

UNIVERSITY OF TENNESSEE OF SOCIAL WORK

SW550. Issues in Working with Maltreated and Traumatized Children and Their Families

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

CODE OF CONDUCT:

It is the student's responsibility to have read the College of Social Work Ethical Academic and Professional Conduct code that is in the College of Social Work MSSW Handbook (<http://www.csw.utk.edu/mssw/>).

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, 2004).

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 191 Hoskins Library (865-974-6087). This will ensure that you are properly registered for services.

COURSE RATIONALE, DESCRIPTION AND ORGANIZATION

Child maltreatment can be one of the most detrimental experiences that children and adolescents experience. In recent years, the developing neurophysiological literature has made it clear how profoundly such experiences can affect children, potentially resulting in lifelong neurophysiological changes. 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, genocide, sexual slavery, 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 more research on the effects of disasters, catastrophic trauma, community violence, and sexual exploitation, along with new evidence-based practices (EBPs) and practice guidelines. The purpose of this course is to immerse students in the knowledge and issues related to working ethically and effectively with child and adolescent victims of child maltreatment, interpersonal traumas, and manmade/natural disasters. The primary mode for gaining such an understanding of how to work with children and adolescents will be through case examples supplemented with salient readings. This course will

pay particular attention to cultural status, including race/ethnicity, gender, sexual orientation, socioeconomic status, disability status, and others in understanding and working with traumatized children while maintaining a strengths perspective.

COURSE OBJECTIVES

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

1. Demonstrate an understanding of neurophysiological and other effects of maltreatment and trauma on children and adolescents and define appropriate interventions for resolving these and other effects in children and adolescents. (HBSE1, HBSE2, P1)

Content: neurophysiological effects of maltreatment and trauma in children and adolescents; normative neurophysiological development; developmental, ecological, transactional framework for modeling knowledge of maltreatment and trauma; psychological effects of maltreatment and trauma; interventions directed at reducing the neurophysiological and other effects of maltreatment and trauma

2. Demonstrate familiarity with cultural, institutional, political/policy, and social work values and ethics as they relate to working with maltreated and traumatized children and adolescents and their families. (HBSE1, PARSJ2, D1, D2, D3, VE1, VE2, VE3)

Content: Cultural issues when working with maltreated and traumatized children and adolescents and their families; NASW competencies for working with child maltreatment; working with child welfare; current debates and issues such as those regarding whether children lie, false memories, the role of fathers in the child welfare system, institutionalized mother-blaming, children of color as overrepresented in the child welfare system, and the impact of managed care on clinically appropriate treatment; importance of clinical self-awareness; policy issues in working with maltreated and traumatized children and adolescents and their families; nonoffending parents; content-specific social work values and ethics

3. Critically analyze, assess, and determine the cultural sensitivity of theories and models of practice, including evidence-based practices, for the assessment and evaluation, intervention, and prevention of child trauma and maltreatment. (HBSE1, D3, D4, EBP2, P3)

Content: cultural sensitivity and working with maltreated and traumatized children and adolescents; practice theories; EBPs in assessment and evaluation, intervention, and prevention for maltreated and traumatized children

4. Ask a question of interest regarding child maltreatment or trauma, locate the best scientific information available to answer that question, and critically assess the knowledge in a culturally sensitive manner. (D3; EBP1, EBP2, P2)

Content: review of EBP methodology, including search strategies; critical thinking; important and accessible resources for child maltreatment and trauma and its EBPs

TEXTS AND REQUIRED READINGS

Textbook, Required

Perry, B., & Azalavitz, M. (2006). *The boy who was raised as a dog (and other stories from a child psychiatrist's notebook)*. New York, NY: Basic Books.

Required Readings

For each week, required papers will provide greater depth or breadth and address specific issues. 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, a supplemental bibliography is provided at the end of the syllabus so that you can peruse further areas of interest to you.

STUDENT RESPONSIBILITIES

When working with traumatized children, 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 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 your participation grade are participation in class discussions and group exercises. Class discussions will begin with the assumption that you have read the articles, as I consider the required readings a jumping off point for further discussions. As such, I will not always mention all required readings during the class. This, however, does not relieve you of the responsibility for knowing this material, as it will put you at a disadvantage for the class work, the assignments, and for your practice.
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, 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 may also experience some distress during the course of the semester. Because the personal affects practice, it is essential that students have methods for addressing issues that arise.

