review of prevalence and associated health consequences in veterans. *Trauma, Violence, & Abuse, 9*(4), 250-269.
- Sammons, M. T., & Batten, S. V. (2008). Psychological services for returning veterans and their families: Evolving conceptualizations of the sequelae war-zone experiences. *Journal of Clinical Psychology, 64*(8), 921-927.
- Cohen, J. A., & Mannarino, A. P. (2011). Trauma-focused CBT for traumatic grief in military children. *Journal of Contemporary Psychotherapy, 41*, 219-227.
- Penn, N. (2014). *Son, men don't get raped*. GQ Longform. Retrieved from <http://www.gq.com/long-form/male-military-rape>

Required Video: *The Invisible War*

13 Catastrophic trauma; historical trauma

Content: Catastrophic trauma; crisis intervention; Conservation of Resources theory; traumatic stress. **Issue**—lessons learned from response to Katrina. **Neurophysiology**—effect of catastrophic trauma on brain.

Required Readings:

- Pfefferbaum, B., & North, C. S. (2013). Assessing children's disaster reactions and mental health needs: Screening and clinical evaluation. *Canadian Psychiatry, 58*(3), 135-142.
- Tuason, M. T. G., Guss, C. D., & Carroll, L. (2012). The disaster continues: A qualitative study on the experiences of displaced Hurricane Katrina survivors. *Professional Psychology: Research and Practice, 43*(4), 288-297.
- North, C. S., Pollio, D. E., Hong, B. A., Suris, A. M., Westerhaus, E. T., Kienstra, D. M., Smith, R. P., & Pfefferbaum, B. (2013). Experience of the September 11 terrorist attacks by airline flight staff. *Journal of Loss & Trauma: International Perspectives on Stress & Coping, 18*(4), 322-341.
- Brown-Rice, K. (2014). Examining the theory of historical trauma among Native Americans. *The Professional Counselor, 3*(3), 117-130.
- Gone, J. P. (2009). Community-based treatment for Native American historical trauma: Prospects for evidence-based practice. *Journal of Consulting and Clinical Psychology, 77*(4), 751-762.
- Klazkin, A., Lieberman, A. F., & van Horn, P. (2013). Child-parent psychotherapy and historical trauma. In Ford & Courtois, pp. 295 – 314.

Supplemental Readings:

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70(4), 283-315.

Risler, E., Kintzle, S., & Nackerud, L. (2015). Haiti and the earthquake: Examining the experience of psychological stress and trauma. *Research on Social Work Practice*, 25(2), 251-256.

Required Video: (may be assigned the week before)

14 Healing communities; Summary

Content: Intergenerational & cultural trauma; Cross-level interventions; prevention and promotion of healthy behaviors; culturally sensitive practice. **Neurophysiology**—developing healthy brains.

Required Readings:

Perry (2006). 11. Healing communities (pp. 231 – 246).

van der Kolk (2014). Chapter 9. What's love got to do with it (pp. 136-148).

van der Kolk (2014). Epilogue: Choices to be made (pp. 347-356).

Ford & Courtois, Eds. (2013). Conclusion. (pp. 349 – 358).

Unger, M. (May, 2013 [online]). Resilience, trauma, context, and culture. *Trauma, violence, & abuse*, 14(3), 255-266.