

**UNIVERSITY OF TENNESSEE, KNOXVILLE
COLLEGE OF SOCIAL WORK**

SW540 Trauma Treatment for Children and Adolescents

Section #002 CRN No. 84769

**3 credit hours
Summer 2018**

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Class Meeting Format: Zoom (*Live Online*)

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Live Online: 6:00 – 8:00 pm (EST) 7:00 -9:00 pm (CST) on 6/05, 6/12, 06/26, 07/10, 07/31

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 MSSW 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.

Official Correspondence

University e-mail and Canvas serves as the official correspondence mediums with students. Please check your email and Canvas announcements for course-related information and announcements.

Andragogy and the Learning Environment

This course is structured utilizing key assumptions of modern *Adult Learning Theory*. These assumptions include that adults have an internal motivation for learning, an orientation to learning being life-centered rather than subject centered, and that the richest resource for adult learning is an analysis of experience. As such, students are viewed as co-creators of their learning experiences and the environment. It is a purpose of this class is to provide knowledge and access to resources that will serve as a springboard for cooperative learning and collaboration. The professor will draw from a variety of teaching methods including case studies, class discussions and dialogue, readings, writing, lectures, class audiovisual materials, experiential exercises, small group activities, role plays/simulations, use of databases, and student presentations. These methods will be used to enhance the understanding of social work values and ethics, diversity, social and economic justice, oppression and discrimination, and to assist students in achieving the course competencies.

Course Description

Content in this course is intended to prepare students for direct social work practice with traumatized youth and their families within trauma informed care organizations. The course centers on building skills necessary to provide developmentally fitting, culturally sensitive techniques, and treatment methods evidenced for facilitating healing of trauma symptoms caused by single events and more complex traumatic experiences. In addition to emphasizing the critical role of the therapeutic relationship that supports feelings of safety and security during trauma treatment, students will develop skills for using creative interventions, art, and play therapy to supplement evidence based trauma informed assessment and treatment approaches. These evidence based approaches are shown to effectively target neurobiological disruptions that affect cognitive, affective, and behavioral processes and dynamics that negatively impact attachment relationships, the development of a healthy sense of self, social affiliations, and academic success.

Building on students’ knowledge base from the *Trauma Theory and Practice* course students will utilize a neurobiological, ecosystems and strengths based framework that capitalizes on

protective and promotive factors for facilitating healing, developmental catch-up, resiliency, and post-traumatic growth. Biological and environmental modifiers and mediators of risk and resilience in children exposed to trauma and attention to intersectionality of culture, race/ethnicity, gender, sexual orientation, sexual identity, socioeconomic factors, disability status, and others to effectively adapt assessment and intervention methods with diverse youth and their families will be examined to create culturally sensitive treatment plans and to advance therapeutic progress.

Strategies for engaging and incorporating children and adolescents' families in the treatment process and including allies from systems that families are involved with (e.g. school clinicians, child welfare officials, psychiatrists, physicians) will be explored to assist with providing a comprehensive and cohesive treatment plan that can assist with their progress and help to foster positive outcomes. Issues related to working ethically and effectively with traumatized youth, their families, and interdisciplinary team members; the role of transference and countertransference in trauma therapy; and the need to prevent and/or mitigate vicarious trauma and promote clinician resilience will also be covered.

Course Rationale

Social workers make up the largest mental health profession currently treating trauma survivors. A large number of these survivors are children and adolescents who are in need of adequately trained trauma clinicians. This course serves to prepare students to competently work with traumatized youth individually, with their families, in groups, and at the community level. In addition to evidence based assessment and treatment models, promising approaches such as art, play therapy, and other creative interventions that have been found to engage neurobiological mechanisms that facilitate healing and developmental catch-up are included. These promising techniques serve to help youth express, organize, reframe, and integrate their traumatic experiences, improve self regulation (i.e. physical and emotional responses) to stress, and help them to make meaning out of their experiences in order to foster resiliency and promote post-traumatic growth. Finally, adequately prepared trauma clinicians working within trauma informed organizations/systems reduce the risk to clinicians of developing vicarious trauma through its focus on wellbeing.

COURSE COMPETENCIES

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

1. Describe the critical role of the therapeutic relationship between clinicians and traumatized youth to facilitate healthy expression.
2. Discuss how historical trauma can influence a family's perception of and response to a child/adolescent's trauma and demonstrate effective engagement, developmentally appropriate, and culturally sensitive assessment skills that align with the context of diverse youth and adolescents who have experienced trauma.
3. Drawing upon your working knowledge of neurobiological responses to chronic stress and trauma identify and distinguish biological and environmental mediators and moderators of risk and resilience and demonstrate knowledge and skills that capitalize on promotive and protective factors, strengths, and resources for facilitating healing, catch-up, resiliency, and post-traumatic growth.

4. Describe strategies for engaging and incorporating allies from systems that traumatized youth and their families are involved with (i.e., school clinicians, child welfare officials, psychiatrists, physicians) to be active collaborative participants with the treatment process and to assist with creating a comprehensive and cohesive trauma treatment plan.
5. Demonstrate knowledge and skills for engaging, assessing, diagnosing, and treating the core components of trauma with children and adolescents.
6. Demonstrate knowledge and treatment skills utilizing developmentally appropriate and culturally sensitive interventions in the forms of creative activity/art/play therapy and evidence-based approaches shown to effectively target neurobiological disruptions caused by trauma.
7. Appraise the current body of evidence on the effectiveness of at least one trauma treatment approach used for treating children and adolescents for complex trauma and describe the effectiveness and limitations of screening tools/standardized assessment measures for working with diverse children and adolescents receiving treatment.
8. Identify issues related to working ethically, legally, and effectively with traumatized youth, their families, and other involved systems.
9. Explain the benefits of trauma informed care systems and identify strategies that promote clinician resilience and identify strategies that prevent and/or mitigate the impact of vicarious trauma within a trauma informed care system.