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

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

We will also have certain practices in class designed to allow for the difficulty of the material. Because part of what we must learn as clinicians working with survivors is how to maintain appropriate boundaries with our clients, however, class time will be devoted to the development of the professional. This practice is not meant to negate or 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.

PLAGIARISM

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

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 Summary for 2-hour Class

Paper	50%
Weekly Responses	40%
Participation	10%

Grading Summary for 3-hour Class

Paper	35%
Assessment Paper	25%
Weekly Responses	30%
Participation	10%

ASSIGNMENTS

Weekly Responses

For 10 of the 14 weeks, you will hand in a 1- to 2-page single spaced reflection on the content for that week as specified in the syllabus. This will include a brief review of the readings for that week and your reflection on them. If you desire, you can also reflect on the class material for the previous week. The purpose of this assignment is to help you integrate the readings, develop a better understanding of the content, and meet objectives 1 – 3 for this class. These assignments are due at class time. The 10 assignments will each count 3 or 4 points towards your final grade, depending on whether you are taking this course for 2 or 3 hours of credit.

Paper

Using the methodology of evidence-based practice, you will develop a research question regarding child maltreatment or trauma that is of interest to you, locate the best scientific information available to answer that question, and critically assess the knowledge in a culturally sensitive manner. This question does not have to be related to an intervention. This paper meets objective 4 for this class.

To complete the 12- to 15-page paper (plus cover page and references), you must do the following:

1. By **January 27**, you must hand in a research question, formulated using the methods learned in your course on evidence-based practice. This will begin a dialogue with me regarding your topic. The purpose of this dialogue is to make sure that your topic (reflected in your research question) is neither too broad nor too narrow, given the state of the knowledge base. By **February 10**, your research question must be finalized.
2. By **March 10**, you must have completed your search and hand in a bibliography of the papers you expect to use to write your paper.
3. By **March 24**, you must hand in a tentative outline. It is best to review as many of the papers as possible before completing the outline. While the outline will flow from your review of the knowledge base, you **MUST** include a section on cultural issues that discusses as appropriate, cultural sensitivity of theories and models of practice and evidence-based practices for the assessment and evaluation, intervention, and prevention of child trauma and maltreatment.
4. Hand in your paper by the due date on **April 7**.

Locating the Professional Literature

The professional literature is primarily found in reputable professional journals. These papers are peer reviewed before they are accepted for publication, giving you some assurance of the quality of the paper. There are obviously other sources, including professional books, publications by the government, etc. To search this literature base, one of the best 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 of reputable organizations or academics. Most materials on the web are 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.

Grading criteria for paper:

The paper will be assessed on writing quality, organization of the paper, ability to identify and reference the essential papers in the knowledge base, use of APA style for referencing sources, capacity 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 grade of **B+** or **A-** will not meet the standards for an A paper but exceeds the standards for a B paper.

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 are incomplete or too short.

A **C** paper may be incomplete or 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.

Assignment for 3-hour course only (Due March 3)

You will be provided a lengthy case vignette. The purpose of this assignment is to develop an assessment and treatment plan for the family and one child—either Adam or Laura. You will be graded on your understanding and insight into the family context and how those appear to have affected the child at his or her appropriate developmental stage. You will also be graded on your capacity to delineate how the environmental context across systemic levels may have an impact on the child and family. To do the assessment you are expected to draw upon appropriate theories to further your understanding of the child, family, and context. Based upon this assessment, you are then to develop a culturally sensitive and affirming, cross-systems treatment plan that works towards reunification while addressing the problems the child is experiencing. For this assignment, do NOT assume that reunification must occur within 12 months.

To organize your assessment and treatment plan, you will use the ecological, transactional, developmental model with which you are familiar. To do so, begin the paper by setting the context/environment in which the child lives, attending to the various risk and protective factors at each level (family, community, society). Next, address the family context in which the children grew up and its possible effects on the child/children. Finally discuss the child within a developmentally appropriate context while also identifying additional risk and protective factors of the child, as well as strengths and problem areas. For each of these areas strong papers will be theoretically rich. Be sure to support your inferences by using examples from the vignette. For example, if you make a statement that the child appears to have a specific type of attachment pattern, be able to justify that based on excerpts from the vignette.

