COURSE SYLLABUS
DSW 618
Trauma Focused Interventions
Summer 2016

Instructor: Phyllis Thompson, Ph.D., LCSW
Office: Hensen Hall 320
E-mail: pthomp11@utk.edu

Time: Thursday 6:30-8:30
Location: Zoom Online
Office hours: Zoom by appointment
Cell Phone: 210-748-1861


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

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

Civility Statement
Civility is genuine respect and regard for others: politeness, considerateness, 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 wellbeing and have a shared interest in creating and sustaining an environment where all community members and their points of view are valued and respected. Affirming the value of each member of the university community, the campus asks that all its members adhere to the principles of civility and community adopted by the campus: http://civility.utk.edu/.

Disability
If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact the University of Tennessee Office of Disability Services at 2227 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 Policy Statement), “the dimensions of diversity are understood as the intersectionality of multiple factors, including” age, class, color, culture, mental or physical disability and the 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.

Right to Privacy
We acknowledge students’ right to privacy. Therefore, when dealing with personal information either in class or in an assignment, share only to the level at which you are comfortable.

Course Description
Presents current bio-ecological research findings that inform our understanding of trauma. Emphasis is placed on understanding bio-psychosocial influences on the incidence, course and treatment of acute stress and PTSD, and the differential effect of these factors on diverse populations at risk. The course focuses on the acquisition of diagnostic skills as they relate to comprehensive social work assessment of adults, adolescents and children. Assessment and interventions skills will be taught for specific types of trauma, e.g. rape, war, natural disasters. Also included in this class, is the exploration of the professional’s response to trauma, vicarious traumatization, disenfranchised grief, crisis intervention, comorbid disorders and general treatment issues. Evidence-based interventions to treat victims of trauma will be presented. The instructor utilizes a relationally based, culturally responsive perspective to teach the class.

Learning Objectives:
1. Students will demonstrate advanced knowledge and diagnostic skills in assessment of trauma across the lifespan.
2. Students will demonstrate the differential use of intervention skills for specific types of trauma in clinical practice demonstrations.
3. Students will demonstrate skills in at least one trauma treatment modality.

Learning Environment
This course includes both asynchronous and synchronous learning experiences in the online class environment. The student is a co-creator of the learning experience and environment. It is the purpose of this class to provide knowledge and access to resources that will serve as a springboard for class collaboration. The course includes recorded lectures, synchronous class discussions, reading assignments, use of databases, role-plays, and a presentation.
Final Grading Scale:
The following scale will be used for the final course grade:
A   (95-100): Consistently exceeds expectations
B+ (90-94):   Consistently meets, and occasionally exceeds, normal expectations for the course.
B  (85-89):   Student consistently meets normal expectations for the course.
C+ (80-84):   There is unevenness in grasping course content. Student is inconsistent in meeting
              normal expectations for the course.
C   (70-79):   There is a lack of understanding of the course content. Student does not meet
              course expectations.
F   (69-below): Course expectations are not met.

Required Textbook(s)
ISBN 978-3-319-07108-4

Choose one of the following Memoirs:


Michelle Knight was the first person who was kidnapped, tortured, used as a sex slave, and kept in captivity for ~11 years by Aerial Castro. When Michelle was taken she was 21 and the mother of a 2-year-old son who was in foster-care. Some of the other complexities include: the failure of the police and her family to search for her when she disappeared, her developmental history, previous trauma, risk, protective, and promotive factors, culture, loss, rejection, and transition. She has shared that writing her book provided a process to help her heal and she also hopes her story may help others.


Amanda Berry and Gina DeJesus were also kidnapped and imprisoned by Aerial Castro for over a decade. During their time in captivity Amanda gave birth to her daughter and raised her in captivity until she was 6 years old when they escaped from Castro’s home. While in captivity, Amanda’s mother died, but she never gave up searching for her. Gina was also severely tortured during her captivity and their book interweaves their experiences that give them both a voice to share what happened from their own perspectives. Additional associated complexities include development, family, risk, protective and promotive factors, culture, language, loss, and transition.


Elizabeth Smart was kidnapped right out of her own bed at knife point at age 14 and held in captivity for ~9 months by Brian David Mitchell and his wife, Banda Barzee. During her captivity, she endured countless experiences of torture, rape, hunger, and starvation, among other
atrocities. Associated complexities related to her experiences include: development, religion, culture, risk, protective, and promotive factors, and transition.


