

**UNIVERSITY OF TENNESSEE
COLLEGE OF SOCIAL WORK**

**SW 540 – General Topics in Social Work:
CHILD ABUSE AND NEGLECT: THEORIES AND ISSUES ACROSS SOCIAL WORK PRACTICE**
Course Outline
Spring 2008

Rebecca Bolen, Ph.D.
rbolen@utk.edu
Room 203 Henson Hall
Phone: 865-974-3206
rbolen@utk.edu

Tuesdays 9:40 – 12:25

COURSE GUIDELINES

Student Responsibilities

One of the biggest problems facing professionals working in the area of child maltreatment is that they are working within a highly charged political environment. Some of the methods that professionals have available to them are to be widely read, to critically read, and to understand various sides of issues from political, empirical, and theoretical perspectives. Individuals who do not have this knowledge base are susceptible to biased practice. A key component of working in the area of child maltreatment is this commitment 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; (4) exploration of suggested readings for relevance; (5) preparation for and participation in instructional activities; (6) timely completion of assignments; and (7) feedback to the instructor.

Policies

1. Participation is considered a vital part of the learning experience in this class. As such, attendance is *strongly recommended*, as is the expectation that students will come prepared to discuss and critically analyze the required readings. If you are unable to attend, please leave a message for the instructor at 865-974-3206 or leave an email message at rbolen@utk.edu. Other expectations that will be reflected in this portion of the grade are participation in class discussions and group exercises. Class discussions will begin with the assumption that you have read the articles. While I will provide a brief summary of the material each week, I also consider the required readings a jumping off point for further discussions. As such, I will not always mention all required readings for that day in the lecture. This, however, does not relieve you of the responsibility for knowing this material, as it will put you at a disadvantage for the class work, the assignments, and for your practice.
2. All written work must be typewritten and double-spaced. Assignments are to be presented in a scholarly manner and well-documented by referencing the supporting literature. Papers are to be free of mechanical flaws, including errors in grammar or spelling. Bibliographic references must conform to American Psychological Association (APA) style, 5th edition. Both presentation and content will be considered in evaluating assignments.
3. I am available by phone (865-974-3206) or email (rbolen@utk.edu). The quickest way to get in touch is by email. I am happy to set up a meeting with you at any time to discuss your work, the class, or issues in this area. Please feel free to utilize me, especially if you are having problems in the class or if you need more guidance on a paper.

Sensitive Nature of Class

Because of the sensitive nature of this class, it is expected that issues of a personal nature will arise for students during the semester. Students who were themselves abused/neglected 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 may also experience some distress during the course of the semester. Because the personal affects practice, it is essential that students address issues that arise.

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

1. Pair up with another person (or persons) in this class (or outside of this class) with whom you are comfortable sharing sensitive and personal material. Plan a time weekly when you can address issues that arise for you from taking this class. Alternately, you might want to find a group of five or six individuals with whom you can occasionally process material from this class. In this way, you will not have to ask someone to be available to you on a consistent basis. Remember as well that this material may also be difficult for the person with whom you talk
2. Keep a daily journal to allow time to process the material in this class and its effect upon you.
3. Plan time after doing the readings so that you can distance yourself from the material before going to bed.
4. Make sure that significant others in your life are aware that you are taking this course and that it often deals with very hard material. Let them support you when you need it.
5. Make sure to plan some time each week that allows you to get away from this material. This could be "silly" time, sports time, physical exercise, or any method that allows you a release.
6. If you are a survivor, you are probably already aware that this class may bring up personal issues for you. Give special attention to how you will address those issues. If you are not working with a therapist, you might want to consider doing so for a brief period. Otherwise, please consider who you can talk with about the effect of this class on you. Both now and as a future clinician you will need to have resources for working with difficult material. The other unique issue you will face as a clinician is the entanglement of your issues with those of the client. Good supervision, insight, and a previous working-through process for your own abuse will be important for working with other survivors.
7. Set up a time to meet with me so we can strategize about how to attend to your needs over the semester.

We will also have certain practices in class designed to allow for the difficulty of the material. We will always take breaks in the middle of each class in order to "get away" for a few minutes. You will also be given the opportunity at times to talk in small groups or pairs about how to take care of yourself given the material. Other techniques will be used as appropriate.