Valuable Internet Sites:

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|--|---|
| American Academy of Child & Adolescent Psychiatry | http://www.aacap.org |
| American Professional Society on the Abuse of Children | http://www.apsac.org |
| California Evidence-Based Clearinghouse for Child Welfare (CEBC) | http://www.cachildwelfareclearinghouse.org |
| Campbell Collaboration | http://www.campbellcollaboration.org |
| Centers for Disease Control Disaster resources: | http://www.bt.cdc.gov/mentalhealth |
| Child Advocacy Institute | http://www.childadvocacy.org |
| Child Development Institute | http://www.childdevelopmentinfo.com |
| Child Welfare Information Gateway | https://www.childwelfare.gov/can |
| Children, Youth & Family Consortium | http://www.cyfc.umn.edu |
| Elizabeth Smart Foundation | http://www.elizabethsmartfoundation.org |
| Gay and Lesbian National Hotline | http://www.glnh.org |
| Hispanic on Line | http://www.hispaniconline.com |
| Human Development & Family Science Ext. | http://www.hec.ohiostate.edu/famlife/index.htm |
| International Society for Traumatic Stress Studies | http://www.istss.org |
| JAYC Foundation Inc. | http://www.thejaycfoundation.org/ |
| Model Programs | http://www.ed.gov/offices/OESE/SDFS?model_programs.html |
| National Alliance on Mental Illness | http://www.nami.org |
| National Association of Social Workers | http://www.nasw.org |
| National Child Traumatic Stress Network: | http://www.nctsnetwork.org |
| National Center for PTSD | http://www.ncptsd.va.gov |
| National Council on Disability | http://www.ncd.gov |
| National Indian Child Welfare Association | http://www.nicwa.org |
| National Institute of Child Health & Human Development | http://www.nichd.nih.gov |
| National Institute for Mental Health Information on PTSD | |

<http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

National Mental Health Association

<http://www.nmha.org>

National Network for Immigrant and Refugee Rights

<http://www.nnirr.org/>

Promising Practices Network

<http://www.promisingpractices.net>

the Williams Institute

<http://williamsinstitute.law.ucla.edu>

US DHHS Administration for Children & Families

<http://www.acf.hhs.gov>

The Post-Deployment Health Reassessment

<http://fhp.osd.mil/pdhrainfo/battlemind.jsp>

Zero to Three

<http://www.zerotothree.org>

Required Texts

Blaustein, M. E., & Kinniburgh (2010). *Treating Traumatic Stress in Children and Adolescents How to Foster Resilience through Attachment, Self-Regulation, and Competency*. New York, NY: The Guilford Press.

Gil, E. (2017). *Posttraumatic Play in Children: What Clinicians Need to Know*. New York, NY: The Guilford Press.

Malchiodi, C. A. (Ed.), (2014). *Creative Interventions with Traumatized Children 2nd Edition*, New York, NY: The Guilford Press.

Malchiodi, C. A., & Crenshaw, D. A. (Eds.), (2017). *What to Do When Children Clam Up Psychotherapy Interventions to Facilitate Communication*. New York, NY: The Guilford Press.

Recommended Texts

American Psychological Association (2009). *Publication Manual of the American Psychological Association* (6th edition). Washington, DC: Author.

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 Press.

Lanktree, C. B., & Briere, J. N. (2017). *Treating Complex Trauma in Children and Their Families: An Integrative Approach*. Los Angeles: Sage Publications.

Grades, Assignments, and Course Expectations

This course provides information that is crucial to the rest of your MSSW studies. You can expect to devote about 4-6 hours a week to this class, including in-class time, readings, preparation of papers, and communication with the professor and your fellow students. There are no shortcuts. Participation and readings are necessary for you to learn this material, which is not only a foundation for the rest of your studies, but also for your career as a social worker.

Your grade in this class is based on four weekly quizzes and one optional extra credit opportunity.

| Assignments | Available Points 100 | Course Competencies | Dimensions of Course Competencies |
|-------------|----------------------|---------------------|-----------------------------------|
|-------------|----------------------|---------------------|-----------------------------------|

| | | | |
|---|------------------------|---------------------------|--|
| Interview and Dialogue | 10 | 1, 2, 4, 8, 9 | Knowledge, skills, values, and cognitive and affective processes |
| Group Presentation | 25 | 1, 2, 3, 4, 5, 7, 8 | Knowledge, skills, values, cognitive and affective processes |
| Simulations | 3 @ 10 points each =30 | 1, 2, 3, 4, 5, 6, 7, 8 | Knowledge, skills, values, and cognitive and affective processes |
| Critical Thinking Discussion Board and Simulation Critiques | 5 @ 4 points each =20 | 1, 2, 3, 4, 5, 6, 7, 8, 9 | Knowledge, skills, values, and cognitive and affective processes |
| Educational Brochure | 5 points | 5, 6 | Knowledge |
| Quiz | 10 points | 1, 2, 3, 4, 5, 6, 8 | Knowledge, skills, values, cognitive and affective processes |

Grading Values

The following grading scale will be used for the final course grade.

| Grade | Point range | Standard |
|-------|-------------|--|
| A | 95-100 | Outstanding/Superior – Exceptional performance. Consistently exceeds expectations |
| B+ | 90-94 | Very Good – Student consistently meets and occasionally exceeds normal expectations for the course. |
| B | 85-89 | Good – Student consistently meets normal expectations for the course. |
| C+ | 80-84 | Average – There is unevenness in grasping course content. Student is inconsistent in meeting the normal expectations for the course. |
| C | 70-79 | Poor - There is a lack of understanding of course content. Student does not meet course expectations. |
| F | 69 or below | Very Poor – There is a lack of attendance or incomplete or unacceptable assignments. Course expectations are not met. |

Special Requirements for “A” and “B” Grades: (what the student must know or do beyond necessary content mastery to demonstrate excellence). In professional education, excellence is distinguished from acceptable by qualitative means, including breadth, depth and original thinking. A grade of “B” generally means that course expectations have been met. An “A” grade means *that course expectations have been exceeded*. Refer to the *Evaluation of Course Assignments* section of this syllabus for further elaboration.

