

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

**SW531. Trauma Theory & Practice  
Section 201  
3 credit hours  
Summer, 2019**

**Instructor:** Stefanie Pilkay, Ph.D.

**Phone:** 865-454-1112

**Online Class:** 5/31, 6/14, 6/28, 7/12, 7/26, 8/9: 7:00-8:00pm EST  
(6:00-7:00pm CST)

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**Office hours:** Online and phone by appointment

**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](http://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, Knoxville Student Disability Services office 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, 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 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 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 (facitious 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.

### **REQUIRED TEXTS**

- 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.

## ***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 semester. Because the personal affects practice, it is essential that students have methods for addressing issues that arise.

## **PLAGIARISM**

It is assumed that all 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.

## **MISSING/LATE ASSIGNMENTS**

Late assignments will not be accepted unless prior approval has been acquired by the instructor. Missing assignments will be graded "0".

## **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 (5 quizzes @ 8 points each)	40 points
Discussion Board (4 posts @ 10 points each)	40 points
Trauma assessment paper	20 points

### **ASSIGNMENTS**

- **QUIZZES** (course competencies 1 – 6; knowledge)  
Short quizzes will be given online. Students will have 10 minutes for each quiz. These quizzes may cover any content covered in previous scheduled weeks of the course. These quizzes will contain 8 items each.
- **DISCUSSION BOARD** (course competencies 1-6; cognitive and affective processes, values)  
Over the duration of the course, 4 different case studies will be posted. Students will post a discussion thread that assesses the client to determine trauma-related outcome risks, and assess the agency for trauma-informed and culturally sensitive practice and appropriate intervention.
- **TRAUMA ASSESSMENT PAPER** (course competencies 1-6: knowledge, cognitive and affective processes, skill)  
Students will choose from 3 case vignettes and write an assessment paper no more than 5 pages double spaced. The student will identify the trauma experiences, the potential influence on development and behavior, and the client's trauma-related needs.  
The student will be able to describe how the traumatic experience(s) could be affecting current behaviors and needs of the client.

### **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 client 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 6<sup>th</sup> edition style I paper formatting.

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## **WEEK 1: INTRODUCTION; TYPE, TIMING, AND COMPLEXITY OF TRAUMA, TRAUMA-INFORMED SYSTEMS**

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**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).
- Center on the Developing Child. (2014). *Lifelong health*. Harvard University. [http://developingchild.harvard.edu/resources/multimedia/interactive\\_features/biopsychosocial-developmental-framework/](http://developingchild.harvard.edu/resources/multimedia/interactive_features/biopsychosocial-developmental-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.

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## **WEEK 2: LAURA: ATTACHMENT; FAILURE TO THRIVE, PARENTING WITH SEVERE NEGLECT HISTORY**

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**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/](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.

**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](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\\_ZMO7GU](http://www.youtube.com/watch?v=DH1m_ZMO7GU)

*Developing Attachment: Rejecting a Baby's Distress*

[https://www.youtube.com/watch?v=9u8ObYi\\_EB0](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](http://www.childtraumaacademy.com/amazing_brain/index.html)

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**WEEK 3: TINA: SEXUAL ABUSE; PARENTING IN POVERTY**

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**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.

### 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](http://www.childtraumaacademy.com/amazing_brain/index.html)

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## WEEK 4: SANDY: WITNESSED MURDER & ASSAULT; PTSD IN CHILDREN; TRAUMATIC GRIEF

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**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 der Kolk (2014). Chapter 2. Revolutions in understanding mind and brain (pp. 22-38).
- Ford, J. D., Blaustein, M. E., Habib, M., & Kagan, R. (2013). Developmental trauma therapy models. In Ford & Courtois, Eds. (pp. 261 – 277).

**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](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=jYyEEMIMMb0>

*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*

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**WEEK 5: BRANCH DAVIDIAN CULT; LOSS OF LOVED ONES; CULTS; EMOTIONAL ABUSE**

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**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.

**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](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 1/2 hrs) <https://www.youtube.com/watch?v=Me07G3Erbw8>

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**WEEK 6: LEON: EMOTIONAL DEPRIVATION; DEVELOPMENT OF EMPATHY; TRAUMA HISTORY & CRIMINALITY IN ADULTS**

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

**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](http://www.childtraumaacademy.com/amazing_brain/index.html)

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**WEEK 7: JUSTIN: EXTREME NEGLECT; PETER: DEVELOPMENTAL REGRESSION; NEUROSEQUENTIAL MODEL OF THERAPEUTICS APPROACH TO ASSESSMENT**

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**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.

**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*

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**WEEK 8: VERNON CHILDREN: IATROGENIC ABUSE; COERCIVE INTERVIEWING; JAMES: MUNCHAUSEN BY PROXY**

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**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.
- Wrennall, L. (2007). Manhausen 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*

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## WEEK 9: AMBER: SELF-INJURIOUS BEHAVIORS; SEXUAL ABUSE; DISSOCIATION

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**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.

### 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.*

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## WEEK 10: ADULT SURVIVORS OF CHILDHOOD ABUSE, NEGLECT, AND OTHER ADVERSE EXPERIENCES

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**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.
- 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](http://www.sciencedaily.com/releases/2014/08/140828110911.htm)

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## WEEK 11: DOMESTIC VIOLENCE; ADULT SEXUAL ASSAULT; OTHER TRAUMAS

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**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.

**Required Video:** (may be assigned the week before)

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## **WEEK 12: MILITARY TRAUMA (INDIVIDUALS AND THEIR FAMILIES); GRIEF AND LOSS**

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**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*

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### **WEEK 13: CATASTROPHIC TRAUMA: KATRINA; GENERATIONAL TRAUMA**

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**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.

**Required Video:** (may be assigned the week before)

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### **WEEK 14: HEALING COMMUNITIES; SUMMARY**

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**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.

### Course Summary Outline

Week	Content	Quiz
1	Introduction; Type, Timing, and Complexity of Trauma, Trauma-informed systems	
2	Laura: Attachment; Failure to thrive Parenting w/severe neglect History; Leon: Emotional deprivation; Development of empathy; Trauma history & criminality in adults; Tina: Sexual abuse; Parenting in poverty; Effects of poverty on	6/14/19 quiz 1
3	Sandy: Witnessed murder & assault; PTSD in children; traumatic grief	
4	Branch Davidian cult; Loss of parents; Loss of child	6/28/19 quiz 2
5	Justin: Extreme neglect; Peter: Developmental regression; Neurosequential approach	
6	Vernon children: Iatrogenic abuse; Coercive interviewing; James: Munchausen by proxy	7/12/19 quiz 3
7	Amber: Self-injurious behaviors; Sexual abuse; Dissociation; Adult survivors of childhood abuse, neglect, and other adverse experiences	
8	Domestic violence; Adult sexual assault;	7/19/19 quiz 4

	<b>other traumas</b>	
<b>9</b>	<b>Military trauma (Individuals and their families); Grief and loss ; Catastrophic trauma: Katrina; generational trauma</b>	
<b>10</b>	<b>Healing Communities; Summary</b>	<b>8/9/19 quiz 5</b>