The difficulty in processing this material in class is that its impact is often quite personal. Because part of what we must learn as clinicians working with survivors is how to maintain appropriate boundaries with our clients, class time will primarily be devoted to the development of the professional. This practice is not meant to negate nor to minimize your experience, but to stress the importance of setting up in advance ways of taking care of yourself this semester. If you need help considering how to do this, please set up an appointment with me.

TEXT & READINGS

Required:

Miller-Perrin, C. L., & Perrin, R. D. (2007). *Child maltreatment: An introduction* (2nd ed.). Thousand Oaks, CA: Sage.

Perry B. D., & Szalavitz, M. (2006). *The boy who was raised as a dog, and other stories from a child psychiatrist's notebook: What traumatized children can teach us about loss, love, and healing*. New York: Basic Books.

Recommended texts:

Everett, J. E., Chipungu, S. S., & Leashore, B. R. (2004). *Child welfare revisited: An Africentric perspective*. Rutgers, N.J.: Rutgers University Press.

or

Fontes, L. A. (2005). *Child abuse and culture: Working with diverse families*. Guilford Press.

Myers, E. B., Berliner, L., Briere, J., Jenny, C., Hendrix, C. T., & Reid, T. (2001). *The APSAC handbook on child maltreatment* (2nd ed.). Thousand Oaks, CA: Sage.

Supplemental readings:

For each week, supplemental papers that provide greater depth or breadth, or that address specific issues are listed. These papers are available as pdf files and can be downloaded from the BlackBoard site. Because we can only scratch the surface of the important literature, supplemental bibliographies are provided for most weeks so that you can peruse further areas of interest to you.

GRADING CRITERIA

A	93 - 100
B+	88 - 92
B	83 - 87
C+	78 - 82
C	73 - 77
D+	68 - 72
D	63 - 67
F	62 and below

GRADING STRATEGY FOR CLASS

Paper 1	35%
Paper 2	40%
Participation	10%
Group Project	15%

GROUP ASSIGNMENT

A group project will be assigned. The information regarding the assignment will be provided in the syllabus by the time class begins.

REACTION PAPERS

Due dates:

Reaction Paper 1	February 5
Reaction Paper 2	March 4
Reaction Paper 3	April 8

Grading criteria:

Reaction papers will be graded pass/fail and will be applied to the participation grade.

Format:

The paper is to be single-spaced and one to two pages.

Content:

Reaction papers have been initiated as a formal method of working with sometimes difficult or intense class content, although you are not restricted to using them for this purpose. The choice of what you write and how you write it is yours. You can use these papers to establish a dialogue with me, to think something through, to react to something in the content with which you strongly agreed or disagreed, to consider how your values impact your view of child maltreatment, to consider how some area impacts you personally, or any other way that it is helpful to you. I do hope that you allow these reaction papers to serve a purpose to you and to further your preparation for working with challenging content and clients. Please do not wait until the last moment to do these, but use them as a tool for processing class content.

CHILD MALTREATMENT PAPER

You will work on a paper related to a topic in the area of child maltreatment throughout the semester. Because the paper and its requisite assignments accounts for 75% of your class grade, you will be responsible for handing in sections of it throughout the semester. By doing so, I can provide more feedback so that you can correct any problems that are developing and so that you stay on track with the paper. The eventual paper will be of professional quality and will be 15 to 20 pages in length. The purpose of the paper is to allow you to explore in greater depth a specific area of the knowledge base, specific issue, or area of application (clinical, macro, or policy) that is of interest to you.

Topic of paper:

Within certain parameters, you will decide the topic of the paper. You probably came into class with a more focused interest in a certain area of child maltreatment. If not, you can use the syllabus and reading lists to give you some ideas. Examples of specific topic areas are a specific type of abuse/neglect within the types of child maltreatment (e.g., physical abuse by boyfriends, sexual abuse by a parent, medical neglect, etc.), a specific process that may contribute to the abuse (e.g., grooming the victim, dynamics within a family, the role of stressors, etc.), issues (e.g., false memory syndrome, abuse allegations in divorce, mandatory reporting, removals of children, etc.), or application areas (e.g., cognitive/behavioral treatment of physically abused children, treatment strategies for posttraumatic stress disorder, primary prevention strategies, policy issues related to removing the child versus removing the offender, etc.). These are just a few of the many possible topics.