Extra Credit

Readings, activities and assignments are thoughtfully chosen to help you master the objectives that this course offers. Therefore, extra credit is not offered.

Academic Conduct and Standards

Social work professionals are expected to behave with integrity and personal responsibility. For social work students, these characteristics apply to all aspects of their educational career. As such, social work students are expected to adhere with the NASW Code of Ethics and to abide by the University Of Tennessee Honor Code. The UT College of Social Work has adopted the APA writing and publication guidelines from the 6th edition for all student writing assignments and presentations. This includes including a title page and references page.

It is assumed that all of your work is original for every assignment, including 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://writingcenter.utk.edu/for-students/citingsources/> This website has other links as well. Please be aware that copying material verbatim from the web is considered plagiarism unless it is appropriately cited as verbatim material. The University of TN has the means for automatically scanning submitted assignments to determine if they include plagiarized material. Please assume that your material will be automatically scanned when it is submitted.

Any form of academic dishonesty is a violation of the academic and the social work professional expectations. Inappropriate conduct includes, but is not limited to academic dishonesty (e.g., plagiarism, cheating). First time violations of plagiarism may result in a “0” grade for the assignment. A second violation may result in an “F” in the course. ***As graduate students, it is each student’s responsibility to understand what plagiarism is and how to avoid it in completing all course assignments.*** If content is paraphrased, use caution so that unintentional plagiarism is avoided. Keep in mind I use the 6 word rule.

Classroom Environment

The core values of the social work profession are:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

These values should be reflected in your classroom behavior. Additionally, the classroom environment I value most is one in which there is a sense of community. Though our community will shape itself as the semester progresses, the foundation for this community is built through my showing respect for each of you, and through your showing respect for me and for your fellow students. I show respect for you by listening when you speak, by acknowledging your strengths and the contributions you make to class, and by encouraging you to think critically about the issues in class. You show respect to me and to others by listening while others are

speaking, by regular attendance, by coming on time, and by the sharing of your own ideas, experiences, and comments on class readings and discussions.

Professional behavior in the classroom insures a safe learning environment for all students as well as helps the student to understand what will be expected upon graduation. For the purposes of this class, professional behavior is defined as:

- Being on time and ready to work when class begins.
- Cell phones and pagers must be turned off or switched to a “silent” mode before class starts. Interruption of class as a result of cell phones may result in a 1-point deduction off of your final grade each time there is a disruption.
- Avoiding side conversations.
- Avoiding sexist, racist, or any other non-inclusive language both in the classroom and in written assignments.
- Using pseudonyms and not disclosing identifying information when discussing clients.
- Engaging in **non-class related activities**. (Please note: The use of laptops during class to take notes is encouraged. However, email and utilization of the Internet that is not class related (e.g. laptop or cell phone) may result in **a loss of points off your final grade**.)
- Keep self-disclosures within the confines of the class topic. Inappropriate or excessive self-disclosures indicate poor professional boundaries and are not acceptable.
- Speak only for yourself and allow for differences in opinion, particularly in regards to religion, beliefs about sexual orientation and politics.
- Handling conflicts that arise in a professional manner. Students are expected to use active listening throughout the semester, especially when dealing with conflict. Students in this class are expected to “own” their statements. This includes no “flaming” (delivering messages in an electronic format that are startlingly blunt, abusive, moralistic or rude).

Class Participation & Attendance

- Attendance is especially important since the knowledge, skills, and values taught in this class are essential to your professional development and have direct application in future courses, field placements, and practice experiences.
- Students are expected to contribute to the development of a positive and supportive learning environment. It is an expectation that this class be a priority in your weekly activities. Class participants are expected to have read assigned materials in advance and to participate actively and meaningfully in each class (i.e., comment on material when asked, volunteer thoughts and feelings about content, participate in small group activities with diligence). Students are encouraged to ask questions of one another and the instructor.
- In a good class, you learn as much from each other as you do from the professor, so students are required to be part of class discussions. This includes asking questions, answering when called upon (which I will do randomly and regularly). You will not be penalized for giving a “wrong” answer, but you will be penalized for not being “present” and indicating you are following the discussion.
- Nonattendance will result in a **2-point deduction off of your final score** for each class session missed unless the professor has deemed the absence excused as a result of an emergency (e.g. hospitalization).

- You are expected to be in class on time. Tardiness tends to disrupt the educational process and can negatively affect others. For example, the student is 15 minutes late and the class has begun an activity. Now, someone has to take time to explain what you have missed so you can participate. Consequently, the activity ends before the group can now complete the objective.
- In the case of medical or personal emergency, students should make reasonable effort to contact the professor in advance via e-mail or voice mail. The instructor will evaluate the reason for the absence or tardiness and make the determination on if the absence will be excused.
- It is recommended that you notify the instructor prior to an absence or soon after the period missed (email works best). Students are responsible for making up any missed material.
- A “borderline” grade is influenced (either positively or negatively) by class attendance and preparedness for class and class participation. A borderline grade refers to percentages and if I decide to round up. For example, if you earn a 79.5 ©, a decision to round up to a score of 80 (B) will be based on your attendance, informed and active class participation, effort put into assignments, overall attendance, and arriving on time for class. Rounding is not automatic and is solely up to the discretion of the professor.

Assignments

- Students are required to complete all assigned readings before attending class. Failure to read the required readings decreases your ability to actively participate in the classroom discussions and activities and in-turn negatively impacts your fellow classmates.
- Observe assignment due dates listed in the Topical Course Outline. Assignments are posted well in advance and it is important to keep in mind that there may be other things in your life.
- Lack of Internet connection or technological difficulties will not be accepted as a reason that work is not completed. If there are technological issues, please contact the Help Desk or make other arrangements as necessary.
- Failure of turning in the assignment on the due date will result in a 3-point deduction. After the third day the assignment grade turns to a zero. The only exceptions I will make are in cases of emergencies such as hospitalization. The instructor may require verifiable documentation of the illness or emergency or may request that the student obtain verification from the Dean of Students Office (dos@utk.edu, 865-974-3179). If approved you will need to turn in your assignment by the end of the next class period. ***Exceptions are made at the discretion of the professor.
- Use inclusive language —avoid sexist, racist, or any other non-inclusive language both in the classroom and in written assignments.
- Do NOT use Wikipedia or web-based sites. These will not be given credit for journal articles.