After your assessment, you will then create a culturally sensitive and affirming, cross-systems treatment plan that addresses the various problems delineated in your assessment. The goal of your treatment plan is the reunification of the children and decreased problems for the one child. The interventions suggested need to address risk factors within the child's environment across systems, and also need to draw from strengths and protective factors observed within the child, family system, and environment. Be sure to address ways you will address concerns with the child and family and how you will include the child and family in the proposed interventions. Also discuss the intended impact of each intervention on the family system or child. You are NOT

expected to do literature searches to locate specific interventions. Your treatment plan is instead intended to show that (a) you understand the various factors that need to be addressed in treatment for successful reunification to occur and for the child's problems to be addressed, and (b) have a general idea of how to address these areas.

If your concentration is cross-systems, please see me for an alternate assignment.

This assignment assesses course objectives 1 - 3.

Course Outline

Week	Date	Content	Due
1	1/13	Introduction	
2	1/20	Tina: Sexual abuse; poverty	
3	1/27	Sandy: Witnessed murder & assault; ptsd in children	Research question draft
4	2/3	Branch Davidian children: Loss of parents; cults	
5	2/10	Laura: Attachment	Research question finalized
6	2/17	Leon: Emotional deprivation; development of empathy	
7	2/24	Justin: Extreme neglect; neurosequential approach to therapy	Bibliography
8	3/3	Vernon children: Iatrogenic abuse; coercive interviewing	Assessment for 3-hr course due
9	3/10	Amber: Self-injurious behaviors; sexual abuse; dissociation	Outline
	3/17	SPRING BREAK	
10	3/24	James: Munchausen by proxy	
11	3/31	Peter: Extreme neglect; developmental regression	
12	4/7	Catastrophic trauma: Katrina	Paper
13	4/14	Healing communities	
14	4/21	Summary & integration of course content	

1 Introduction

Content: Establishing a framework (ecological, transactional, developmental/neurophysiological); wellness; defining maltreatment. **Neurophysiological**--basic processes of the brain.

Required Readings:

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

Prilleltensky, I., Nelson, G. (2000). Promoting child and family wellness: Priorities for psychological and social interventions. *Journal of Community & Applied Social Psychology*, 10, 85-105. Consider moving this to week 13.

Cicchetti, D., & Lynch, M. (1993). Toward an ecological/transactional model of community violence and child maltreatment: Consequences for children's development. *Psychiatry*, 56, 96-118.

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 some of the information in the assignments is quite interesting.

http://www.childtraumacademy.com/amazing_brain/index.html

Supplemental:

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

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.

2 Tina: Sexual abuse; poverty

Content: cultural sensitivity; Hobfoll's theory on conservation of resources; sexual abuse; developmental trauma. **Issues**—inappropriate diagnoses of traumatized children; working with impoverished families. **Neurophysiology**—organization of the brain; neurotransmitters; stress response; development of memories; use-dependent development.

Required Readings:

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

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

Poor neighborhoods' influence on parents may raise preschool children's risk of problems – <http://www.sciencedaily.com/releases/2008/02/080207085613.htm>

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

Yates, T. M., Egeland, B., & Sroufe, A. (2003). Rethinking resilience: A developmental process perspective. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 243 – 266). Cambridge, United Kingdom: Cambridge University Press.

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

Supplemental:

Cicchetti, D., & Rogosch, F. A. (2007). Personality, adrenal steroid hormones, and resilience in maltreated children: A multilevel perspective. *Development and Psychopathology*, 19, 787-809.

Hobfoll, S. E. (2002). Social and psychological resources and adaptation. *Review of General Psychology*, 6(4), 307-324.

3 Sandy: Witnessed murder & assault; ptsd in children

Content: ptsd and complex ptsd; effect of testifying in court. **Issues**—inappropriate, delayed, or no treatment for traumatized children; diagnostic issues.

Neurophysiology—clonidine; neurotransmitters; sensitization; tolerance; habituation; use-dependence; hyperarousal and dissociation; freezing; genetic components of responses to trauma.

Required Readings:

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

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

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.