It is not unusual for students to struggle a bit with the choice of a topic. For this reason, the process will take place as an ongoing dialogue between the two of us for the first two or three weeks of the semester until we are both comfortable with the topic. As you get further into the literature review, you may also refine the topic selection as long as you inform me in writing and receive my approval.

Format of paper

Ultimately, the paper is to include the following:

Historical and theoretical context (Often section 1)

- Historical conceptualization of the topic and how that might influence our current understanding (e.g., how an historic mother-blaming society continues to influence our perceptions, how the medical model influenced our understanding of physical abuse)
- Sociocultural context of the topic, or how the culture and society in which we live impact our conceptualization of the topic (e.g., how views about different types of abuse shape policies regarding whether offenders are treated, incarcerated, or both)

- Comparison of different theoretical conceptualizations of the topic (e.g., comparison of family systems theories and attachment theories in conceptualizing the topic of interest. How do theories guide the understanding of this literature and varying literature?

Literature review of the topic (Usually section 2)

- Review of the **important** professional literature and a critical analysis of it. While it is important that you have a good grasp of the literature, it is just as important that you develop the skills to critically analyze it. A critical analysis involves moving beyond a simple regurgitation of the literature into your own analysis. What do you think about this literature base? Is it adequate? Where are the strengths and weaknesses? What is lacking in the literature? Are there biases that are apparent? What are the issues that your analysis of the literature raises? Does the theoretical literature mesh with the empirical literature? If not, why not? Where are the inconsistencies? If this is an application topic (i.e., treatment, macro, or policy), it is critical that you evaluate the efficacy of the application (e.g., does family-oriented treatment work in father-daughter incest?). **This section is the “heart” of the paper.**

Implications (Last section)

- Clinical, macro, policy, and research implications for social workers
- How might this paper shape the way you work with client systems?

Having said what this paper is to include, it is also important to acknowledge that the diversity of topics chosen may require some leeway. As such, you will also be required to hand in an outline for the paper, specifying how it will be divided into two sections (i.e., paper 1 and paper 2) and what will be included in each section. If you find that this outline is not satisfactory once you begin the writing process, please contact me with a revised outline so that we can discuss it.

Literature Review for Paper:

Your paper will only be as good as your literature review. You will be expected to review the **important literature** on this topic—not just that which is easily available. Please remember that the majority of the professional literature is found in professional journals. You will be responsible for those important papers even if you must order them through Interlibrary Loans. It is **strongly advised** that you begin your literature review (using PsychInfo and other available bibliographic systems) as soon as possible. Because of the time required to get ILL requests back, you will want to allow a few weeks for this process.

Stages of paper

- (Jan. 22)** Typed paragraph discussing the tentative topic for your paper and emailed to me. Also provide me with an email address so that we can correspond if necessary.
- (Jan. 29)** If your topic has not already been approved, you will need to hand in a typed revision of the paragraph discussing the topic for your paper.
- (Feb. 5)** If your topic has not already been approved, you will need to hand in a typed revision of the paragraph discussing the topic for your paper. All topics will need my final approval this week.

(Feb. 19) You are to hand in a working bibliography using APA format. This list should include those papers you intend to use in your paper, whether or not you have them in hand as yet. You are also required at this time to hand in your outline for the two sections of your paper. You should have enough of the literature in by now that you have been able to formulate an outline. Also provide me with your email address. If there are problems with the outline or bibliography, I will notify you via email.

35% (Mar. 11) First portion of paper is due. You will be responsible for attaching your bibliography for those references cited in this paper. Hand in: outline, paper, bibliography.

40% (Apr. 15) Second portion of paper is due. For your bibliography, you will need to incorporate all references from both the first and second portion of your paper. Hand in: outline, paper two, complete bibliography, paper one, and my written feedback for paper one.

Grading criteria for paper:

The objectives for the paper represent the primary content areas upon which the papers will be assessed. In addition, the following will be assessed: writing quality, organization of paper, ability to identify and reference the important available knowledge base, use of APA style for referencing sources, ability to critically assess the literature, and insight.

An **A** paper will do an excellent job of presenting, interpreting, and critically analyzing the knowledge base, both empirical and theoretical; will be insightful throughout; will address all objectives; will be well-organized with a high level of writing quality; will utilize the important available literature, and will use APA referencing style for sources.