ASSIGNMENT INSTRUCTIONS

Interview and Class Dialogue (10 points)

This assignment is designed to increase understanding of 1) working as a trauma clinician with youth and their families within a trauma informed care setting; 2) positive experiences and challenges of working with traumatized youth, their families, and interdisciplinary team

members; 3) adapting practices to provide culturally sensitive care to diverse youth; 4) ethical and legal issues specific to working with youth who have been traumatized; 5) identifying potential emotional triggers you might have when working with children and adolescents who have traumatic histories; and 6) preventing clinician negative outcomes (i.e., compassion fatigue, vicarious trauma, burn out, building rapport and maintaining a strong therapeutic relationship) that can occur when treating clients for trauma. Students are asked to conduct a 20-30-minute interview with a graduate level social work clinician that has a minimum of 5 years of experience working with traumatized youth, uses evidence based treatments, and currently works in a *trauma informed care* setting.

During the interview elicit information about the clinician's feelings, beliefs, therapeutic practices, likes and dislikes, positive experiences and challenges (e.g. ethical, legal, transference, countertransference) he or she has had working with traumatized youth. Ask if he or she would be willing to share some of her or his countertransference reactions to patients and to explain how s/he deals with countertransference and compassion fatigue. Also ask the clinician about any experiences of when issues of gender, culture, sexual orientation, disability, religion, or spirituality impacted the trauma treatment process and what insight the clinician gained from that experience. Next explore if the clinician has ever experienced working in settings that are not trauma informed and compare and contrast any differences that helped to promote, discourage, or prevent effective social work practice with those he or she served. Finally, ask if they have any professional pearls of wisdom to share with you as you prepare to enter the trauma field as a Master's level social worker. During the fourth week of class, students will enter into a dialogue to share what they learned during their interviews. Please remember that you are not to provide any identifying information about the clinician that was interviewed.

CC: 1, 2, 4, 8, 9; DC: Knowledge, values, and cognitive and affective processes

Semester Long Assignments

Group Presentation (25 points) and Simulations (3@10 pts each= 30 points) Students will select/be assigned to groups at the beginning of the course and will formulate a case study of an infant, child, or adolescent that has experienced trauma and is in need of professional intervention. Students will work in groups to create a presentation that includes three simulations demonstrating engagement and assessment, psychoeducation and treatment planning as it relates to the formulation of the case, and treatment that targets ARC's three core domains of intervention. The presentation will address preparation for engagement, assessment and diagnosis, critical analysis of the current body of knowledge regarding an evidence-based treatment approach, evaluation plan and analysis of the tools/instruments that will used to measure trauma baseline symptoms and therapeutic progress. The final section of this assignment provides students a reflection and self-examination of the experience.

Part I: Preparation for engagement (3-points)

Making deliberate efforts to learn about cultural structures, beliefs, norms, taboos, etc. is an important step prior to engaging with clients who are from cultures that one is not knowledgeable about in order to apply effective engagement strategies, avoid biased thinking, prevent any form of unintentional harm and/or disrespect, and for building strong therapeutic relationships. Identify and describe the specific steps that can be taken to prepare for engagement regarding demographical context and cultural background.

The following bullets are to help you organize this section of your presentation:

- Describe the demographic context of the infant, child, or adolescent you are going to serve (i.e. client's gender, race, ethnicity, age, sexual orientation, socioeconomic class, physical and mental ability), the traumatic experience, and symptom(s) indicated in the referral.
- Discuss what cultural background information you need to know to work more effectively with your client(s). Be specific.
- Describe the specific steps taken to prepare for engagement and what adaptations you will make to work culturally effectively with him/her and their family. Include identifying key informant(s) that you will engage (e.g. collateral contacts) that can help you learn about your client and his or her culture in order to increase the effectiveness of your assessment and intervention.
- Explain how you would assess and respond to the critical role of language in working with clients who speak a different language.
- Share the preparation steps taken to engage.

CC: 1, 2, 5; DC: Knowledge, values, and cognitive and affective processes

Part II: Comprehensive assessment and diagnosis (5-points)

The following bullets are to help you organize this section of your presentation:

- Present a case conceptualization that involves a youth who is suffering from traumatization. Include demographic context and social, economic and environmental factors across the various systems (i.e., schools, neighborhoods, communities).
- Describe current functioning and symptoms. Properly diagnose the person's condition, identify problems, and prioritize them. Make sure that you support your diagnosis with symptomology.
- Highlight positive and challenging background information that is important to consider.
- Describe cultural norms, values, and beliefs that apply to their client.
- Identify and discuss any issues and/or needs of the client in relation to the problem(s) that he or she is experiencing.
- Identify biological and environmental mediators and moderators of risk and resilience.
- Assess strengths, protective factors, and natural resources of the client in relation to the identified problem(s).
- Identify and describe strategies for engaging professionals from other systems (i.e. interdisciplinary treatment team members) to collaborate with treatment efforts
- Identify relevant information related to social/emotional, medical, family, school, community, societal issues/needs that should be addressed. (e.g. historical trauma)

CC: 1, 2, 3, 4, 5; DC: Knowledge, skills, values, and cognitive and affective processes

Part III. Engagement, psychoeducation, and assessment simulation (10-points) Create a 5-6 minute simulation demonstrating your clinical assessment skills with a infant/child/adolescent, family member, and collateral contact(s). This simulation will demonstrate students' professional knowledge of trauma informed practice and skills, values, and cognitive and affective processes related to engaging youth and their families, building rapport, helping them to feel safe, and conducting an assessment across the ecological spectrum utilizing a risk and protective frame work/strengths and resilience lens. Be sure to provide psychoeducation regarding trauma informed care, the assessment process, the evidence based treatment approach, including the purpose and utility of at least one culturally appropriate creative or play therapy technique used for assessment. Each person in the group must take the clinical social worker's role. Please embed a link for your simulation within your presentation.