Jaycee Dugard was 11 years old on her way to the school bus when Phillip and Nancy Garrido used a Taser to kidnap and put her into captivity in their backyard. She endured ~18 years of isolation, hunger, torture, rape, and being used as a sex slave. During this time she also gave birth and raised two daughters that Garrido fathered. Associated complexities related to her experiences include: development, family, risk, protective, and promotive factors, and transition.

Recommended Textbook(s)


Valuable Internet Sites:
American Academy of Child & Adolescent Psychiatry  http://www.aacap.org
American Professional Society on the Abuse of Children  http://www.apsac.org
California Evidence-Based Clearinghouse for Child Welfare (CEBC)  http://www.cachildwelfareclearinghouse.org
Campbell Collaboration  http://www.campbellcollaboration.org
Centers for Disease Control Disaster resources:  http://www.bt.cdc.gov/mentalhealth
Child Advocacy Institute  http://www.childadvocacy.org
Child Development Institute  http://www.childdevelopmentinfo.com
Child Welfare Information Gateway  https://www.childwelfare.gov/can
Children, Youth & Family Consortium  http://www.cyfc.umn.edu
Elizabeth Smart Foundation  http://www.elizabethsmartfoundation.org
Gay and Lesbian National Hotline  http://www.glnh.org
Hispanic on Line  http://www.hispaniconline.com
International Society for Traumatic Stress Studies  http://www.istss.org
JAYC Foundation Inc.  http://www.thejaycfoundation.org/
National Alliance on Mental Illness  http://www.nami.org
National Association of Social Workers  http://www.nasw.org
National Child Traumatic Stress Network:  http://www.netscnet.org
National Center for PTSD  http://www.ncptsd.va.gov
National Council on Disability  http://www.ncd.gov
Information Literacy/Technological Resources

This course will be conducted online using Blackboard and Zoom. Students must have a working knowledge of Blackboard, particularly accessing assignments and learning resources. Students should have a working knowledge of various social media (YouTube, Facebook, iTunes, etc.) and be able to incorporate these into the learning experience.

Official Correspondence

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

Assignment Due Dates

All assignments are due by 11:59 pm of the documented due date. Overdue work will be deducted two points per day. A decision for an exception due to an emergency is the professor’s responsibility. Providing documentation of the emergency is the responsibility of students.

Extra Credit

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

Evaluation of Written Materials

- All work must comply with current APA writing and publication guidelines.
- Do not use Wikipedia. Wikipedia will not count as a peer-reviewed source.
- Use inclusive language — avoid sexist, racist, or any other non-inclusive language both in the classroom and in written assignments.
ASSIGNMENTS

<table>
<thead>
<tr>
<th>Assignments</th>
<th>Available Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview and Group Dialogue</td>
<td>20</td>
</tr>
<tr>
<td>Evidence-based diagnostic trauma-assessment and treatment presentation of an individual from a special population</td>
<td>40</td>
</tr>
<tr>
<td>Video excerpt demonstrating assessment of neurodevelopmental level and trauma</td>
<td>15</td>
</tr>
<tr>
<td>Video excerpt demonstrating trauma treatment skills in an individual, couple, family/group modality</td>
<td>25</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**Interview and Class Discussion** (10 points)

This assignment is designed to increase understanding of working as a clinician within the field of trauma, to identify potential emotional triggers you might have when working with people who have traumatic histories, and to prevent negative outcomes that can occur when treating clients for trauma. Students are asked to conduct a 20-30 minute interview with an experienced graduate level clinician that has been working with traumatized clients for a minimum of 5 years.

During the interview, illicit information about the clinician’s feelings, beliefs, therapeutic practices, likes and dislikes, and challenges he or she has had working with traumatized people. Ask if he or she would be willing to share some of her or his countertransference reactions to patients and to explain how s/he deals with countertransference and compassion fatigue. Also ask if the clinician can share about any experiences when issues of gender, culture, sexual orientation, disability, religion, or spirituality impacted the trauma treatment process and what insight the clinician gained from that experience.

During the last class (week 5), students will enter into a dialogue to share what they learned during their interviews. Consider how they may have treated the person whose memoir you read. Would they be qualified? What would they do differently considering the form of treatment they use? Please remember that you are not to provide any identifying information about the clinician that was interviewed.