A **B+** paper will do a very good job of presenting, interpreting, and critically analyzing the knowledge base, both empirical and theoretical; will demonstrate insights into the literature, will be well-organized with a high level of writing quality; will address all objectives; will have utilized the important available literature, and will use APA referencing style for sources. This paper is considered to be of excellent quality. To receive a grade of B+, all areas must be met.

A **B** paper presents the literature although the interpretation and critical analysis of the literature may not be strong; exhibits less insight into the literature; may suffer from a lesser quality of writing and organization; adequately addresses all objectives but may not adequately utilize the available literature base. This paper is considered to be of average quality. Papers may also be awarded a **B** if they meet expectations for a higher grade but fail to include all objectives.

A **C** paper does not adequately address the objectives or may fail to include all objectives, may be poorly written, does only an adequate job of presenting the literature, does not interpret or critically analyze the literature, and only poorly reviews the available literature.

A **D** has significant problems throughout the paper and fails to address all objectives.

An **F** paper has significant problems throughout the paper and fails to address most objectives.

All papers will be assigned a letter grade and will also show the number of points awarded.

Guidelines for a Literature Review

Some of you may have never written a literature review before. To give you more guidance, I will briefly describe what I consider a literature review. Next I will introduce a suggested format. This format is *optional*, however.

What is a literature review?

At its most basic, a literature review allows the reader to understand the current state of the literature for a given topic. Reviews often have some type of organization to them that allow them to review a large amount of literature concisely. Sometimes reviews have tables that compare the methodology and/or findings of studies. Often they group studies by topic. Then, having presented the important studies and their findings, the reviewers summarize the literature, draw conclusions, and often have implications for future research.

I think about literature reviews as stories about something. For example, a literature review of the short-term effects of sexual abuse is actually a story line. Good literature reviews often discuss the theoretical and/or historical reasons for considering types of effects. For example, in this story line I would talk about how we originally thought that sexually abused children would present with unique symptom profiles. Quickly we learned that they did not, so abandoned this idea and began to talk about how children can have multiple presentations. This thought guided our research for a number of years. Only in the last few years have individuals begun to return to the idea that symptom profiles can be developed for sexually abused children. In this more complex conceptualization, there might be specific symptom profiles that can be predicted based upon the developmental trajectory of the child. So here is my story line that I follow throughout the literature review. I have a theme that is both theoretical and historical that shapes the presentation of the literature review. By the end of the paper, I have set up the reasons for thinking the way we do, discussed the theories that inform our thinking, presented the literature, and come full circle to my original story line by summing it up and assessing whether current literature supports multiple symptom profiles.

Where do I find the professional literature?

The professional literature is primarily found in reputable professional journals. The importance of this literature is that the papers are peer reviewed before they are accepted for publication, giving you some assurance of the quality of the paper. There are obviously other sources, including professional books, publications by the government, etc. To search this literature base, one of the best sources is the search engines available through the library. The primary one we have available is PsychINFO, although others are also useful depending upon the topic. Another important database is the one provided by the National Center on Child Abuse and Neglect (<http://www.calib.com/nccanch/database>). There are also places that you will most likely **not** locate the professional literature. First is magazines for general use, although there are infrequent exceptions. The other is the web, except for sites for reputable organizations or academics. In general, however, it is still rare to find the quality of literature on the web that is found in professional journals. Further, these materials are most often not peer-reviewed. If you take information off the web, plan to justify the quality of the information. If you cannot do so, it is best not to use it.

Course Outline

Week	Date	Content	Due
1	Jan. 15	Introduction	
2	Jan. 22	The sociohistorical, political, and theoretical context of child maltreatment	Typed paragraph for topic of paper (first draft)
3	Jan. 29	Neglect	Typed paragraph for topic of paper (second draft if needed)
4	Feb. 5	Physical abuse; Munchausen by proxy syndrome	Typed paragraph for topic of paper (final draft if needed) Reaction paper 1 due
5	Feb. 12	Psychological abuse	Written summary of group project
6	Feb. 19	Sexual abuse	
7	Feb. 26	Working with medical, legal, and child welfare systems	
8	Mar. 4	Effects in children	Reaction paper 2 due
9	Mar. 11	Children: Theories of treatment and treatment issues	Part 1 of paper due
	Mar. 17	SPRING BREAK	
10	Mar. 24	Long-term effects of child maltreatment	
11	Apr. 1	Adults: Theories of treatment and treatment issues	Presentation group 2
12	Apr. 8	Severe diagnostic categories and treatment	Presentation group 3; Reaction paper 3 due
13	Apr. 15	Prevention and advocacy – macro approaches; backlash	Part 2 of paper due
14	Apr. 22	Integration of course content	

NOTE: Readings will not be finalized until the first day of class.