CC # 1, 2, 3, 4, 5; DC: Knowledge, skills, values, and cognitive and affective processes

Part IV. Critical Analysis of the Literature (6-points)

Within this part of the *presentation* students will provide a detailed critical analysis of the current body of knowledge, which will require a literature review on the evidence that supports the evidence based trauma treatment intervention with the youth and his or her family.

Students will describe the research methods, the reliability and validity of the methodology and any tools/instruments that were used in the studies. They will also explain the theoretical underpinnings of the trauma intervention and identify the gaps that currently exist in the literature. Next, students will consider the sample and research's relevance to the client that they are providing treatment too. For example, is the research generalizable across gender, ethnicity and racial groups? If not, what are the limitations that the client would need to know about this treatment prior to making a decision for incorporating it into the treatment plan. Once the cultural limitations are identified and discussed consider what adaptations could be made to the intervention that would culturally align with your client. Utilize the literature to support your adaptations made to the treatment approach and then explain how the intervention reflects the values and ethics of the social work profession.

The following bullets are to help you organize this section of your presentation:

- What were the research methods of each?
- Were they reliable and/or valid? Provide support for your answer.
- Does the research pertain to the child or adolescent's context that you conceptualized?
- Is there sufficient empirical evidence to support the application of this trauma treatment modality (i.e. individual, family, group, or community.)
- What adaptations of the treatment approach will be made based on culture? Be sure to cite the literature to support your adaptations.
- What are the theoretical underpinnings of the trauma intervention?
- What, if any, is the psychopharmacological treatment that is recommended for treating children and adolescents for trauma?
- Does this program/intervention reflect social work values and ethics? Elaborate.
- What needs to be studied further regarding treatment as related to this trauma treatment approach? Identify gaps in the literature.

CC: 7, 8; DC: Knowledge, skills, values, and cognitive and affective processes

V. Educational Brochure (5 points)

Create an original brochure explaining play therapy or the creative intervention that will be used as a part of treatment. Include a description, how the approach helps traumatized youth, and how parents will be involved. Also share how the assessment will be communicated and progress will be evaluated. Include necessary in-text citations. Students will be graded on content, articulation of an understanding of play therapy or the creative intervention, creativity, and visual appeal.

CC: 5, & 6; DC: Knowledge ^L_{SEP}

Part VI. Psychoeducation and trauma treatment planning simulation (10-points) Create a 5-6 minute simulation demonstrating your ability to provide psychoeducation about the evidence-based intervention (including strength of the evidence) that will be used to treat the youth and possibly his or her family. Also be sure to explain the creative or play technique by providing information about its purpose and utility. Provide the brochure you created to Finally involve the child/adolescent and primary caregivers in developing a treatment plan (including goals and objectives) that addresses the trauma symptoms, adverse dynamics, and any specific treatment issues/needs of the child, family, schools and community/agencies organizations in relation to healing. Provide the brochure you created that explains this information. Each person in the group must take the clinical social worker's role. Please embed your simulation within your presentation.

The following bullets are to help you organize your simulation:

- Provide psychoeducation about the trauma treatment approach that will be used to heal the youth and his or her family. Note any cultural adaptations that will be made.
- Explain the current state of the body of knowledge using the information from the critical analysis of the literature review that was conducted. Include the strengths and limitations.
- Discuss specific treatment issues/needs the child/adolescent and family have (e.g. personal challenges, cultural) in relation to this problem and how this evidence-based approach will meet them.
- Demonstrate knowledge and skills that capitalize on promotive and protective factors, strengths, and resources for facilitating healing, catch-up, resiliency, and post-traumatic growth.
- Create a comprehensive intervention plan that addresses any specific treatment issues/needs of the child and family. Include interdisciplinary team members from schools and community/agencies/ organizations to address the problem(s) within the plan.

CC: 3, 4, 6, 7, 8; DC: Knowledge, skills, values, and cognitive and affective processes

Part VII. Evaluation Plan and Tool/Instrument Develop an evaluation plan to measure the trauma treatment intervention's effectiveness with the client(s). (3-points)

The following bullets are to help you organize this section of your presentation:

- Describe the research methods you will utilize to measure your client's progress (baseline data, pre-test/post-test measures, frequency of repeated measures, etc.).
- Identify the tool/instrument you will use to measure your client's progress and provide the validity, reliability, sensitivity and specificity data to support its utilization.

- Discuss issues of diversity that relate to the instruments/tools (e.g. culture, language)
- Discuss ethics related to the implementation of this tool or instrument.

CC: 7, 8; DC: Knowledge, skills, values, and cognitive and affective processes

Part VIII. Treatment simulation (10-points) Create a 5-7 minute simulation demonstrating your clinical skills using the trauma treatment intervention evidence-based approach that you chose. Also include at least one demonstration utilizing a culturally appropriate creative intervention or play therapy technique that targets one of the core targets. Please embed the link for the simulation excerpts into the PowerPoint presentation. *CC: 3, 5, 6; DC: Knowledge, skills, values, and cognitive and affective processes*

Part VIII. Critical reflection and self-examination (3-points)

Critical reflection and self-examination are essential for professional growth. As a group, reflect on how this assignment has helped you to grow as an evidenced based Master's level social worker and how this experience will shape your future work with traumatized youth and their families. *DC: Knowledge, values, and cognitive and affective processes*

Part X. Presentation (5-points) demonstrates critical thinking, incorporates a minimum of 10 different, peer reviewed journal articles to support your presentation. Be sure to utilize correct APA format, proofread, and edit your slides. Presentations should be professional and students are to avoid reading from slides and scripts. Dates and length of presentations will be discussed and decided upon as a class. *DC: Knowledge, skills, values, and cognitive and affective processes*

Critical Thinking Discussion Boards and Critiques (5@ 4 points each =20 points)

This semester you will have five critical thinking discussion boards and three simulation critiques. For four of the boards you are asked to demonstrate critical thinking by responding to the prompts by utilizing and expanding upon the knowledge that you are learning from your materials. For three of these four boards you and the members assigned to your group will post your simulations in order to provide formative critiques of each other's skills. Guidelines will be posted on Canvas to assist students with their critiques. For your 5th critical thinking discussion board each group will post their presentations. Once students have watched the presentations (simulations are optional) they will engage with the presenters about their work and provide constructive feedback. The presenters are responsible to answer questions and provide clarification and/or elaboration when needed.