**Evidence-based trauma-treatment presentation with video excerpts demonstrating assessment, diagnosis, and treatment skills**

Students will work in groups to create a presentation on the comprehensive assessment, engagement, and evidence-based trauma treatment approach that would be used if he or she were to treat the person they chose to read about. The presentation will include excerpts of pairs demonstrating Assessment, Diagnosis, and Treatment skills and include the following criteria in
order to refine their skills and/or further their professional goals. Presentations and excerpts will be given the week of campus visits.

Part I: Preparation for Engagement (5 points)

- Describe the context of the client that this approach will be used with (i.e. client’s gender, race, ethnicity, age, traumatic experience(s)).
- Discuss what background information you need to know to work more effectively with your client.
- Describe how you would engage with the client that you have chosen and include engaging with key informants that impact the client system.
- Explain how would you assess and respond to the critical role of language in working with clients who speak a different language.

If you are unfamiliar with culturally competent approaches for engagement with the context of your client please consult the literature.

Part II: Comprehensive Assessment and Diagnosis (7 points)

Within part II of the presentation students will be evaluated on their ability to:

- Provide a case conceptualization and highlight positive and challenging background information that is important to consider.
- Describe current functioning.
- Properly diagnose the client’s condition, identify problems, and prioritize them.
- Describe cultural norms, values, and beliefs that apply to their client.
- Identify and discuss any issues and/or needs of the client in relation to the problem(s) that she is experiencing.
- Explain any culturally relevant information related to social/emotional, economic, educational, medical, family, community, societal issues/needs that should be addressed. (e.g. historical trauma)
- Assess strengths, protective factors, and natural resources of the client in relation to the identified problem(s).

Part III. Assessment Excerpt Create an 8-10 minute simulation demonstrating your clinical assessment skills for evaluating neurodevelopmental levels and trauma. (10 points)

Part IV. Critical Analysis (10 points)

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

**Part V. Evaluation Plan and Tool/Instrument** Develop an evaluation plan to measure the intervention’s effectiveness with the client. (5 points)
- Describe the research methods you will utilize to measure your client’s progress (baseline data, pre-test/post-test measures, frequency of repeated measures, etc.).
- Identify the tool/instrument you will use to measure your client’s progress and provide the validity, reliability, sensitivity and specificity data to support its utilization.
- Discuss issues of diversity (e.g. culture, language)
- Discuss ethics related to the implementation of this tool or instrument.

**Part VI. Treatment Excerpt** Create a 12-15 minute simulation demonstrating clinical skills that you would use to treat your client’s trauma (e.g. exposure therapy skills either building the Exposure hierarchy with your client; processing the trauma narrative; cognitive processing therapy skills identifying unhelpful thoughts and engaging in cognitive restructuring). Please embed excerpts into the PowerPoint presentation (15 points)

**Part VII. Self-Examination** Following the treatment excerpt, broadly describe any unexpected countertransference reactions as you read the assigned memoir and worked on your assignment. For example, if anyone within the group identifies with patients who have experienced a particular type of trauma, such as sexual abuse or combat trauma, they may be more likely than other trauma survivors to evoke an emotional reaction from them. Also explain how you can appropriately address countertransference and some self-care strategies to prevent compassion fatigue, vicarious trauma, secondary trauma, and burnout. (5 points)

**Part VIII. Presentation** demonstrates critical thinking, incorporates a minimum of 20 different, peer reviewed journal articles to support your presentation. Be sure to utilize correct APA format, proofread, and edit your slides. Presentations should be professional and last no more 30 minutes (excluding the video excerpts). Due to the limited time we have during the week you will be given a 5 minute warning and then a two minute warning before time runs out. Credit will not be given for any areas that are not addressed. (Practice will be important) Also avoid reading from slides or a script to prevent point deduction of points. Time (10-15 minutes) will be taken at the end of each simulation for questions and discussion. The total number of minutes for this assignment is (510 min). (8 points)

**Grading of this project** Team members of each group for this project may choose to be graded collectively or individually. Upon the last day of the summer intensive week, each group will be expected to let the professor know of their decision for grading. Students are expected to actively
participate and contribute in both practical and meaningful ways. Students who choose not to work as a team are at risk of losing up to one whole grade letter of their final grade.