1 Introduction

Required Readings:

Miller-Perrin & Perrin (2007). 8. Key issues in responding to child maltreatment (pp. 291 – 302).

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

Abney, V.D. (2001). Cultural competency in the field of child maltreatment. In *Child maltreatment* (pp. 477 – 486).

Nelson-Gardell, D., & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. *Child Welfare*, 82(1), 5 – 26.

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

2 The sociohistorical, political, and theoretical context of child maltreatment

Required Readings:

Miller-Perrin & Perrin (2007). 2. The study of child maltreatment: Theoretical and methodological issues (pp. 33 – 61).

Perry (2006). Tina's world (pp. 7 – 30).

Bolen, R. M. (2001). Risk factors for child sexual abuse victimization. *Child sexual abuse: Its scope and our failure* (pp. 135 – 161). New York: Kluwer Academic/Plenum Publishers.

Virkkunen, M. (1981). The child as participating victim. In M. Cook & K. Howells (Eds.), *Adult sexual interest in children* (pp. 121-134). New York: Academic Press.

3 Neglect

Required Readings:

Miller-Perrin & Perrin (2007). 5. Child neglect (pp. 163 - 184).

Perry (2006). 3. Stairway to heaven (pp. 57 – 80).

Armstrong, E. (2005). Drug and alcohol use during pregnancy: We need to protect, not punish women. *Women's Health Issues*. 15(2), 45 – 47.

Baker, P. L., & Carson, A. (1999). "I take care of my kids": Mothering practices of substance-abusing women. *Gender and Society*, 13(3), 347-363.

Kochuyt, T. (2004). Giving away one's poverty. On the consumption of scarce resources within the family. *Sociological Review*, 52(2), 139 – 161.

Recommended readings:

Connell-Carrick, K. (2003). A critical review of the empirical literature: Identifying correlates of child neglect. *Child and Adolescent Social Work Journal*, 20(5), 389-.

Hobfoll, S. E., Freedy, J. R., Green, B. L., & Solomon, S. D. (1996). Coping in reaction to extreme stress: The roles of resource loss and resource availability. In M. Zeidner & N. S. Endler (Eds.), *Handbook of coping: Theory, research, applications* (pp. 322 - 349). New York: John Wiley & Sons.

4 Physical abuse

Required Readings:

Miller-Perrin & Perrin (2007). 3. Physical abuse (pp. 69 – 89).

Miller-Perrin & Perrin (2007). 7. Additional forms of child maltreatment (pp. 234 – 240).

Miller-Perrin & Perrin (2007). 8. Controversial issues in the study child maltreatment (pp. 322 – 327, 331 – 335).

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

Miehl, N. J. (2005). Shaken baby syndrome. *Journal of Forensic Nursing*, 1(3), 111-114.

Tracy, E. M., & Johnson, P. J. (2007). The intergenerational transmission of family violence. In N. B. Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 113 – 134). New York, NY: Guilford Press.

Recommended:

Miller-Perrin & Perrin (2007). 3. Physical abuse (pp. 69 – 89).

5 Psychological abuse

Required Readings:

Miller-Perrin & Perrin (2007). 6. Psychological abuse (pp. 210 – 230).

Miller-Perrin & Perrin (2007). 7. Additional forms of child maltreatment (pp. 242 - 247).

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

Cicchetti, D., Toth, S. L., & Rogosch, F. A. (2000). The development of psychological wellness in maltreated children. In J. Rappaport et al. (Eds.), *The promotion of wellness in children and adolescents* (pp. 395 – 426). Washington, DC: Child Welfare League of America.

6 Sexual abuse

Required Readings:

Miller-Perrin & Perrin (2007). 4. Child sexual abuse (pp. 111 – 147, 150 - 156).

Miller-Perrin & Perrin (2007). 7. Additional forms of child maltreatment (pp. 268 – 273).

Miller-Perrin & Perrin (2007). 9. Controversial issues in the study of child maltreatment (pp. 305 - 322).

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

Elliott, M. (1995). Child sexual abuse prevention: What offenders tell us. *Child Abuse & Neglect*, 19(5), 579-594.