Lewandowski, L. A., McFarlane, J., Campbell, J. C., Gary, F., & Barenski, C. (2004). “He killed my mommy!” Murder or attempted murder of a child’s mother. *Journal of Family Violence*, 19(4), 211-220.

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

4 Branch Davidian children: Loss of parents; Cults

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

Required Readings:

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

Cohen, J. A., Mannarino, A. P., Greenberg, T., Padlo, S., Shipley, C. (2002). Childhood traumatic grief: Concepts and controversies. *Trauma, Violence, & Abuse*, 3(4), 307-327.

Whitsett, D., & Kent, S. (2003). Cults and families. *Families in Society*, 84(4), 492-502.

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

Supplemental:

Curtis, W. J., & Cicchetti, D. (2007). Emotion and resilience: A multilevel investigation of hemispheric electroencephalogram asymmetry and emotion regulation in maltreated and nonmaltreated children. *Development and Psychopathology*, 18, 811-840.

5 Laura: Attachment; Failure to thrive

Content: Attachment; responsive parenting; failure to thrive; self- and mutual regulation; intergenerational transmission; attachment interventions.

Neurophysiology—reward system; sensitive periods; mirror neurons; hormonal dysregulation; growth hormones; plasticity; memory; cortical modulation; arousal; regression; use it or lose it; sequential development.

Required Readings:

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

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

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

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.

OR

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.

Exercise 1. Be prepared to help present the Cooper et al. or Dozier et al. chapter to those who did not read that paper.

Exercise 2: 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

6 Leon: Emotional deprivation; development of empathy; antisocial personality disorder

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

Required Readings:

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

Wolf, N. S., Gales, M. E., Shane, E., & Shane, M. (2001). The developmental trajectory from amodal perception to empathy and communication: The role of mirror neurons in this process. *Psychoanalytic Inquiry*, 21(1), 94-112. **Read only pages 94-104.**

Blakeslee, S. (Jan. 10, 2006). Cells that read minds. *New York Times*.
<http://www.nytimes.com/2006/01/10/science/10mirr.html?ei=5090&en=2d497999fb9a642a&ex=1294549200&partner=rssuserland&emc=rss&pagewanted=print>

7 Justin: Extreme neglect

Content: Emotional deprivation; social coaching; factors related to resilience. **Issue**—intersection of trauma with medical system. **Neurophysiology**—patterned repetitive experiences; sequential development; rhythm-keeping functions.

Required Readings:

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

Deater-Decker, K., Ivy, L., & Smith, J. (2005). Resilience in gene-environment transactions. In S. Goldstein & B. Robert (Eds.), *Handbook of resilience in children* (pp. 49-63). New York, NY: Kluwer Academic/Plenum Publishers.

OR

Bolger, K. E., & Patterson, C. J. (2003). Sequelae of child maltreatment: Vulnerability and resilience. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 156-181). New York, NY: Cambridge University Press.

Exercise 1. Be prepared to help present the Deater-Decker et al. or Bolger & Paterson chapter to those who did not read that paper.

8 Vernon children: Iatrogenic abuse; coercive interviewing

Content: Coercive interviewing; undertrained professionals; therapies that harm; iatrogenic trauma and abuse; evidence-based practices. **Issue**—how to guard against doing harm. **Neurophysiology**—memory retrievable; traumatic cues; hyperarousal; dissociation.

Required Readings:

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

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

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.

Supplemental reference:

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

9 Amber: Self-injurious behaviors; sexual abuse; dissociation

Content: Self-injurious behaviors; sexually provocative behaviors; self-hypnosis and breathing exercises. **Issue**—nonoffending parents; 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).

Paris, Joel. Understanding self-mutilation in borderline personality disorder. *Review of Psychiatry*, 13(3), 179-185.

Brown, M. Z., Comtois, K. A., & Linehan, M. M. (2002). Reasons for suicide attempts and nonsuicidal injury in women with borderline personality disorder. *Journal of Abnormal Psychology*, 111(1), 198-202.

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.

Handouts:

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.

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

10 James: Munchausen by proxy syndrome

Content: Munchausen by proxy syndrome; reactive attachment disorder; mirror neurons. **Issue**—parent-blaming. **Neurophysiology**—“gut feelings”.