Please keep in mind that the discussion board is a tool to help you engage with each other about the material; become exposed to different perspectives; and share your professional experiences. It is therefore important to be checking the discussion board throughout the week, which will allow more time to process the information and formulate thoughts. The discussion board is not a helpful tool when most of the postings come in at the end of the week. There will not be any credit offered for late posts. The following rubric will be used for grading.

- A score of 4 is the highest score you can achieve. To earn 4 points you must: post one initial post and provide three substantive responses that can facilitate further discussion. At least one of the four posts must also include an outside research article that supports the discussion *in a scholarly and meaningful way*. Posts and critiques are well written

and demonstrate concepts learned with applications and examples. Critiques are also thoughtful, identify specific strengths, and help to advance the skills of the simulator. Incorporation of material is cited according to APA.

- A score of 3 is ***better than average*** work. To earn 3 points you must: post one initial post and provide two substantive responses that can facilitate further discussion. Posts and critiques are well written and demonstrate concepts learned with applications and examples. Critiques are also thoughtful, identify specific strengths, and help to advance the skills of the simulator. APA is appropriately applied.
- A score of 2 is ***average work***. To earn 2 points you must post at least one initial post and one response post. To receive two points your posts reviews the concepts and provides your interpretations but does little if anything to further the dialogue in either post. APA is appropriately applied. Critiques were adequate but little critical thought or thoughtfulness was conveyed that helped to advance the simulator's skills. Overall the posts were vague and lacking specificity.
- A score of 1 means that only one post was made. If more than one post was made the postings were only partially relevant, lacked substance, was poorly written and/or not proofed adequately. Critiques did not reflect critical thinking or thoughtfulness. Either one or more than one were less than adequate.
- A score of 0 – Failure to make any posts, postings were not relevant or easily understood, failure to provide a critique of the simulation

CC: 1, 2, 3, 4, 5, 6, 7, 8, 9 DC: Knowledge, skills, values, and cognitive and affective processes

Quiz: One 10-point objective quiz will be posted reflecting the material covered in the course. Quizzes will be open for one week and will close at 11:59 pm the night prior to the next week's class. You may use any of your resources to answer the questions but you may not talk to anyone about it. This is an opportunity for you to think through the material on your own and apply your knowledge. Discussing this exam will lead to your grade turning into a zero. Beginning this exam means that you acknowledge these rules and agree to them. Good luck everyone.

CC: 1, 2, 3, 4, 5, 6, 8, 9; DC: Knowledge, skills, values, and cognitive and affective processes

“You can learn more about a person in an hour of play than in a year of conversation.” (Plato)

Course Outline Spring 2018

| Class Date | Topics | Required and Value Added Materials | Assignment & Due Date |
|-----------------------|---|---|---|
| Pre-class preparation | 1) Welcome, review of syllabus, and introduction 2) Trauma 3) The therapeutic | Preparation Materials Blaustein, M. E., & Kinniburgh (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency</i> . New York: The Guilford Press. pp. 55-58 Lanktree, C. B., & Briere, J. N. (2017). | Recording: Introductions and strategies for self-care |

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| | <p>environment</p> <p>3) Vicarious trauma</p> <p>4) Self-care for this course</p> | <p><i>Treating Complex Trauma in Children and Their Families: An Integrative Approach</i>. Los Angeles: Sage Publications. pp. 44-50.</p> <p>Welcoming video and preparation lecture for your first class.</p> <p>van Dernoot Lipsky (2015). <i>Beyond the cliff</i>. TEDx https://www.youtube.com/watch?v=uOzDGrevmus (19. 23min)</p> | |
| <p>Week 1 06/05/18 <i>Live on Line</i></p> | <p>1) Developmental impact of trauma</p> <p>2) ARC treatment framework</p> <p>3) Caregiver management of affect</p> <ul style="list-style-type: none"> • Attachment | <p style="text-align: center;">Required Readings</p> <p>American Psychiatric Association (2013). <i>Diagnostic and Statistical Manual (DSM-5)</i> (5th ed.). Washington DC: American Psychiatric Publishing. pp. 265-274.</p> <p>Blaustein, M. E., & Kinniburgh (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency</i>. New York: The Guilford Press. pp. 1-51.</p> <p>Gil, E. (2017). Introduction to posttraumatic play in children and youth; & Types, forms, and phases of posttraumatic play. In <i>Posttraumatic Play in Children: What Clinicians Need to Know</i>. New York, NY: The Guilford Press. pp. ix-xi; 3-16.</p> <p>Malchiodi, C. A. (2014). Neurobiology, creative interventions, and childhood trauma. In Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i>, New York, NY: The Guilford Press. pp. ix-xvii; 1-23.</p> | |
| <p>Week 2 06/12/18 <i>Live on Line</i></p> | <p>1) Attachment</p> <ul style="list-style-type: none"> • Attunement • Consistent caregiver response • Building | <p style="text-align: center;">Required Readings</p> <p>American Psychiatric Association (2013). <i>Diagnostic and Statistical Manual (DSM-5)</i> (5th ed.). Washington DC: American Psychiatric Publishing. pp. 265-267.</p> | |