Berliner, L. (2002). Introduction: Confronting an uncomfortable reality. *APSAC Advisor*, 14(2), 2-3.

Supplemental:

Jones, M. (July 27, 2007). How can you distinguish a budding pedophile from a kid with real boundary problems? *New York Times*. www.nytimes.com

Handout:

Legislative summary: Tennessee Commission on Children and Youth (July 1, 2005)

APSAC (1995). *Practice guidelines. Descriptive terminology in child sexual abuse medical evaluations*. APSAC.

7 Working with medical, legal, and child welfare systems

Required Readings:

Miller-Perrin & Perrin (2007). 7. Additional forms of child maltreatment (pp. 266 - 268).

Miller-Perrin & Perrin (2007). 8. Key issues in responding to child maltreatment (pp. 280 – 291).

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

Bolen, R. M. (2003). Nonoffending mothers of sexually abused children: A case of institutionalized sexism? *Violence Against Women*, 9(11), 1336-1366.

Wilson, R. F. (****). Sexually predatory parents and the children in their care: Remove the threat, not the child. pp. 39 – 58.

Supplemental:

Saywitz, K. J., Goodman, G. S., & Lyon, T. D. (2002). Interviewing children in and out of court: Current research and practice implications. In *Child maltreatment* (pp. 349 – 378).

U.S. Department of Justice (1997). *Interviewing child witnesses and victims of sexual abuse*. Office of Justice Programs: Office of Juvenile Justice and Delinquency Prevention.

Handout

APSAC (1997). *Practice guidelines. Psychosocial evaluations of suspected sexual abuse in children* (2nd ed.). APSAC.

APSAC (1995). *Practice guidelines. Use of anatomical dolls in child sexual abuse assessments*. APSAC.

APSAC (1997). *Practice guidelines. Descriptive terminology in child sexual abuse medical evaluations*. APSAC.

8 Short-term effects of child maltreatment

Required Readings:

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

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

Cameron, M., Elkins, J., & Guterman, N. (2007). Assessment of trauma in children and youth. In N. B. Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 53 – 66). New York, NY: Guilford Press.

Children's Bureau (2005). *In focus: Understanding the effects of maltreatment on early brain development* (pp. 1 – 13). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Perry, B. D. (2007). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children: The neurosequential model of therapeutics. In N. B. Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 27 – 52). New York, NY: Guilford Press.

van der Kolk, B. A. (2005). From the guest editor. *Psychiatric Annals*, 35(5), 374 – 378.

Kinniburgh, K., Blaustein, M., Spinnazola, J., & van der Kolk, B. A. (2005). Attachment, self-regulation, and competency. *Psychiatric Annals*, 35(5), 424-430.

van der Kolk, B. A. (2005). Developmental trauma disorder. *Psychiatric Annals*, 35(5), 2 – 8.

Recommended:

Cook, A., Sinazzola, J., Ford, J., Lanktree, C., Baustein, M., Cloitre, M., et al. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390-398.

Putnam, F. W. (2006). The impact of trauma on child development. *Juvenile and Family Court Journal, Winter*, 1 – 11.

Schore, A. N. (2002). Dysregulation of the right brain: a fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. *Australian and New Zealand Journal of Psychiatry*, 36, 9 – 30.

Schore, A. N. (2002). Advances in neuropsychanalysis, attachment theory, and trauma research: Implications for self psychology. *Psychoanalytic Inquiry*, 22(3): 433 –484.

Teicher, M. H., Anderson, S. L., Polcari, A., Anderson, C. M., & Navalta, C. P. (2002). Developmental neurobiology of childhood stress and trauma. *Psychiatric Clinics of North America*, 25, 397 - 426.

9 Theories of treatment and treatment issues for children and adolescents

Required Readings:

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

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). Chapter 3. The TF-CBT Model: How it works. In *Treating trauma and traumatic grief in children and adolescents* (pp. 32 – 45). New York, NY: Guilford Press.

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). Chapter 3. The role of the TF-CBT therapist. In *Treating trauma and traumatic grief in children and adolescents* (pp. 46 – 53). New York, NY: Guilford Press.

Friedrich, W. N. (2002). An integrated model of psychotherapy for abused children. In *Child maltreatment* (pp. 141 – 158).