Required Readings:

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

Lasher, L. J. (2003). Munchausen by proxy (MBP) maltreatment: An international educational challenge. *Child Abuse & Neglect*, 27(4), 409-411.

Awadallah, N., Vaughan, A., Frnaco, K., Munir, F., Sharaby, N., & Goldfarb, J. (2005). Munchausen by proxy: A case study, chart series, and literature review of older victims. *Child Abuse & Neglect*, 29(8), 931-941.

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.

11 Peter: Extreme neglect; developmental regression

Content: Orphanages; adoptive parents; alternative therapies; cross-level interventions. **Issue**—supporting adoptive parents. **Neurophysiology**—private speech; regression; use dependence; cortical atrophy; growth of brain; organization of brain; cortex.

Required Readings:

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

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

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.

12 Catastrophic trauma: Katrina

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:

Case study

Cohen, J. A., Mannarino, A. P., Gibson, L. E., Cozza, S. J., Brymer, M. J., & Murray, L. (2003). Interventions for children following trauma. In E. C. Ritchie, P. J. Watson, & M. J. Friedman (Eds.), *Interventions following mass violence and disasters: Strategies for mental health professionals* (pp. 227 - 256). New York, NY: Guilford.

Shalev, A. Y. (2003). Interventions for traumatic stress: Theoretical basis. In E. C. Ritchie, P. J. Watson, & M. J. Friedman (Eds.), *Interventions following mass violence and disasters: Strategies for mental health professionals* (pp. 103 – 121). New York, NY: Guilford.

13 Healing communities

Content: 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).

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

Nelson, G., Laurendeau, M., & Chamberland, C. (2001). A review of programs to promote family wellness and prevent the maltreatment of children. *Canadian Journal of Behavioral Science*, 33(1), 1-13.

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:

MacLeod, J., & Nelson, G. (2000). Programs for the promotion of family wellness and the prevention of child maltreatment: A meta-analytic review. *Child Abuse & Neglect*, 24(9), 1127-1149.

14 Summary & integration of course content

Readings:

Crittenden, P. M. (2003). Why do inadequate parents do what they do? In O. Mayseless (Ed.), *Parenting representations: Theory, research, and clinical impressions* (pp 388 – 433) Cambridge, United Kingdom: Cambridge University Press.

OTHER RECOMMENDED READINGS

Books and Reports

- Briere, J., & Scott, C. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Thousand Oaks, CA: Sage.
- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York, NY: Guilford Press.
- Everett, J. E., Chipungu, S. S., & Leashore, B. R. (2004). *Child welfare revisited: An Africentric perspective*. Rutgers, N.J.: Rutgers University Press.
- Fontes, L. A. (2005). *Child abuse and culture: Working with diverse families*. 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).
<http://www.chadwickcenter.org/Documents/Kaufman%20Report/ChildHosp-NCTAbrochure.pdf>.
- Miller-Perrin, C. L., & Perrin, R. D. (2007). *Child maltreatment: An introduction* (2nd ed.). Thousand Oaks, CA: Sage.
- 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.
- 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/nvcv/resources_prof/OVC_guidelines04-26-04.pdf

Papers

- 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.
- 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.
- Connell-Carrick, K. (2003). A critical review of the empirical literature: Identifying correlates of child neglect. *Child and Adolescent Social Work Journal*, 20(5), 389-425.
- Hecht, D. B., Chaffin, M., Bonner, B., Worley, K. B., & Lawson, L. (2002). Treating sexually abused adolescents. In *Child maltreatment* (pp. 159–174).

- 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.
- 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.
- 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.
- 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.
- 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).
- 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.
- 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 neuropsychoanalysis, 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.
- Levy, K. N. (2005). The implications of attachment theory for understanding borderline personality disorder. *Development and Psychopathology*, 17, 959-986.
- Craven, P. A., & Lee, R. E. (2006). Interventions for foster children: Systematic research synthesis. *Research in Social Work Practice*, 16(3), 287-304.

- Putnam, F. W. (2006). The impact of trauma on child development. *Juvenile and Family Court Journal, Winter*, 1 – 11. \
- 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.
- van der Kolk, B. A. (2002). In terror's grip: Healing the ravages of trauma. *Cerebrum*, 4, 34-50.
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