Course Outline Summer 2015 – Summer Session

<table>
<thead>
<tr>
<th>Class Date</th>
<th>Topics</th>
<th>Required and Recommended Materials</th>
<th>Assignment &amp; Due Date</th>
</tr>
</thead>
</table>
| Week 1 06/02/16 | 1) Welcome & course overview  
2) Basic Principles of Traumatic Stress  
- Epidemiology  
- Psychological and Social Theories  
- Neurobiological Implications  
- Physical Health Implications  
3) Self-care | **Required Readings**  
| | | **Required Video**  
van Dernoot Lipsky (2015). *Beyond the cliff*. TEDx  
[https://www.youtube.com/watch?v=uOzDGrcvms](https://www.youtube.com/watch?v=uOzDGrcvms) (19. 23min) | |
| Week 2 06/09/16 | 1) Assessment:  
- Neurodevelopmental  
- Trauma Diagnostic Spectrum  
- Historic Trauma  
- Differential Assessments  
2) Psychotherapy Approaches  
- Early Intervention  
- Prolonged Exposure | **Required Readings**  
| | | **Required Videos**  
| Week 3  
<table>
<thead>
<tr>
<th>06/16/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Psychotherapy Approaches (cont.)</td>
</tr>
<tr>
<td>• Narrative Exposure Therapy (NET)</td>
</tr>
</tbody>
</table>

### Required Readings


- Goldsmith, R. E. (2014). *Mindfulness-Based stress*
- Brief Eclectic
- STAIR Narrative
- Mindfulness


**Required Video Lecture**

<table>
<thead>
<tr>
<th>Week 4</th>
<th>06/23/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Pharmacological Treatment</td>
<td></td>
</tr>
<tr>
<td>2) Couple Approaches</td>
<td></td>
</tr>
<tr>
<td>3) Group Treatment</td>
<td></td>
</tr>
</tbody>
</table>
| **Class on campus this week!**  
**Welcome!** |

**Required Readings**

**Required Video**


<table>
<thead>
<tr>
<th>Week 5</th>
<th>06/30/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Professionals’ responses to clients experiencing pain</td>
<td></td>
</tr>
<tr>
<td><strong>Required Readings</strong></td>
<td></td>
</tr>
<tr>
<td>1) Interview and dialogue</td>
<td></td>
</tr>
</tbody>
</table>
doi: 10.1177/1049731513517142

doi: 10.1177/0886109913510088

**Recommended Lectures**


**Bibliography**


doi: 10.1177/1049731513517142


**Videos**


Meichenbaum, D. (2012). Reshaping the trauma narrative. (Time 1:07). **Abstract:** Explore how the stories clients tell about a trauma event shape their experience of it. You’ll learn how to help them develop a more positive “untold” story, plus myriad ways to help clients bolster their
cognitive, emotional, physical, and behavioral resilience.


Abstract: For the past 15 years, research has demonstrated that working with people who have experienced pain, abuse, and trauma may have negative effects on the caregiver. And it’s no surprise that these effects are potentially debilitating...leading to a loss of focus, lack of empathy, dimmed enthusiasm and an empty passion. Join compassion fatigue expert and national speaker Martha Teater, LMFT, LCAS, LPC, and bring home proven, practical tools for professional resiliency, and learn how to integrate them into your practice. You will also leave with techniques to teach and help your clients improve their lives. Martha has over 30 years of mental health experience as a therapist, addictions specialist and program director. Most recently, Martha has focused her passion on helping with Red Cross efforts as a disaster mental health volunteer supervisor, including serving survivors of Katrina and other natural disasters. Martha is a lead trainer for the Red Cross Services to the Armed Forces (SAF) national course “Coping with Developments” for military families. She is a national speaker on compassion fatigue, and a prolific writer, with over 170 articles published. OBJECTIVES: Summarize the causes, effects, treatments and prevention of compassion fatigue. Explain how compassion fatigue erodes professional resiliency. Learn to implement skills for successful self-care. Demonstrate an increased capacity to remain comfortable and maximally effective regardless of your clients’ trauma. Detail, simple and powerful strategies to prevent the symptoms of compassion fatigue. Create an easy-to-use, personal and professional resiliency plan.