Hecht, D. B., Chaffin, M., Bonner, B., Worley, K. B., & Lawson, L. (2002). Treating sexually abused adolescents. In *Child maltreatment* (pp. 159–174).

Ford, J. D. (2005). Treatment implications of altered affect regulation and information processing following child maltreatment. *Psychiatric Annals*, 35(5), 410-419.

Saxe, G. N., Ellis, B. H., Fogler, J., Hanson, S., & Sorkin, B. (2005). Comprehensive care for traumatized children. *Psychiatric Annals*, 35(5), 443-448.

Supplemental:

Child Welfare Information Gateway (2007). *Issue brief: Trauma-focused cognitive behavioral therapy: Addressing the mental health needs of sexually abused children* (pp. 1 – 14). Washington, DC: Author.

Child Welfare Information Gateway (2007). *Issue brief: Abuse-focused cognitive behavioral therapy for child physical abuse* (pp. 1 – 11). Washington, DC: Author.

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). Appendices: Handouts. In *Treating trauma and traumatic grief in children and adolescents* (pp. 32 – 45). New York, NY: Guilford Press.

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

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

Kaufman Foundation (2004). *Closing the quality chasm in child abuse treatment: Identifying and disseminating best practices. The findings of the Kauffman Best practices Project to Help Children Heal from Child Abuse* (pp. 2 – 45).

Saunders, B. E., Berliner, L., & Hanson, R. F. (Eds.). (2002). *Child physical and sexual abuse: Guidelines for treatment (Revised Report: April 26, 2004)*. Charleston, SC: National Crime Victims Research and Treatment Center.
http://academicdepartments.musc.edu/ncvc/resources_prof/OVC_guidelines04-26-04.pdf

Spinazzola, J., Ford, J. E., Zucker, M., van der Kolk, B. A., Silva, S., et al. (2005). Survey evaluates complex trauma exposure, outcome, and intervention among children and adolescents. *Psychiatric Annals*, 35(5), 433-439.

Webb, N. B. (2007). Selected treatment approaches for helping traumatized youth. In N. B. Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 93 – 112). New York, NY: Guilford Press.

Zeanah, C. H., & Smyke, A. T. (2005). Building attachment relationships following maltreatment and severe deprivation. In Berlin, L. J., Ziv, Y., Amaya-Jackson, L., Greenberg, M. T. (Eds.),

Enhancing early attachments. Theory, research, intervention, and policy (pp. 195 – 216). New York, NY: Guilford Press.

Handouts:

National Child Traumatic Stress Network: *Structured psychotherapy for adolescents responding to chronic stress (SPARCS)*

10 Long-term effects & posttraumatic diagnostic categories

Required Readings:

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

Briere, J., & Scott, C. (2006). Chapter 2. Effects of trauma. In *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (pp. 13 – 35). Thousand Oaks, CA: Sage.

Briere, J., & Scott, C. (2006). Chapter 3. Assessing trauma and posttraumatic outcomes. In *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (pp. 37 – 63). Thousand Oaks, CA: Sage.

Carlson, E. B., Furby, L., Armstrong, J., & Shlaes, J. (1997). A conceptual framework for the long-term psychological effects of traumatic childhood abuse. *Child Maltreatment, 2*(3), 272-295.

van der Kolk, B. A. (2002). In terror's grip: Healing the ravages of trauma. *Cerebrum, 4*, 34-50.

Supplemental:

Kia-Keating, M., Grossman, F. K., Scorsoli, L., & Epstein, M. (2005). Containing and resisting masculinity: Narratives of renegotiation among resilient male survivors of childhood sexual abuse. *Psychology of Men & Masculinity, 6*(3), 169-185.

11 Theories of treatment and treatment issues in adults

Required Readings:

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

Briere, J., & Scott, C. (2006). Chapter 4. Central issues in trauma treatment. In *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (pp. 67 – 85). Thousand Oaks, CA: Sage.

Courtois, C. A. (1999). Chapter 5. *Recollections of sexual abuse: Treatment principles and guidelines* (pp. 147-175). New York: W. W. Norton.

Koehn, C. V. (2007). Women's perceptions of power and control in sexual abuse counseling. *Journal of Child Sexual Abuse, 16*(1), 37 – 60.

Silberg, J. (2003). Drawing conclusions: Confusion between data and theory in the traumatic memory debate. *Journal of Child Sexual Abuse, 12*(2), 123 – 128.