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| | <p>routines and rituals</p> <p>2) Post traumatic play</p> <p>3) Culture and ethics related to creative interventions, and play</p> | <p>Blaustein, M. E., & Kinniburgh (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency.</i> New York, NY: The Guilford Press. pp. 53-108.</p> <p>Gil, E. (2017). <i>Posttraumatic Play in Children: What Clinicians Need to Know.</i> New York, NY: The Guilford Press. pp. 17-36; 74-84.</p> <p>Malchiodi, C. A. (EDS) (2014). Ethics, evidence, trauma informed practice, and cultural sensitivity. In Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i>, New York, NY: The Guilford Press. pp. 24-42 .</p> <p>Malchiodi, C. A. , & Crenshaw, D. A. (2017). Why children clam up in therapy. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), <i>What to do when children clam up in psychotherapy: Interventions to facilitate communication.</i> New York: The Guilford Press. pp. 3-17.</p> <p>Strauss, M. B. (2017). Treating adolescent attachment trauma: Ten ways to co-regulate and stay connected. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), <i>What to do when children clam up in psychotherapy: Interventions to facilitate communication.</i> New York: The Guilford Press. pp. 157-175.</p> | |
| <p>Week 3 06/19/18 Asynchronous</p> | <p>1) Assessment and Diagnosis</p> <p>2) Post traumatic play</p> <p>3) PTSD, reactive attachment disorder, and developmental/ complex trauma</p> | <p style="text-align: center;">Required Readings</p> <p>Blaustein, M. E., & Kinniburgh (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency.</i> New York, NY: The Guilford Press. pp. 109-133.</p> <p>Crenshaw, D. A. (2017). Resistance in child psychotherapy: Playing hide and seek. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.),</p> | <p>1) Critical Thinking Discussion Board #1 opens at 7:00 am on 6/19/18 and closes at 11:59 pm on 6/25/18</p> |

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| | <p>4) Assessment tools/ instruments</p> <p>5) Self-Regulation</p> <ul style="list-style-type: none"> • Affect identification | <p><i>What to do when children clam up in psychotherapy: Interventions to facilitate communication.</i> New York: The Guilford Press. pp. 18-37.</p> <p>Gaskill, R. L., & Perry, B. D. (2017). A neurosequential therapeutics approach to guided play, play therapy, and activities for children who won't talk. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), <i>What to do when children clam up in psychotherapy: Interventions to facilitate communication.</i> New York: The Guilford Press. pp. 38-66.</p> <p>Gil, E. (2017). <i>Posttraumatic Play in Children: What Clinicians Need to Know.</i> New York, NY: The Guilford Press. pp. 37-51.</p> <p>Sachser, C., Keller, F., & Goldbeck, L. (2017). Complex PTSD as proposed for ICD-11: validation of a new disorder in children and adolescents and their response to trauma-focused cognitive behavioral therapy. <i>Journal of Child Psychology and Psychiatry</i>, 58(2), 160-168.</p> <p>van der Kolk, B. A. (2005). Developmental Trauma Disorder: A new, rational diagnosis for children with complex trauma histories. <i>Psychiatric Annals</i>, 35(5), pp .401-408.</p> <p>Zeanah, C. H., & Lieberman, A. (2016). Defining relational pathology in early childhood: the diagnostic classification of mental health and developmental disorders of infancy and early childhood DC: 0-5 approach. <i>Infant Mental Health Journal</i>, 37(5), 509-520.</p> <p style="text-align: center;"><i>Value Added Reading</i></p> <p>Tryphonopoulos, P. D., Letourneau, N., & Ditommaso, E. (2014). Attachment and caregiver-infant interaction: A review of observational-assessment tools. <i>Infant Mental Health Journal</i>, 35(6), 642-656.</p> | |
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| <p>Week 4 06/26/18 <i>Live on Line</i></p> | <p>1) Self-Regulation</p> <ul style="list-style-type: none"> • Modulation <p>2) Creative crisis intervention techniques</p> | <p style="text-align: center;">Required Readings</p> <p>Blaustein, M. E., & Kinniburgh (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency</i>. New York, NY: The Guilford Press. pp. 134-156.</p> <p>Gil, E. (2017). <i>Posttraumatic Play in Children: What Clinicians Need to Know</i>. New York, NY: The Guilford Press. pp. 87-100; 101-112.</p> <p>Echterling, L. G, & Stewart, A. L. (2014). Creative crisis intervention techniques with children and families. In Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i>, New York, NY: The Guilford Press. pp. 213-234.</p> | <p><i>1) Interview and Class Dialogue</i></p> |
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| <p>Week 5 07/3/18 Asynchronous</p> | <p>1) Self-Regulation</p> <ul style="list-style-type: none"> • Affect expression <p>2) Sandtray therapy</p> <p>3) Clay therapy</p> | <p style="text-align: center;">Required Readings</p> <p>Blaustein, M. E., & Kinniburgh (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency</i>. New York, NY: The Guilford Press. pp. 157-168.</p> <p>Duffy, S. C. (2014). Therapeutic stories and play in the sandtray for traumatized children: The moving stories method. In Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i>, New York, NY: The Guilford Press. pp. 213-234.</p> <p>Elbrecht, C. (2014). The clay field and developmental trauma in children. In Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i>, New York, NY: The Guilford Press. pp. 213-234.</p> <p>Gil, E. (2017). <i>Posttraumatic Play in Children: What Clinicians Need to Know</i>. New York, NY: The Guilford Press. pp. 113-123.</p> <p>Lanktree, C. B., & Briere, J. N. (2017). <i>Treating Complex Trauma in Children and Their Families: An Integrative Approach</i>. Los Angeles: Sage Publications. pp. 44-62; 88-90; 97-115.</p> | <p>1) Simulation #1 due by 7:00 am on 7/3/18</p> <p>2) Critical Thinking Discussion Board #2 & Simulation #1 Critique opens at 7:00 am on 6/19/18 and closes at 11:59 pm on 6/25/18</p> |
| <p>Week 6 07/10/18 Live on Line</p> | <p>1) Dissociation</p> <p>2) Dance Movement therapy</p> | <p style="text-align: center;">Required Readings</p> <p>Gil, E. (2017). <i>Posttraumatic Play in Children: What Clinicians Need to Know</i>. New York, NY: The Guilford Press. pp. 124-134; 147-160.</p> <p>Gray, M. E. L., & Porges, S. W. (2017). Polyvagal-informed dance/movement therapy with children who shut down. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), <i>What to do when children clam up in psychotherapy: Interventions to facilitate communication</i>. New York: The Guilford Press. pp. 102-136.</p> | |