Supplemental:

Briere, J., & Scott, C. (2006). Chapter 10. Treating the effects of acute trauma. In *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (pp. 165 – 183). Thousand Oaks, CA: Sage.

Gelinas, D. J. (2003). Integrating EMDR into phase-oriented treatment for trauma. *Journal of Trauma and Dissociation*, 4(3), 91 – 135.

Perkins, B. R., & Rouanzoin, C. C. (2002). A critical evaluation of current views regarding eye movement desensitization and reprocessing (EMDR): Clarifying points of confusion. *Journal of Clinical Psychology*, 58(1), 77 – 97.

Smith, L. D., & Peck, P. L. (2004). Dialectical behavioral therapy: A review and call to research. *Journal of Mental Health Counseling*, 26(1), 25 – 38.

12 Severe diagnostic categories and treatment

Required Readings:

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

Dirie, W., & Miller, C. (1999). Book section: Desert flower. *Readers Digest*, June, 186 – 224.

Hodges, S. (2003). Borderline personality disorder and posttraumatic stress disorder: Time for integration? *Journal of Counseling & Development*, 81, 409 – 417.

Luxenberg, T., Spinazzola, J., & van der Kolk, B. A. (2001). Complex trauma and disorders of extreme stress (DESNOS) diagnosis, part one: Assessment. *Directions in Psychiatry*, 21, Lesson 25, 368 – 380 and 383 – 392.

Supplemental:

Bradley, R., & Westen, D. (2005). The psychodynamics of borderline personality disorder: A view from developmental psychopathology. *Development and Psychopathology*, 17, 925 – 957.

Briere, J., & Scott, C. (2006). Appendices. In *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (pp. 263 – 280). Thousand Oaks, CA: Sage.

Silberg, J. L. (2000). Fifteen years of dissociation in maltreated children: Where do we go from here? *Child Maltreatment*, 5(2), 119-136.

Smith, L. D. (2004). Dialectical behavior therapy: A review and call to research. *Journal of Mental Health Counseling*, 26(1), 25 – 38.

van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress*, 18(5), 389-399.

van der Kolk, B. A. (2001). The assessment and treatment of complex PTSD. In R. Yehuda (Ed.), *Traumatic stress*. Washington, DC: American Psychiatric Press.

Zanarini, M. C. (2000). Childhood experiences associated with the development of borderline personality disorder. *Psychiatric Clinics of North America*, 23(1), 89-101.

13 Prevention and advocacy – macro approaches

Required Readings:

Boehm, A., & Itzhaky, H. (2004). The social marketing approach: A way to increase reporting and treatment of sexual assault. *Child Abuse & Neglect*, 28(3), 253-265.

Bolen, R. M. (2003). Child sexual abuse: Prevention or promotion? *Social Work*, 48(2), 174-186.

Chibnall, S., Dutch, M. M., Jones-Harden, B., Brown, A., Gourdine, R., Smith, J., et al. (2003). *Children of color in the child welfare system: Perspectives from the child welfare community*. Washington, DC: Department of Health and Human Services.

Hendricks, C. O., & Fong, R. (2007). Ethnically sensitive practice with children and families. In N. B. Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 135 – 154). New York, NY: Guilford Press.

Supplemental:

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.), (2002). Chapter 3. Child abuse and neglect by parents and other caregivers. *World report on violence and health* (pp. 59 – 86). Geneva, Switzerland: World Health Organization.

14 May 4 Integration of course content

Required Readings:

Miller-Perrin & Perrin (2007). 11. What you can do to help (pp. 361 – 376)

Beckett, K. (1996). Culture and the politics of signification: The case of child sexual abuse. *Social Problems*, 43(1), 57-76.

McFarlane, A., & van der Kolk, B. A. (1996). Trauma and its challenge to society. In B. A. van der Kolk, A. McFarlane, & L. Welsaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 24-46). New York: Guilford.

Supplemental:

Bronson, D. E. (2006). Evidence-based practice: Identifying and removing barriers to implementation. *APSAC Advisor*, 18(1), 2 – 6.

Littell, J. H. (2006). The Campbell Collaboration: A reliable source of evidence for practice. *APSAC Advisor*, 18(1), 7 – 10.

Webb, N. B. (2007). Appendix. In *Working with traumatized youth in child welfare* (pp. 295 – 306). New York, NY: Guilford Press.