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| | | <p>Kestly, T. (2017). Play therapy through the lens of interpersonal therapy. In Malchiodi, C. A., & Crenshaw, D. A. (Eds.), <i>What to do when children clam up in psychotherapy: Interventions to facilitate communication</i>. New York: The Guilford Press. pp. 102-136.</p> <p>Santen, B. (EDS) (2014). Treating dissociation in traumatized children with body maps. In Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i>, New York, NY: The Guilford Press. pp. 126-149</p> <p>Recommended</p> <p>Gray, A. E. (2014). Dance/Movement therapy with refugee and survivor children. In Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i>, New York, NY: The Guilford Press. pp. 169-210.</p> | |
| <p>Week 7 07/17/18 Asynchronous</p> | <p>1) Targeting Developmental Competency</p> <p>2) Strengthening executive functions</p> <p>3) Self development and facilitating positive identity</p> <p>4) EMDR and Art Therapy</p> | <p>Required Readings</p> <p>Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., Andres, B., Cohen, C., & Blaustein., M. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. <i>Journal of Child & Adolescent Trauma</i>, 4, 34-51.</p> <p>Blaustein, M. E., & Kinniburgh (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency</i>. New York, NY: The Guilford Press. pp. 169-205.</p> <p>Gil, E. (2017). <i>Posttraumatic Play in Children: What Clinicians Need to Know</i>. New York, NY: The Guilford Press. pp. 135-146; 161-171.</p> <p>Malchiodi, C. A., Art therapy approaches to facilitate verbal expression (2017). In Malchiodi, C. A., & Crenshaw, D. A. (Eds.),</p> | <p>1) Simulation #2 due by 7:00 am on 7/17/18</p> <p>2) Critical Thinking Discussion Board #3 & Simulation #2 Critique opens at 7:00 am on 7/17/18 and closes at 11:59 pm on 7/23/18</p> |

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| | | <i>What to do when children clam up in psychotherapy: Interventions to facilitate communication.</i> New York: The Guilford Press. pp. 197-216. | |
| Week 8 07/24/18 Asynchronous | 1) Trauma experience integration | <p style="text-align: center;">Required Readings</p> <p>Blaustein, M. E., & Kinniburgh (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency.</i> New York, NY: The Guilford Press. pp. 209-240.</p> <p>Gil, E. (2017). <i>Posttraumatic Play in Children: What Clinicians Need to Know.</i> New York, NY: The Guilford Press. pp. 172-184; 185-196.</p> | <p>1) Simulation #3 due by 7:00 am on 7/24/18</p> <p>2) Educational Brochure Due</p> <p>3) Critical Thinking Discussion Board #4 & Simulation Critique #3 opens at 7:00 am on 7/24/18 and closes at 11:59 pm on 7/30/18</p> |
| Week 9 07/31/18 Synchronous | 1) Art therapy 2) Group and community level interventions 3) Resilience & Prevention | <p style="text-align: center;">Required Readings</p> <p>Loumeau-May, L. V., Seibel-Nicol, E., Hamilton, M. P., & Malchiodi, C. A. (2014). Art therapy as an intervention for mass terrorism and violence. In Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i>, New York, NY: The Guilford Press. pp. 45-74.</p> <p>Malchiodi, C. A. (2014). Art therapy and group interventions with children from violent homes. In Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i>, New York, NY: The Guilford Press. pp. 258-277.</p> <p>Bullying, trauma, and creative art interventions: Building resilience and supporting prevention Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized</i></p> | <p>1) Presentations due by 7:00 am on 7/31/2018</p> <p>2) Critical Thinking Discussion Board for formative feedback on presentations opens at 7:00 am on 7/31/18 and closes at 11:59 pm on 8/7/18</p> <p>3) Quiz opens at 7:00 am on 7/31/18 and closes at</p> |

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| | | <i>Children 2nd Edition</i> , New York, NY: The Guilford Press. pp. 281-300. | 11:59 pm on 8/7/18 |
| Week 10 08/7/2018 Asynchronous | 1) Expressive arts therapy 2) Mindfulness 3) Animal Assisted Therapy 4) Course wrap-up | <p>Van Fleet, R., & Faa-Thompson (2017). Animal assisted play therapy with reticent children In</p> <p>Malchiodi, C. A., & Crenshaw, D. A. (Eds.), <i>What to do when children clam up in psychotherapy: Interventions to facilitate communication</i>. New York: The Guilford Press. pp. 102-136.</p> <p>Rappaport, L. (2014). Focusing-oriented expressive arts therapy and mindfulness with children and adolescents experiencing trauma. In Malchiodi, C. (Ed.), <i>Creative Interventions with Traumatized Children 2nd Edition</i>, New York, NY: The Guilford Press. pp. 301-321.</p> <p>Required Videos</p> <p><i>Miniature therapy horses</i> https://www.youtube.com/watch?v=oK6kTjqL7do</p> <p><i>Animal assisted therapy</i> https://www.youtube.com/watch?v=VgXYFnwguj8</p> | 1) Critical Thinking DB #5 closes on 11:59 pm on 8/7/2019 |

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Clinical Psychology: Science and Practice, 1-16. doi:10.1111/cpsp.12195

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- Connor, D. F., Ford, J., Arnsten, A. F. T., & Greene, C. A. (2015). An update on posttraumatic stress disorder in children and adolescents. *Clinical Pediatrics*, 54(6), 517-528.

- Cross, D., Fani, N., Powers, A., & Bradley, B. (2017). Neurobiological development in the context of childhood trauma. *Clinical Psychology: Science and Practice*, 1-14. doi:10.1111/cpsp.12198
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- De Young, A. C., Haag, A. C., Kenardy, J. A., Kimble, R. M., & Landolt, M. A. (2016). Coping with accident reactions (CARE) early intervention program for preventing traumatic stress reactions in young injured children: Study protocol for two randomized controlled trials. *Trials*, 17(362), doi: 10.1186/s13063-016-1490-2
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